Clinical Policy: Velmanase Alfa-tycv (Lamzede)

Reference Number: PA.CP.PHAR.601
Effective Date: 06/2023
Last Review Date: 05/2023

Description
Velmanase alfa-tycv (Lamzede®) is a recombinant human alpha-mannosidase replacement therapy.

FDA Approved Indication(s)
Lamzede is indicated for the treatment of non-central nervous system manifestations of alphamannosidosis (AM) in adult and pediatric patients.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness® that Lamzede is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Alpha-Mannosidosis (must meet all)**:**

1. Diagnosis of AM confirmed by one of the following (a or b):
   a. Reduced AM activity defined as < 10% of normal activity in leukocytes or fibroblasts cells;
   b. Genetic testing revealing biallelic MAN2B1 gene mutation;
2. Prescribed by or in consultation with an endocrinologist, neurologist, ophthalmologist, clinical geneticist, or specialist familiar with the treatment of lysosomal storage disorders;
3. Member has not previously received a bone marrow transplant or hematopoietic stem cell transplantation;
4. Documentation of current actual body weight in kg;
5. Dose does not exceed 1 mg/kg (actual body weight) per week.
   Approval duration: 6 months

B. Other diagnoses/indications

1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

II. Continued Therapy

A. Alpha-Mannosidosis (must meet all)**:**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy as evidenced by stabilization or

3. improvement in, but not limited to, any of the following parameters *(see Appendix D for other examples of individual patient AM disease manifestation profiles)*:
    a. Serum oligosaccharides levels;
    b. 3-minute stair climb test;
    c. 6-minute walk test;
    d. Bruininks-Oseretsky test of motor proficiency;
    e. Forced vital capacity;
4. Documentation of current actual body weight in kg;
5. If request is for a dose increase, new dose does not exceed 1 mg/kg (actual body weight) per week.

Approval duration: 6 months

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies.
   Approval duration: Duration of request or 12 months (whichever is less); or
2. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – PA.CP.PMN.53

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

AM: alpha-mannosidosis FDA: Food and Drug Administration

Appendix B: Therapeutic Alternatives

Not applicable

Appendix C: Contraindications/Boxed Warnings

Contraindication(s): none reported

Boxed warning(s): severe hypersensitivity reactions including anaphylaxis

Appendix D: General Information

Individual patient manifestations of AM may include non-central nervous system manifestations such coarse facial features, frequent infections due to immune deficiency, and skeletal abnormalities. Central nervous system manifestations may include mental retardation, speech delay, sensorineural hearing loss, dysostosis multiplex, genu valgum, hypotonia, motor and coordinator disturbances, ataxia, ocular manifestations with strabismus and acute psychotic manifestations, occipital white matter signal aberrations, and delayed myelination as well as hydrocephalus.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
AM	1 mg/kg (actual body weight) IV once every week	1 mg/kg/week

VI. Product Availability

Single-use vial: 10 mg as a lyophilized powder for reconstitution

VII. References

1. Lamzede Prescribing Information. Cary, NC: Chiesi USA, Inc. February 2023. Available at: https://resources.chiesiusa.com/Lamzede/LAMZEDE_PI.pdf. Accessed February 24, 2023.
2. Malm D, Nilseen O. Alpha-mannosidosis . National Library of Medicine. Available at: https://www.ncbi.nlm.nih.gov/books/NBK1396/. Accessed April 5, 2023.
3. European Medicine Agency. Lamzede: EPAR – Product Information; May 2022. Available at: https://www.ema.europa.eu/en/medicines/human/EPAR/Lamzede. Accessed September 21, 2022.
4. Borgwardt L, Guffon N, Amraoui Y, et al. Efficacy and safety of velmanase alfa in the treatment of patients with alpha-mannosidosis: results from the core and extension phase analysis of a phase III multicentre, double-blind, randomized, placebo-controlled trial. H Inherit Metab Dis. 2018; 41(6): 1215-1223. https://doi.org/10.1007/s10545-018-0185-0.
5. Lund AM, Borgwardt L, Cattaneo F, et al. Comprehensive long-term efficacy and safety of recombinant human alpha-mannosidase (velmanase alfa) treatment in patients with alphamannosidosis. J Inherit Metab Dis. 2018; 41(6): 1225-1233. https://doi.org/10.1007/s10545-018-0175-2.
6. Harmatz P, Cattaneo F, Ardigo D, et al. Enzyme replacement therapy with velmanase alfa (human recombinant alpha-mannosidase): Novel global treatment response model and outcomes in patients with alpha-mannosidosis. Molecular Genetics and Metabolism: 2018; 124(2): 152-160. https://doi.org/10.1016/j.ymgme.
7. Guffon N, Tylki-Szymanska A, Borgwardt L, et al. Recognition of alpha-mannosidosis in paediatric and adult patients: presentation of a diagnostic algorithm from an international working group. Molecular Genetics and Metabolism. 2019;126:470-4. https://doi.org/10.1016/j.ymgme.

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J3590	Unclassified biologics
C9399	Unclassified drugs or biologicals

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	05/2023	