Medical Policy:

Xenpozyme (olipudase alfa-rpcp), intravenous infusion

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.366	January 2, 2024	November 10, 2022

Definitions

XENPOZYME is indicated for treatment of non–central nervous system manifestations of acid sphingomyelinase deficiency (ASMD) in adult and pediatric patients.

Length of Authorization

12 months

Dosing Limits [Medical Benefit]

Dosing is weight-based. For patients with a body mass index (BMI) of ≤ 30 kg/m2, actual body weight is used. For patients with a BMI > 30 kg/m2 adjusted body weight is used (adjusted body weight in kg = [actual height in meters]2 x 30). Home infusion of Xenpozyme under the supervision of a healthcare provider may be considered for patients on a maintenance dose and who are tolerating the infusion well. The decision to have patients moved to home infusion should be made after evaluation and recommendation by a physician.

The recommended starting dose in adults is 0.1 mg/kg via intravenous (IV) infusion. The dose is titrated every 2 weeks over a period of 14 weeks to a maintenance dose of 3 mg/kg every 2 weeks (Table 1). In pediatric patients, the recommended starting dose is 0.03 mg/kg via IV infusion.1 The dose is titrated every 2 weeks over a period of 16 weeks to a maintenance dose of 3 mg/kg every 2 weeks (Table 2). To reduce the risk of hypersensitivity and infusion-related reactions or elevated transaminase levels, the dose escalation regimen outlined in Tables 1 and 2 below should be followed. A dose is considered "missed" when it is not administered within 3 days of the scheduled date.1 Refer to Table 3 for missed doses.

Table 1. Xenpozyme Dose Escalation Regimen for Adults (≥ 18 Years of Age).[1]

First dose (Day 1/Week 0)	0.1 mg/kg
Second dose (Week 2)	0.3 mg/kg
Third dose (Week 4)	0.3 mg/kg
Fourth dose (Week 6)	0.6 mg/kg
Fifth dose (Week 8)	0.6 mg/kg
Sixth dose (Week 10)	1 mg/kg
Seventh dose (Week 12)	2 mg/kg
Eighth dose (Week 14)†	3 mg/kg

† The dose escalation phase includes the first 3 mg/kg dose.

Table 2. Xenpozyme Dose Escalation Regimen for Pediatric Patients.[1]

First dose (Day 1/Week 0)	0.03 mg/kg
Second dose (Week 2)	0.1 mg/kg
Third dose (Week 4)	0.3 mg/kg
Fourth dose (Week 6)	0.3 mg/kg
Fifth dose (Week 8)	0.6 mg/kg
Sixth dose (Week 10)	0.6 mg/kg
Seventh dose (Week 12)	1 mg/kg
Eighth dose (Week 14)†	2 mg/kg
Ninth dose (Week 16) †	3 mg/kg

† The dose escalation phase includes the first 3 mg/kg dose.

Table 3. Dosing Recommendations for Xenpozyme Missed Doses*.[1]

Consecutive Missed Doses In:	Escalation Phase	Maintenance Phase
1 missed dose	First dose after a missed dose: Administer last tolerated dose. Second and subsequent doses after missed dose: Resume dose escalation at next infusion according to Table 1 for adult patients or Table 2 for pediatric patients.	First and subsequent doses after missed dose: Administer maintenance dose.
2 consecutive missed doses	First dose after missed dose: Administer 1 dose below the last tolerated dose. Second and subsequent doses after missed dose: Resume dose escalation according to Table 1 for adults or Table 2 for pediatric patients.	First dose after missed dose: Administer 1 dose below the maintenance dose. Second and subsequent doses after missed dose: Resume the maintenance dose.
≥ 3 consecutive missed doses	First and subsequent doses after missed doses: Resume dose escalation at 0.3 mg/kg and follow Table 1 for adults or Table 2 for pediatric patients.	First and subsequent doses after missed doses: Restart dosing at 0.3 mg/kg and follow Table 1 for adult patients or Table 2 for pediatric patients.

*At scheduled infusion after a missed dose, if the dose administered is 0.3 mg/kg or 0.6 mg/kg, administer that dose twice as per Table 1 and 2.

Limit: 3mg/kg every 2 weeks; 340 billable units (340 mg) every 14 days

Guideline

1. **Acid Sphingomyelinase Deficiency (ASMD).** Approve if the patient meets the following criteria (A, B, C, and D):
   A. The diagnosis of ASMD meets ALL of the following (i, ii, and iii):
      i. The diagnosis of ASMD has been established by acid sphingomylinase (ASM) enzymatic assay testing; **AND**
      ii. The diagnosis of ASMD has been confirmed by mutation testing; **AND**
      iii. A diagnosis of Gaucher disease has been excluded; **AND**

      Note: ASMD has historically been known as Niemann-Pick Disease.
   B. Patient meets **ONE** of the following criteria (i or ii):
      i. Patient has ASMD type B; **OR**
      ii. Patient has ASMD type A/B; **AND**
   C. Patient has **TWO** or more non-central nervous system signs of ASMD type B or type A/B according to the prescriber; **AND**

   Note: Examples of non-central nervous system signs of ASMD type B or type A/B include but are not limited to hepatosplenomegaly, interstitial lung disease, decreased diffusing capacity of the lungs, progressive liver disease with cirrhosis or fibrosis, dyslipidemia, osteopenia, thrombocytopenia, anemia, leukopenia.
   D. The medication is prescribed by or in consultation with a geneticist, endocrinologist, a metabolic disorder sub-specialist, or a physician who specializes in the treatment of lysosomal storage disorders

Applicable Procedure Codes

Code	Description
J0218	Injection, olipudase alfa-rpcp, 1 mg; 1 billable unit = 1 mg

Applicable NDCs

Code	Description
58468-0050-01	Xenpozyme (olipudase alfa-rpcp) 20mg vial

ICD-10 Diagnoses

Code	Description
E75.241	Niemann-Pick disease type B
E75.244	Niemann-Pick disease type A/B

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	1/2/2024	Annual Review: No criteria changes
EmblemHealth & ConnectiCare	5/02/2023	Annual Review: Added code J0218, removed code J3590, Removed ICD-10 coses E75.29 and E75.24, added E75.241 and E75.244. Under ASMD initial Criteria- Removed the Statement "A.The diagnosis of ASMD is established by enzymatic assay; AND" and replaced it with the statement "A) The diagnosis of ASMD meets ALL of the following (i, ii, and

		iii): i.The diagnosis of ASMD has been established by acid sphingomylinase (ASM) enzymatic assay testing; AND ii.The diagnosis of ASMD has been confirmed by mutation testing; AND iii.A diagnosis of Gaucher disease has been excluded; AND Note: ASMD has historically been known as Niemann-Pick Disease." Removed the statement "C.Patient has signs of ASMD type B or type A/B (e.g., hepatosplenomegaly, decreased diffusing capacity of the lungs, progressive liver disease with cirrhosis or fibrosis, dyslipidemia, osteopenia, and thrombocytopenia), according to the prescriber; AND" and replaced it with "C) Patient has two or more non-central nervous system signs of ASMD type B or type A/B according to the prescriber; AND Note: Examples of non-central nervous system signs of ASMD type B or type A/B include but are not limited to hepatosplenomegaly, interstitial lung disease, decreased diffusing capacity of the lungs, progressive liver disease with cirrhosis or fibrosis, dyslipidemia, osteopenia, thrombocytopenia, anemia, leukopenia."
EmblemHealth & ConnectiCare	11/10/2022	New Policy

References

1. Xenpozyme™ intravenous infusion [prescribing information]. Cambridge, MA: Genzyme; August 2022.