

| Policy Title:   | Kanuma (sebelipase alfa)<br>(Intravenous) |             |     |
|-----------------|---|-------------|-----|
|                 |   | Department: | РНА |
| Effective Date: | 01/01/2020                                |             |     |
| Review Date:    | 12/13/2019                                |             |     |
| Revision Date:  | 12/13/2019                                |             |     |

Purpose: To support safe, effective and appropriate use of Kanuma (sebelipase alfa).

Scope: Medicaid, Exchange, Medicare-Medicaid Plan (MMP)

# **Policy Statement:**

Kanuma (sebelipase alfa) is covered under the Medical Benefit when used within the following guidelines. Use outside of these guidelines may result in non-payment unless approved under an exception process.

#### Procedure:

Coverage of Kanuma (sebelipase alfa) will be reviewed prospectively via the prior authorization process based on criteria below.

#### Initial Criteria:

### Lysosomal Acid Lipase (LAL) deficiency

- Diagnosis has been confirmed by either biallelic pathogenic variants in LIPA or deficient LAL enzyme activity in peripheral blood leukocytes, fibroblasts, or dried blood spots; AND
- Patient is at least 1 month old
- Lab values obtained for LDL, HDL, triglycerides, and AST/ALT
- Documentation of weight

### Continuation of Therapy Criteria:

- Patient continues to meet initial criteria; AND
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: hypersensitivity reactions (anaphylaxis, abdominal pain, fever, chills, pruritus, rash, vomiting), etc.; AND
- Treatment has resulted in clinical benefit; for example:
  - o Improvement in weight-for-age z-scores for patients exhibiting growth failure
  - o Improvement in LDL
  - o Improvement in HDL
  - o Improvement in triglycerides



o Improvement of AST or ALT

# Coverage durations:

• Initial coverage: 6 months

• Continuation of therapy coverage: 6 months

\*\*\* Requests will also be reviewed to National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) if applicable. \*\*\*

# Dosage/Administration:

| Indication     | Dose   | Maximum dose (1 billable unit = 1 mg) |
|----------------|--|---------------------------------------|
| LAL deficiency | Pediatric & Adult patients:  • 1 mg/kg administered once every other week as an IV infusion  Rapidly progressive disease presenting within the first 6 months of life:  • 1 mg/kg administered once weekly as an IV infusion  • May increase to 3 mg/kg once weekly for patients who do not achieve an optimal clinical response | 340 billable units once weekly        |

Investigational use: All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use. Neighborhood does not provide coverage for drugs when used for investigational purposes.

### **Applicable Codes:**

Below is a list of billing codes applicable for covered treatment options. The below tables are provided for reference purposes and may not be all-inclusive. Requests received with codes from tables below do not guarantee coverage. Requests must meet all criteria provided in the procedure section.

The following HCPCS/CPT code is:



| HCPCS/CPT<br>Code | Description                     |
|-------------------|---------------------------------|
| J2840             | Injection, sebelipase alfa, 1mg |

#### References:

- 1. Kanuma [package insert]. Cheshire, CT; Alexion Pharmaceuticals, Inc; December 2015. Accessed March 2018.
- 2. Porto AF. Lysosomal acid lipase deficiency: diagnosis and treatment of Wolman and Cholesteryl Ester Storage Diseases. Pediatr Endocrinol Rev. 2014 Sep;12 Suppl 1:125-32.
- 3. Reiner Z, Guardamagna O, Nair D, et al. Lysosomal acid lipase deficiency--an underrecognized cause of dyslipidaemia and liver dysfunction. Atherosclerosis. 2014 Jul;235(1):21 30. doi: 10.1016/j.atherosclerosis.2014.04.003.
- 4. Hamilton J, Jones I, Srivastava R. A new method for the measurement of lysosomal acid lipase in dried blood spots using the inhibitor Lalistat 2. Clin Chim Acta. 2012 Aug 16;413(15-16):1207-10. doi: 10.1016/j.cca.2012.03.019.
- 5. Burton BK, Balwani M, Feillet F, et al. A Phase 3 Trial of Sebelipase Alfa in Lysosomal Acid Lipase Deficiency. 2015 Sep 10;373(11):1010-20. doi: 10.1056/NEJMoa1501365.