

Clinical Policy Title:	sebelipase alfa
Policy Number:	RxA.186
Drug(s) Applied:	Kanuma®
Original Policy Date:	02/07/2020
Last Review Date:	06/10/2021
Line of Business Policy Applies to:	All lines of business

Background

Sebelipase alfa (Kanuma®) is a hydrolytic lysosomal cholesteryl ester and triacylglycerol-specific enzyme. Kanuma® is indicated for the treatment of patients with a diagnosis of Lysosomal Acid Lipase (LAL) deficiency.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
sebelipase alfa (Kanuma®)	LAL deficiency: rapidly progressive disease presenting within first 6 months of life	1 mg/kg IV once weekly	3 mg/kg/week
	LAL deficiency	1 mg/kg IV every other week	1 mg/kg every other week

Dosage Forms

- Single-use vial: 20 mg/10 mL

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. The provision of provider samples does not guarantee coverage under the provisions of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

A. Lysosomal Acid Lipase Deficiency (must meet all):

1. Diagnosis of LAL deficiency confirmed by one of the following (a or b):
 - a. Enzyme assay demonstrating a deficiency of LAL activity;
 - b. LIPA gene mutation;
2. Age ≥ 1 month;
3. Dose does not exceed 1 mg per kg every other week (1 mg per kg per week for members with rapidly progressive disease presenting within first 6 months of life; may be increased to 3 mg per kg per week upon documentation of suboptimal clinical response to 1 mg per kg per week).

Approval Duration

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

Commercial: 6 months

Medicaid: 6 months

II. Continued Therapy Approval

A. Lysosomal Acid Lipase Deficiency (must meet all):

1. Member is 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 by documentation of clinical response which may include, but is not limited to:
 - a. For members with rapidly progressive disease presenting within first 6 months of life: continued survival;
 - b. For all other members: decrease in low-density lipoprotein cholesterol (LDL-c), non-high-density lipoprotein cholesterol (non-HDL-c), or triglycerides; increase in HDL-c; normalization of alanine aminotransferase (ALT) or aspartate aminotransferase (AST); reduction in hepatic fat content, steatosis, or liver volume;
3. If request is for a dose increase, new dose does not exceed 1 mg per kg every other week (1 mg per kg per week for members with rapidly progressive disease presenting within first 6 months of life; may be increased to 3 mg per kg per week upon documentation of suboptimal clinical response to 1 mg per kg per week).

Approval Duration

Commercial: 12 months

Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key

ALT: alanine aminotransferase

AST: aspartate aminotransferase

FDA: Food and Drug Administration

HDL-c: high-density lipoprotein cholesterol

LAL: lysosomal acid lipase

LDL-c: low-density lipoprotein cholesterol

APPENDIX B: Therapeutic Alternatives

Not applicable

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
 - None
- Boxed Warning(s):
 - None

APPENDIX D: General Information

Measures of Therapeutic Response

- LAL normally causes the breakdown of lipid particles, including LDL-c. A lack of LAL results in accumulation of cholesteryl esters and triglycerides. Therefore, LDL-c, non-HDLc, triglycerides, and HDL-c are clinical parameters that can indicate therapeutic response to Kanuma®. In clinical trials, there were initial increases

in LDL-c and triglycerides within the first 2-4 weeks of treatment; however, this was followed by a decrease to below pre-treatment values within 8 weeks of treatment.

- In addition, the lipid accumulation seen in LAL deficiency can occur in multiple organs, including the liver. This results in increased liver fat content and progression of liver disease, including fibrosis and cirrhosis. In clinical trials, patients receiving Kanuma® had normalization of ALT and AST levels, reduction in hepatic fat content and steatosis (defined as the absolute decrease of $\geq 5\%$ from baseline in assessment of hepatic fat content)*, and decrease in baseline liver volume* when compared to patients receiving placebo. As such, improvement in these areas may also indicate positive response to Kanuma®. *Not statistically significant

References

1. Kanuma® Prescribing Information. Cheshire, CT: Alexion Pharmaceuticals, Inc.; December 2015. Available at <http://www.kanuma.com/>. Accessed February 26, 2021.
2. Zhang B, Porto AF. Cholesteryl ester storage disease: protean presentations of lysosomal acid lipase deficiency. J Pediatr Gastroenterol Nutr. 2013; 56(6): 682-5. Accessed February 26, 2021.
3. Clinical Pharmacology [database online] powered by Clinical Key. Tampa, FL: Elsevier, 2020. Accessed with subscription at: <http://www.clinicalkey.com>. Accessed February 26, 2021.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	03/2020	02/07/2020
Policy was reviewed: <ol style="list-style-type: none"> 1. Policy title table was updated 2. Dosing information was updated 3. Clinical policy was updated: updated verbiage to “Currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy” in Continued Therapy Approval, Approval Duration was updated 4. Appendices were updated 5. References were updated 	06/28/2020	09/14/2020
Policy was reviewed: <ol style="list-style-type: none"> 1. Statement about provider sample, “The provision of provider samples does not guarantee coverage...” was added to Clinical Policy 2. References were reviewed and updated 	03/01/2021	06/10/2021