Last Review Date: 02/02/2023 Date of Origin: 05/31/2016 Dates Reviewed: 05/2016, 04/2017, 04/2018, 02/2019, 02/2020, 02/2021, 12/2021, 02/2022, 02/2023

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 Criteria¹

Coverage is provided in the following conditions:

• Patient is at least 1 month of age; AND

Lysosomal Acid Lipase (LAL) Deficiency $\dagger \Phi$ ¹⁻⁷

• 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); Orphan Drug

IV. Renewal Criteria ^{1,6,7}

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

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- 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/Administration¹

Indication	Dose		
	Pediatric & Adult patients:		
	• 1 mg/kg administered once every other week as an IV infusion		
	• 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		
LAL	Infants with rapidly progressive disease presenting within the first 6 months of life:		
Deficiency	• 1 mg/kg administered once weekly as an IV infusion		
	• May increase dose to 3 mg/kg once weekly for patients who do not achieve an optimal clinical response		
	• 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		

VI. Billing Code/Availability Information

HCPCS Code:

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

NDC:

Kanuma 20 mg/10 mL single-dose vials: 25682-0007-xx

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VII. References

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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		

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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	КҮ, ОН	CGS Administrators, LLC		

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