RXADVANCE
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Clinical Policy Title:	sebelipase alfa
Policy Number:	RxA.186
Drug(s) Applied:	Kanuma®
Original Policy Date:	02/07/2020
Last Review Date:	09/14/2020
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.

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
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. Lysosomal Acid Lipase Deficiency (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 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 ≥ 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 June 27, 2020.
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 June 27,2020.
3. Clinical Pharmacology [database online] powered by ClinicalKey. Tampa, FL: Elsevier, 2020. Accessed with subscription at: http://www.clinicalkey.com. Updated January 14, 2020. Accessed June 28, 2020.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	03/2020	02/07/2020
Policy was reviewed: 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