Reference number(s)
4201-A

STANDARD MEDICARE PART B MANAGEMENT

KANUMA (sebelipase alfa)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications
Kanuma is indicated for the treatment of patients with a diagnosis of Lysosomal Acid Lipase (LAL) deficiency.

II. DOCUMENTATION

The following documentation must be available, upon request, for all submissions:
For initial requests: lysosomal acid lipase enzyme assay or genetic testing results supporting diagnosis.

III. CRITERIA FOR INITIAL APPROVAL

Lysosomal acid lipase (LAL) deficiency
Indefinite authorization may be granted for treatment of LAL deficiency when both of the following criteria are met:
A. Diagnosis of LAL deficiency was confirmed by enzyme assay demonstrating a deficiency of lysosomal acid lipase enzyme activity or by genetic testing; AND
B. Member has alanine aminotransferase level (ALT) ≥ 1.5 times the upper limit of normal (based on the age- and gender-specific normal ranges) on two consecutive ALT measurements obtained at least one week apart.

IV. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Indefinite authorization may be granted when all of the following criteria are met:
A. The member is currently receiving therapy with Kanuma
B. Kanuma is being used to treat an indication enumerated in Section III
C. The member is receiving benefit from therapy.

V. REFERENCES

1. Kanuma [package insert]. Cheshire, CT: Alexion Pharmaceuticals Inc.; December 2015.
2. Burton BK, Balwani, M, Feillet F, et al. A Phase 3 Trial of Sebelipase Alfa in Lysosomal Acid Lipase Deficiency. N Engl J Med.2015;373:1010-20.

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