

## Kanuma® (sebelipase alfa) (Intravenous)

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### I. Length of Authorization

Initial coverage will be provided for 6 months and may be renewed annually thereafter.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC Unit]:

- Kanuma 20 mg/10 mL single-dose vials: 112 vials per 28 day supply

#### B. Max Units (per dose and over time) [HCPCS Unit]:

- 560 billable units once weekly

### III. Initial Approval Criteria <sup>1</sup>

Coverage is provided in the following conditions:

- Patient is at least 1 month of age; **AND**

**Lysosomal Acid Lipase (LAL) Deficiency † Φ <sup>1-7</sup>**

- 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

† FDA Approved Indication(s); ‡ Compendia recommended Indication(s); Φ Orphan Drug

### IV. Renewal Criteria <sup>1,6,7</sup>

Coverage can be renewed based upon the following criteria:

- Patient continues to meet indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: hypersensitivity reactions including anaphylaxis, etc.; **AND**

- Treatment has resulted in clinical benefit as evidenced in one or more of the following:
  - Improvement in weight-for-age z-scores for patients exhibiting growth failure
  - Improvement in LDL
  - Improvement in HDL
  - Improvement in triglycerides
  - Improvement of AST or ALT; **OR**
- Dose escalation in pediatric and adult patients with a suboptimal clinical response to the 1 mg/kg dose defined by at least one 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)]; **OR**
- Dose escalation for infants with rapidly progressive disease presenting within the first 6 months of life who have a suboptimal clinical response to the 1 mg/kg dose or 3 mg/kg dose defined by at least one of the following:
  - Poor growth
  - Deteriorating biochemical markers [e.g., alanine aminotransferase (ALT), aspartate aminotransferase (AST)]
  - Persistent or worsening organomegaly

## V. Dosage/Administration <sup>1</sup>

| Indication     | Dose                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LAL Deficiency | <u>Pediatric &amp; Adult patients:</u> <ul style="list-style-type: none"> <li>• 1 mg/kg administered once every other week as an IV infusion</li> <li>• May increase dose to 3 mg/kg once every other week for patients who do not achieve an optimal clinical response to the 1 mg/kg dose</li> </ul>                                                                                                                                                             |
|                | <u>Infants with rapidly progressive disease presenting within the first 6 months of life:</u> <ul style="list-style-type: none"> <li>• 1 mg/kg administered once weekly as an IV infusion</li> <li>• May increase dose to 3 mg/kg once weekly for patients who do not achieve an optimal clinical response</li> <li>• May further increase dose to 5 mg/kg once weekly for patients who do not achieve an optimal clinical response to the 3 mg/kg dose</li> </ul> |

## VI. Billing Code/Availability Information

HCPCS Code:

J2840 - Injection, sebelipase alfa, 1 mg: 1 billable unit = 1 mg

NDC:

## VII. References

1. Kanuma [package insert]. Boston, MA; Alexion Pharmaceuticals, Inc; November 2021. Accessed January 2023.
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. Zhang B, Porto AF. Cholesteryl ester storage disease: protean presentations of lysosomal acid lipase deficiency. *Pediatr Gastroenterol Nutr.* 2013;56(6):682.
4. Reiner Z, Guardamagna O, Nair D, et al. Lysosomal acid lipase deficiency--an under-recognized cause of dyslipidaemia and liver dysfunction. *Atherosclerosis.* 2014 Jul;235(1):21-30. doi: 10.1016/j.atherosclerosis.2014.04.003.
5. 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.
6. 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.
7. Jones SA, Rojas-Caro S, Quinn AG, et al. Survival in infants treated with sebelipase Alfa for lysosomal acid lipase deficiency: an open-label, multicenter, dose-escalation study. *Orphanet J Rare Dis.* 2017 Feb 8;12(1):25. doi: 10.1186/s13023-017-0587-3.

## Appendix 1 – Covered Diagnosis Codes

| ICD-10 | ICD-10 Description            |
|--------|-------------------------------|
| E75.5  | Other lipid storage disorders |

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

| Medicare Part B Administrative Contractor (MAC) Jurisdictions |                                        |                                    |
|---------------------------------------------------------------|----------------------------------------|------------------------------------|
| Jurisdiction                                                  | Applicable State/US Territory          | Contractor                         |
| E (1)                                                         | CA, HI, NV, AS, GU, CNMI               | Noridian Healthcare Solutions, LLC |
| F (2 & 3)                                                     | AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ | Noridian Healthcare Solutions, LLC |

| Medicare Part B Administrative Contractor (MAC) Jurisdictions |                                                                                             |                                                   |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------|
| Jurisdiction                                                  | Applicable State/US Territory                                                               | Contractor                                        |
| 5                                                             | KS, NE, IA, MO                                                                              | Wisconsin Physicians Service Insurance Corp (WPS) |
| 6                                                             | MN, WI, IL                                                                                  | National Government Services, Inc. (NGS)          |
| H (4 & 7)                                                     | LA, AR, MS, TX, OK, CO, NM                                                                  | Novitas Solutions, Inc.                           |
| 8                                                             | MI, IN                                                                                      | Wisconsin Physicians Service Insurance Corp (WPS) |
| N (9)                                                         | FL, PR, VI                                                                                  | First Coast Service Options, Inc.                 |
| J (10)                                                        | TN, GA, AL                                                                                  | Palmetto GBA, LLC                                 |
| M (11)                                                        | NC, SC, WV, VA (excluding below)                                                            | Palmetto GBA, LLC                                 |
| L (12)                                                        | DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA) | Novitas Solutions, Inc.                           |
| K (13 & 14)                                                   | NY, CT, MA, RI, VT, ME, NH                                                                  | National Government Services, Inc. (NGS)          |
| 15                                                            | KY, OH                                                                                      | CGS Administrators, LLC                           |

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PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
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If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist  
PreferredOne Community Health Plan  
PO Box 59052  
Minneapolis, MN 55459-0052  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, taiaajiila qarqaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

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200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
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