

## Medical Coverage Policy | Brineura (Cerliponase Alfa)



**EFFECTIVE DATE:** 06/01/2018

**POLICY LAST UPDATED:** 05/15/2018

### OVERVIEW

Cerliponase alfa is a hydrolytic lysosomal N-terminal tripeptidyl peptidase indicated to slow the loss of ambulation in symptomatic pediatric patients 3 years of age and older with late infantile neuronal ceroid lipofuscinosis type 2 (CLN2), also known as tripeptidyl peptidase 1 (TPP1) deficiency

This policy is applicable to BlueCHiP for Medicare products only. For Commercial Products, see related policy section

### MEDICAL CRITERIA

#### BlueCHiP for Medicare

Cerliponase Alfa (Brineura) is medically necessary when ALL of the following are met:

1. The patient is a pediatric patient at least the minimal age noted in the FDA labeled indication (i.e.,  $\geq 3$  years old to  $< 18$  years old)  
**AND**
2. ONE of the following:
  - a. The prescriber is a specialist in the area of the patient's diagnosis (e.g., pediatric neurologist, geneticist)  
**OR**
  - b. The prescriber has consulted with a specialist in the area of the patient's diagnosis  
**AND**
3. The patient is symptomatic (e.g., new-onset of unprovoked seizures, early language delay, ataxia, developmental delay)  
**AND**
4. The patient has a diagnosis of neuronal ceroid lipofuscinosis type 2 (CLN2) disease/ tripeptidyl peptidase 1 (TPP1) deficiency evidenced by at least ONE of the following:
  - a. BOTH of the following:
    - i. Deficient TPP1 enzyme activity in leukocytes, fibroblasts, or dried blood spots  
**AND**
    - ii. Normal activity of  $\geq 1$  appropriate control enzyme (e.g., PPT1 and/or  $\hat{\alpha}$ -galactosidase)  
**OR**
  - b. Identification of 2 pathogenic variants/mutations in *trans* (i.e. separate parental alleles) in the TPP1/CLN2 gene  
**AND**
2. The patient specifically has late infantile onset neuronal ceroid lipofuscinosis type 2 (CLN2)/tripeptidyl peptidase 1 (TPP1) deficiency (roughly defined as onset at 2-4 years old)  
**AND**
3. The patient is ambulatory  
**AND**
4. The patient does not have any FDA labeled contraindication(s) to therapy with the requested agent

**Length of Approval:** 12 months

### Renewal Criteria

Cerliponase Alfa (Brineura) is medically necessary after the initial 12 month approval when all of the following criteria are met:

1. The patient has been previously approved for therapy with the requested drug  
**AND**
2. The prescriber indicates that the patient is a pediatric patient (i.e., patient must not be  $\geq 18$  years old)  
**AND**
3. ONE of the following:
  - a. The prescriber is a specialist in the area of the patient's diagnosis (e.g., pediatric neurologist, geneticist)  
**OR**
  - b. The prescriber has consulted with a specialist in the area of the patient's diagnosis  
**AND**
4. The patient is ambulatory  
**AND**
5. The prescriber indicates that the patient has shown clinical benefit from the requested agent  
**AND**
6. The patient does NOT have any FDA labeled contraindications to therapy with the requested agent

**Length of Approval:** 12 months

### PRIOR AUTHORIZATION

Prior authorization is required for BlueCHiP for Medicare.

### POLICY STATEMENT

#### BlueCHiP for Medicare

Cerliponase Alfa (Brineura) is medically necessary when the above criteria have been met.

### COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage applicable physician administered drug benefits/coverage.

### BACKGROUND

The neuronal ceroid lipofuscinoses, collectively referred to as Batten disease, are a family of autosomal recessive neurodegenerative disorders that annually affect 1:100,000 live births worldwide. This family of diseases results from mutations in one of 14 different genes that share common clinical and pathological etiologies. Clinically, the diseases are subcategorized into infantile, late infantile, juvenile and adult forms based on their age of onset. CLN2 disease is a late infantile-onset lysosomal storage disorder caused by deficient activity of the enzyme tripeptidyl peptidase 1 (TPP1). TPP1 catabolizes polypeptides in the central nervous system. Deficient TPP1 activity leads to intralysosomal accumulation of autofluorescent storage material and is associated with neuronal and retinal cell loss.

