Original Effective Date: 11/01/2016
Current Effective Date: 10/09/2024
Last P&T Approval/Version: 7/31/2024
Next Review Due By: 07/2025
Policy Number: C9974-A

Kanuma (sebelipase alfa)

PRODUCTS AFFECTED

Kanuma (sebelipase alfa)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Lysosomal acid lipase deficiency (LAL-D)

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. LYSOSOMAL ACID LIPASE DEFICIENCY (LAL-D):
1. Documented diagnosis of Wolman Disease or Cholesteryl Ester Storage Disease (CESD)

AND

2. Documentation diagnosis was confirmed by decreased lysosomal acid lipase (LAL) activity relative enzyme activity in ONE of the following: Dried Blood Spot (DBS) test or Leucocyte testing OR Molecular genetic testing of LIPA gene [DOCUMENTATION REQUIRED] AND
3. Documentation of prescriber baseline disease activity evaluation and goals for treatment to be used to evaluate efficacy of therapy at renewal (e.g., hypercholesterolemia, decreased HDL, AST, ALT, etc.)

CONTINUATION OF THERAPY:

A. LYSOSOMAL ACID LIPASE DEFICIENCY (LAL-D):

1. Documentation improvement in symptoms and/or lab values has been achieved or sustained from baseline (e.g., AST, ALT, triglycerides, LDL-c, etc.)
   AND
2. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity [e.g., hypersensitivity reactions (anaphylaxis, abdominal pain, fever, chills, pruritus, rash, vomiting), etc.]
   AND
3. Documentation of member's current dose based on clinical response
   NOTE: Labeled dose increases recommended for patients with suboptimal clinical response:
   - Pediatric & Adult member's: Suboptimal clinical response is defined as any of the following: poor growth, deteriorating biochemical markers [e.g., alanine aminotransferase (ALT), aspartate aminotransferase (AST)], and/or parameters of lipid metabolism [e.g., low-density lipoprotein cholesterol (LDL-c), triglycerides (TG)]
   - Infants with rapidly progressive disease presenting within the first 6 months of life: Suboptimal clinical response is defined as any of the following: poor growth, deteriorating biochemical markers, or persistent or worsening organomegaly

DURATION OF APPROVAL:

Initial authorization: 12 months, Continuation of therapy: 12 months

PRESCRIBER REQUIREMENTS:

Prescribed by, or in consultation with, a board-certified endocrinologist, gastroenterologist, hepatologist, clinical geneticist or specialist experienced in the treatment of inborn errors of metabolism. [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests.]

AGE RESTRICTIONS:

1 month of age and older

QUANTITY:

Pediatric & Adult member's: 1 mg/kg administered once every other week as an IV infusion.
*May increase to 3 mg/kg every other week for patients who do not achieve an optimal clinical response. Suboptimal clinical response is defined as any of the following: poor growth, deteriorating biochemical markers [e.g., alanine aminotransferase (ALT), aspartate aminotransferase (AST)], and/or parameters of lipid metabolism [e.g., low-density lipoprotein cholesterol (LDL-c), triglycerides (TG)]

Infants with 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. May further increase to 5 mg/kg once weekly in patients with continued suboptimal clinical response. Suboptimal clinical response is defined as any of the following: poor growth, deteriorating biochemical markers, or persistent or worsening organomegaly.

PLACE OF ADMINISTRATION:

The recommendation is that infused medications in this policy will be for pharmacy or medical benefit coverage administered in a place of service that is a non-hospital facility-based location as per the Molina Health Care Site of Care program

Note: Site of Care Utilization Management Policy applies for Kanuma (sebelipase alpha). For information on site of care, see Specialty Medication Administration Site of Care Coverage Criteria (molinamarketplace.com)

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Intravenous

DRUG CLASS:
Lysosomal Acid Lipase (LAL) Deficiency Agents

FDA-APPROVED USES:
Indicated for the treatment of patients with a diagnosis of lysosomal acid lipase (LAL) deficiency

