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Last P&T Approval/Version: 07/26/2023
Next Review Due By: 07/2024
Policy Number: C15432-A

Palynziq (pegvaliase-pqpz)

PRODUCTS AFFECTED

Palynziq (pegvaliase-pqpz)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.
This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational, or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Phenylketonuria (PKU)

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review.

A. PHENYLKETONURIA:
1. Documented diagnosis of phenylketonuria (PKU)
   AND
2. Documentation of baseline blood phenylalanine concentration > 600 micromol/L

[DOCUMENTATION REQUIRED]
AND

3. Documentation member is following a phenylalanine-restricted diet AND adherent to sapropterin therapy
   AND
4. Prescriber attests that dietary management will be maintained (phenylalanine-restriction) while on Palynziq (pegvaliase-pqpz) therapy
   AND
5. Prescriber attests that Palynziq will be used as monotherapy (Palynziq (pegvaliase-pqpz) will not be used in combination with Kuvan)
   Note: There is no data available to support the concomitant use of Palynziq and sapropterin. In the Palynziq pivotal studies, members were required to discontinue use of Kuvan at least 14 days prior to the first dose of Palynziq.
   AND
6. Prescriber attests that an epinephrine auto-injector has been prescribed to the member or Molina Reviewer finds a claims history of epinephrine within the last 12 months

CONTINUATION OF THERAPY:

A. PHENYLKETONURIA:

1. Prescriber attests to compliance/adherence to a phenylalanine-restricted diet in conjunction with Palynziq therapy
   AND
2. Prescriber attests that Palynziq continues to be used as monotherapy (not used in combination with sapropterin)
   AND
3. (a) Documentation of positive response to therapy within the first 6 months of treatment (e.g., 20% reduction in blood phenylalanine concentration from pre-treatment baseline levels or a blood phenylalanine concentration ≤ 600 µmol/L) [DOCUMENTATION REQUIRED]
   OR
   (b) If member has NOT been titrated to appropriate max dose for effect within 6 months: prescriber must provide treatment plan of titration, revaluation, and monitoring [DOCUMENTATION REQUIRED]
   OR
   (c) Member has adequate blood Phe level control with continued use (monitored for hyper- and hypo-phenylalaninemia)

DURATION OF APPROVAL:

Initial authorization: 6 months, Continuation of treatment: 12 months

PRESCRIBER REQUIREMENTS:

Prescribed by, or in consultation with, a board-certified medical geneticist or physician experienced in the management of metabolic disorders or phenylketonuria (PKU). [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

AGE RESTRICTIONS:

18 years of age or older

QUANTITY:

Max dose of 60mg/day

PLACE OF ADMINISTRATION:

The recommendation is that injectable medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Subcutaneous

DRUG CLASS:
Phenylketonuria Treatment - Agents

FDA-APPROVED USES:
Indicated to reduce blood phenylalanine concentrations in adult patients with phenylketonuria who have uncontrolled blood phenylalanine concentrations greater than 600 micromol/L on existing management

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:
None

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:
Palynziq is indicated to reduce blood phenylalanine concentrations in adult members with phenylketonuria (PKU) who have uncontrolled blood phenylalanine concentrations greater than 600 micromol/L (µmol/L) on existing management.

Treatment with Palynziq should be managed by a healthcare provider experienced in the management of PKU. Baseline blood phenylalanine concentrations should be obtained before initiating treatment. Palynziq is titrated up over a period of 9 weeks to the maintenance dose of 20mg administered subcutaneously (SC) once daily (QD).

Therapeutic response may not be achieved until the member is titrated to an effective maintenance dosage. Palynziq 20 mg SC QD should be maintained for at least 24 weeks. The dose can be increased to 40 mg SC QD in members who have been maintained continuously on the 20 mg QD dose for at least 24 weeks and who have not achieved either a 20% reduction in blood phenylalanine concentration from pre-treatment baseline levels or a blood phenylalanine concentration ≤ 600 µmol/L. Palynziq 40 mg should be maintained for 16 continuous weeks. The dose can be increased to a maximum of 60 mg SC once daily for members who have not achieved blood Phe control. Palynziq should be discontinued in members who have not achieved a response after 16 weeks of continuous treatment with the maximum dosage of 60 mg QD.

Palynziq should be discontinued in members who have not achieved a response after 16 weeks of continuous treatment with the maximum dosage of 60 mg QD. In members who experience blood phenylalanine concentrations < 30 µmol/L during the titration and maintenance phase, the dosage of Palynziq may be reduced and/or dietary protein and phenylalanine intake may be modified to maintain phenylalanine levels within a clinically acceptable range and above 30 µmol/L. Because of the risk of anaphylaxis, Palynziq is available only through a restricted Risk Evaluation and Mitigation Strategy (REMS) program. It was unclear from the Palynziq clinical trials if all members had tried and were non- responders to Kuvan.

Palynziq REMS
Palynziq is available only through a restricted program under a REMS called the Palynziq REMS,

because of the risk of anaphylaxis.

Notable requirements of the Palynziq REMS include the following:

• Prescribers must be certified with the program by enrolling in the program and completing training.

• Prescribers must prescribe auto-injectable epinephrine with Palynziq.

• Pharmacies must be certified with the program and must dispense only to patients who are authorized to receive Palynziq.

• Patients must enroll in the program and be educated about the risk of anaphylaxis by a certified prescriber to ensure they understand the risks and benefits of treatment with Palynziq.

• Patients must have auto-injectable epinephrine available at all times while taking Palynziq.

Further information, including a list of qualified pharmacies, is available at www.PALYNZIQREMS.com or by telephone 1-855-758-REMS (1-855-758-7367).

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of Palynziq (pegvaliase-pqpz) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to Palynziq (pegvaliase-pqpz) include: No labeled contraindications.

Discontinuation of therapy: Discontinue Palynziq in patients who have not achieved an adequate response after 16 weeks of continuous treatment with the maximum dosage of 60 mg once daily.

OTHER SPECIAL CONSIDERATIONS:

Palynziq has a Black Box Warning for anaphylaxis. Anaphylaxis has been reported after administration of pegvaliase and may occur at any time during treatment. Administer the initial dose of pegvaliase under the supervision of a healthcare provider equipped to manage anaphylaxis, and closely observe patients for at least 60 minutes following injection. Prescribe auto-injectable epinephrine to all patients treated with pegvaliase. Due to the risk of anaphylaxis, pegvaliase is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the pegvaliase REMS.

CODING/BILLING INFORMATION

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:

Palynziq SOSY 2.5MG/0.5ML

Palynziq SOSY 10MG/0.5ML

Palynziq SOSY 20MG/ML

REFERENCES

1. Palynziq injection [prescribing information]. Novato, CA: BioMarin Pharmaceuticals; November 2020.
2. Vockley J, Andersson HC, Antshel KM, et al. Phenylalanine hydroxylase deficiency: diagnosis and management guideline [published correction appears in Genet Med. 2014;16(4):356]. Genet Med. 2014;16(2):188-200.[PubMed 24385074]10.1038/gim.2013.157. Available at: https://www.nature.com/articles/gim2013157 Accessed on May 2020

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Background Other Special Considerations	Q3 2023
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Contraindications/Exclusions/Discontinuation References	Q3 2022
Q2 2022 Established tracking in new format	Historical changes on file