In the late infantile form of the disease, signs and symptoms typically begin between ages 2 and 4 and include language delay, seizures, ataxia, movement disorders, motor deterioration, dementia, blindness, and early death. Affected children most commonly present with an unprovoked seizure, although febrile seizures have also been reported. Other initial symptoms include prominent truncal and peripheral ataxia, behavioral disturbances, and other developmental delays. Seizures may be polymorphic (e.g., generalized tonic-clonic, myoclonic, atonic) and often become drug-resistant. Following the onset of seizures, a rapid deterioration in cognitive and motor functions ensues over two to three years, leading to loss of speech and loss of voluntary movement by the age of six years. Visual impairment may begin as early as 4 years of age, but is not usually apparent until severe deterioration is evident. Children will eventually become blind between the ages of 7-10. Death usually occurs by mid-adolescence.

Early diagnosis is critical to optimize clinical care and improve outcomes for the patient and family; however, delays in the diagnosis of CLN2 are common due to low disease awareness, nonspecific clinical presentation, and limited access to diagnostic testing in some areas. Once clinical suspicion of CLN2 disease has been established, the patient should undergo biochemical testing. The gold standard for diagnosis is the demonstration of deficient TPP1 enzyme activity (in leukocytes, fibroblasts, or dried blood spots), together with the detection of pathogenic mutations in each allele of the TPP1 gene (also known as the CLN2 gene). However, when it is not feasible to perform both analyses, either deficient TPP1 enzyme activity in leukocytes or fibroblasts or the detection of two pathogenic mutations in *trans* alone can be diagnostic for CLN2 disease. A palmitoyl-protein thioesterase 1 (PPT1) enzyme activity assay should also be performed to rule out CLN1 disease.

The management of CLN2 disease is complex. No management guidelines exist and there is a paucity of published disease-specific evidence to inform clinical practice, which currently draws upon experience from the field of childhood neurodisability. Historically, treatment has been limited to symptomatic and supportive care. Multidisciplinary care is necessary due to the high symptom load and the rapid rate of functional decline. Patients will need management of seizures and movement disorders, as well as ophthalmologic, respiratory, and gastrointestinal therapies. Cerliponase alfa is the first FDA approved treatment for CLN2 disease, used to slow loss of walking ability in symptomatic pediatric patients aged 3 years and older. Cerliponase alfa is an enzyme replacement therapy and is a recombinant form of human TPP1. Cerliponase alfa is taken up by target cells in the central nervous system and is translocated to the lysosomes through the Cation Independent Mannose-6-Phosphate Receptor (CI-MPR, also known as M6P/IGF2 receptor). Cerliponase alfa is activated in the lysosome and the activated proteolytic form cleaves tripeptides from the N-terminus of proteins.

#### **CODING**

##### **BlueCHiP for Medicare**

For claims filed before 1/1/2018

There is no specific HCPCS code; claims must be filed with an unlisted code such as J3490 and the NDC number

For claims filed as of 1/1/2018

C9014 injection, cerliponase alfa, 1 mg

#### **RELATED POLICIES**

Prior Authorization of Drugs

#### **PUBLISHED**

Provider Update, June 2018

Provider Update, September 2017

#### **REFERENCES:**

1. Brineura (cerliponase alfa) prescribing information. BioMarin Pharmaceutical Inc. 4/2017.
2. Williams, Ruth et al. Management Strategies for CLN2 Disease. *Pediatric Neurology* 69;2017:102-112.
3. Food and Drug Administration (FDA). Brineura (cerliponase alfa) BLA Approval Letter. 4/27/2017.

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