E75.5 Other lipid storage disorders

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:
None

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:
Lysosomal Acid Lipase Deficiency (LAL-D) is an autosomal recessive lysosomal storage disorder caused by a genetic defect that leads to a marked decrease or loss in the activity of the LAL enzyme. The deficiency leads to the accumulation of cholesteryl esters and triglycerides in multiple organs, including the liver, spleen, intestine, and walls of blood vessels. The accumulation of lipids leads to increased liver fat content and progression of liver disease, which includes fibrosis and cirrhosis. LAL-D is associated with significant morbidity including hypercholesterolemia, cardiovascular disease, and liver damage. It may lead to liver failure and, in the most severe form, death. Lipid accumulation in the intestinal wall leads to malabsorption and growth failure.
Sebelipase alfa binds to cell surface receptors via glycans and is then internalized into lysosomes. LAL-D is caused by mutations affecting the LIPA gene—resulting in a deficiency of LAL enzyme activity in the lysosomes. Manifesting frequently in childhood, LAL-D was historically referred to as 2 separate disorders. The disease was previously known as Wolman's disease in infants, and as cholesteryl ester storage disease in children and adults.
However, it is now known that these conditions are both manifestations of the same disease13and both presentations have come to be known as LAL-D. Wolman disease (WD) is an early onset form of LAL-D that is seen in infants and cholesteryl ester storage disease (CESD) another form of LAL-D with a later onset, seen in early childhood or later in life.

WD: Wolman disease often presents during infancy (around 2 to 4 months of age) and is a rapidly progressive disease. Patients with Wolman disease rarely survive beyond the first year of life. A complete deficiency of the enzyme (estimated prevalence 1:500,000 live births) causes malabsorption, growth failure, hepatomegaly, adrenal cortical insufficiency, and death within the first year of life.

CESD: CESD is a milder, later-onset form of LAL deficiency and presents in early childhood or later. Life

expectancy of patients with CESD depends on the severity of the disease and associated complications. Partial LAL deficiency (estimated prevalence 1:40,000), which can present later in childhood or in adulthood, is associated with gastrointestinal symptoms, hepatosplenomegaly, elevated transaminase levels, and dyslipidemia, often progressing to hepatic fibrosis and cirrhosis and a need for liver transplantation.

Kanuma (sebelipase alfa), an enzyme replacement therapy, is the first treatment approved by the Food and Drug Administration (FDA) that addresses the underlying cause of Lysosomal Acid Lipase Deficiency (LAL-D), a rare, serious, life-threatening lysosomal storage disease. Kanuma was granted orphan drug designation since it treats a rare disease affecting fewer than 200,000 patients in the United States.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:
All other uses of Kanuma (sebelipase alfa) are considered experimental/investigational and therefore, will follow Molina's Off-Label policy. Contraindications to Kanuma (sebelipase alfa) include: No labeled contraindications.

OTHER SPECIAL CONSIDERATIONS:
Kanuma (sebelipase alfa) has a Black Box Warning for hypersensitivity reactions including anaphylaxis. Anaphylaxis has occurred during the early course of enzyme replacement therapy and after extended duration of therapy. Initiate Kanuma in a healthcare setting with appropriate medical monitoring and support measures, including access to cardiopulmonary resuscitation. If a severe hypersensitivity reaction (e.g., anaphylaxis) occurs, discontinue Kanuma and immediately initiate appropriate medical treatment, including use of epinephrine.

Kanuma is produced in the egg whites of genetically engineered chickens. Patients with a known history of egg allergies were excluded from the clinical trials. Consider the risks and benefits of treatment with Kanuma in patients with known systemic hypersensitivity reactions to eggs or egg products.

CODING/BILLING INFORMATION

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

HCPCS CODE	DESCRIPTION
J2840	Injection, sebelipase alfa, 1mg

AVAILABLE DOSAGE FORMS:
Kanuma SOLN 20MG/10ML single-dose vials

REFERENCES

1. Kanuma (sebelipase alfa) injection, for intravenous use [prescribing information]. Cheshire, CT; Alexion Pharmaceuticals, Inc; July 2024.
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. 2014Jul;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

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Required Medical Information Duration of Approval Prescriber Requirements Other Special Considerations References	Q3 2024
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Prescriber Requirements Drug Class Other Special Considerations	Q3 2023
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Quantity Contraindications/Exclusions/Discontinuation References	Q3 2022
Q2 2022 Established tracking in new format	Historical changes on file