Clinical Policy Title:	cerliponasa alfa
Policy Number:	RxA.49
Drug(s) Applied:	Brineura®
Original Policy Date:	02/07/2020
Last Review Date:	03/09/2021
Line of Business Policy Applies to:	All lines of business

Background

Brineura® is a hydrolytic lysosomal N-terminal tripeptidyl peptidase. It is indicated to slow the loss of ambulation in symptomatic pediatric patients 3 years of age and older with late infantile neuronal ceroid lipofuscinosis type 2 (CLN2), also known as tripeptidyl peptidase 1 (TPP1) deficiency.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
cerliponase alfa (Brineura®)	Ceroid lipofuscinosis type 2 (CLN2)	300 mg administered once every other week as an intraventricular infusion followed by infusion of intraventricular electrolytes over approximately 4.5 hours	300 mg every other week

Dosage Forms

- Injection: 150 mg/5 mL (30 mg/mL) solution, two single-dose vials per carton co-packaged with Intraventricular Electrolytes Injection 5 mL in a single-dose vial

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

I. Initial Approval Criteria

A. Late Infantile Neuronal Ceroid Lipofuscinosis Type 2 (must meet all):

1. Diagnosis of late infantile neuronal CLN2;
2. Prescribed by or in consultation with a neurologist;
3. Age ≥ 3 years;
4. Confirmation of CLN2 with both of the following (a and b):
    a. TPP1 enzyme activity test demonstrating deficient TPP1 enzyme activity in leukocytes;
    b. Identification of 2 pathogenic mutations *in trans* in the TPP1/CLN2 gene;
5. Motor domain of the CLN2 Clinical Rating Scale score ≥ 1;
6. At the time of request, member does not have ventriculoperitoneal shunts;

7. Dose does not exceed 300 mg administered once every other week as an intraventricular infusion.

Approval Duration
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. Late Infantile Neuronal Ceroid Lipofuscinosis Type 2 (must meet all):

1. Currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy;
2. Member is responding positively to therapy as evidenced a score of ≥ 1 on the CLN2 Clinical Rating Scale;
3. If request is for a dose increase, new dose does not exceed 300 mg administered once every other week as an intraventricular infusion.

Approval Duration
Commercial: 6 months
Medicaid: 6 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
CLN2: ceroid lipofuscinosis type 2
FDA: Food and Drug Administration
TPP1: tripeptidyl peptidase 1

APPENDIX B: Therapeutic Alternatives
Not applicable

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Acute, unresolved localized infection on or around the device insertion site (e.g. cellulitis or abscess); or suspected or confirmed CNS infection (e.g. cloudy CSF or positive CSF gram stain, or meningitis);
  - Acute intraventricular access device-related complications (e.g., leakage, device failure, or device-related infection);
  - Patients with ventriculoperitoneal shunts

- Boxed Warning(s):
  - None reported.

APPENDIX D: General Information

- The motor domain of the CLN2 Clinical Rating Scale is scored as follow: walks normally = 3, intermittent falls, clumsiness, obvious instability = 2, no unaided walking or crawling only = 1, immobile, mostly bedridden = 0.
  Decline is defined as having an unreversed (sustained) 2 category decline or an unreversed score of 0 in the motor domain of the CLN2 Clinical Rating Scale.

References

1. Brineura® Prescribing Information. Novato, CA: BioMarin Pharmaceutical Inc.; March 2020. Available at: https://www.brineura.com. Accessed February 2, 2021.
2. Williams RE, Adama HR, Blohm M, et al. Management strategies for CLN2 disease. Pediatric Neurology. 2017 Apr;(69):102-112. http://dx.doi.org/10.1016/j.pediatrneurol.2017.01.034.
3. Fietz M, AlSayed M, Burke D, et al. Diagnosis of neuronal ceroid lipofuscinosis type 2 (CLN2 disease): Expert recommendations for early detection and laboratory diagnosis. Molecular Genetics and Metabolism. 2016 Jul;(119):160-167. doi: 10.1016/j.ymgme.2016.07.011. Epub 2016 Jul 25.
4. Kohlschütter A, Schulz A, Bartsch U, et al. Current and Emerging Treatment Strategies for Neuronal Ceroid Lipofuscinoses. CNS Drugs (2019) 33:315-325. https://doi.org/10.1007/s40263-019-00620-8.
5. Brineura® (cerliponasa Alfa) [package insert]. Novato, CA; BioMarin Pharmaceutical Inc; Revised 03/27/2020. February 2, 2021.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy was established	01/2020	02/07/2020
References updated.	5/5/2020	5/20/2020
Policy was reviewed: 1. Clinical Policy Title Table was updated. 2. Drug(s) Applied was updated. 3. Last Review Date was updated. 4. Line of Business Policy Applies to was update to all lines of business. 5. Continued Therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance..." 6. Initial Approval criteria: Commercial and Medicaid approval duration were updated to 6 months. 7. Continued Approval criteria: Commercial and Medicaid approval duration were updated to 6 months. 8. References were updated.	02/02/2021	03/09/2021