Brineura (cerliponase alfa)
(Intraventricular)

Effective Date: 01/01/2020
Review Date: 12/4/2019, 1/29/20, 01/28/2021
Revision date: 12/4/2019, 1/29/20, 01/28/2021
Scope: Medicaid, Commercial, Medicare-Medicaid Plan (MMP)

I. Length of Authorization
Coverage will be provided for 6 months and may be renewed.

II. Dosing Limits
A. Quantity Limit (max daily dose) [NDC unit]:
   - Brineura 150 mg/5 mL single dose vial : 2 vials every 14 days
B. Max Units (per dose and over time) [HCPCS Unit]:
   - 300 billable units (two kits) every 14 days

III. Initial Approval Criteria\(^1,2,5,7\)
Coverage is provided in the following conditions:
MMP members who have previously received this medication within the past 365 days are not subject to Step Therapy Requirements.

Universal Criteria
- Patient is 3 years of age or older: **AND**
- Patient must not have acute intraventricular access device-related complications (e.g., leakage, extravasation of fluid, or device-related infection): **AND**
- Patient must not have ventriculoperitoneal shunts: **AND**
- Patient has no signs or symptoms of acute, unresolved localized infection on or around the device insertion site (e.g. cellulitis or abscess); or a suspected or confirmed CNS infection: **AND**
- Late infantile neuronal ceroid lipofuscinosis type 2 (CLN2); tripeptidyl peptidase 1 (TPP1) deficiency †
• Patient must have a definitive diagnosis of late infantile CLN2 confirmed by deficiency of the lysosomal enzyme tripeptidyl peptidase-1 (TPP1) and/or molecular analysis indicating dysfunctional mutation of the TPP1 gene on chromosome 11p15.4: AND
• Patient has mild to moderate disease documented by a two-domain score of 3 to 6 on the motor and language domains of the Hamburg CLN2 Clinical Rating Scale, with a score of at least 1 in each of these two domains: AND
• Patient is ambulatory: AND
• Patients with a history of bradycardia, conduction disorder, or with structural heart disease must have electrocardiogram (ECG) monitoring performed during the infusion

† FDA-labeled indication(s)

IV. Renewal Criteria1,5,7

• Patient continues to meet universal and other 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 or complications from the device. Examples of unacceptable toxicity or complications include: meningitis and other intraventricular access device-related infections, intraventricular access device-related complications, severe hypersensitivity reactions, severe cardiovascular reactions, severe hypotension: etc.: AND
• Patient had a 12-lead ECG evaluation performed within the last 6 months (those with cardiac abnormalities require an ECG during each infusion): AND
• Patient has responded to therapy compared to pretreatment baseline with stability/lack of decline in motor function/milestones on the Motor domain of the Hamburg CLN2 Clinical Rating Scale [Decline is defined as having an unreversed (sustained) 2-category decline or an unreversed score of 0].

V. Dosage/Administration1,2,5,7

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dose</th>
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<tbody>
<tr>
<td>CLN2</td>
<td>300 mg administered once every other week by intraventricular infusion. Administer Brineura first followed by infusion of the Intraventricular Electrolytes each at an infusion rate of 2.5 mL/hr. The complete Brineura infusion, including the required infusion of Intraventricular Electrolytes, is approximately 4.5 hours.</td>
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</tbody>
</table>
• Aseptic technique must be strictly observed during preparation and administration
• Brineura should be administered by, or under the direction of a physician knowledgeable in intraventricular administration
Brineura is administered into the cerebrospinal fluid (CSF) by infusion via a surgically implanted reservoir and catheter (intraventricular access device). Brineura is intended to be administered via the Codman® HOLTER RICKHAM Reservoirs with the Codman® Ventricular Catheter. The intraventricular access device must be implanted prior to the first infusion. It is recommended that the first dose be administered at least 5 to 7 days after device implantation.

Brineura is intended to be administered with the B Braun Perfusor® Space Infusion Pump System.

Pre-treatment of patients with antihistamines with or without antipyretics or corticosteroids is recommended 30 to 60 minutes prior to the start of infusion.

Store upright in freezer (−25°C to −15°C); thaw at room temperature for ~60 minutes prior to administration.

VI. Billing Code/Availability Information

HCPCS Code:

- J0567 – Injection, cerliponase alfa, 1 mg: 1 billable unit = 1 mg (effective 1/1/19)

NDC:

- Brineura 150 mg/5 mL (30 mg/mL) solution, two single-dose vials per carton co-packaged with Intraventricular Electrolytes Injection 5 mL in a single-dose vial: 68135-0811-xx

VII. References


Appendix 1 – Covered Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>ICD-10 Description</th>
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<tbody>
<tr>
<td>E75.4</td>
<td>Neuronal ceroid lipofuscinosin</td>
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</table>

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 Articles may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicare-coverage-database/search/advanced-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/Article): N/A

<table>
<thead>
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<tr>
<td>E (1)</td>
<td>CA, HI, NV, AS, GU, CNMI</td>
<td>Noridian Healthcare Solutions, LLC</td>
</tr>
<tr>
<td>F (2 &amp; 3)</td>
<td>AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ</td>
<td>Noridian Healthcare Solutions, LLC</td>
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<tr>
<td>5</td>
<td>KS, NE, IA, MO</td>
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<td>6</td>
<td>MN, WI, IL</td>
<td>National Government Services, Inc. (NGS)</td>
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<tr>
<td>H (4 &amp; 7)</td>
<td>LA, AR, MS, TX, OK, CO, NM</td>
<td>Novitas Solutions, Inc.</td>
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<td>M (11)</td>
<td>NC, SC, WV, VA (excluding below)</td>
<td>Palmetto GBA, LLC</td>
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<td>Novitas Solutions, Inc.</td>
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