Pharmacy Policy Bulletin

Title: Metabolic disorders agents (Strensiq®, Xuriden®)

Policy #: Rx.01.179

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:

The intent of this policy is to communicate the medical necessity criteria for asfotase alfa (Strensiq®) and uridine triacetate (Xuriden®) as provided under the member's prescription drug benefit.

Description:

Hypophosphatasia (HPP) is a rare, genetic disease resulting from loss of function mutations in the ALPL gene encoding tissue nonspecific alkaline phosphatase (TNSALP). The deficiency in TNSALP enzyme activity leads to elevated TNSALP substrates, including inorganic pyrophosphate (PPi). Elevated PPi blocks hydroxyapatite crystal growth, which inhibits bone mineralization. The disease is characterized by defective mineralization of teeth and bones, leading to bone fractures, deformities, and tooth loss. HPP is a highly variable disease and severity correlates to the residual TNSALP activity. The overall incidence and prevalence of HPP in the general population is unknown. HPP is estimated to affect 1 in every 100,000 live births. Milder cases of the disease may be undiagnosed or misdiagnosed, impacting the ability to determine frequency in the general population.

Asfotase alfa (Strensiq®), a recombinant TNSALP enzyme replacement therapy, is indicated for the treatment of patients with perinatal/ infantile- and juvenile-onset HPP. Asfotase alfa represents the first approved therapy for HPP. Prior to approval of asfotase alfa, HPP patients were managed with symptomatic treatments.

Hereditary orotic aciduria (HOA) is a rare metabolic disease that results from the disorder of enzyme uridine-5-monophosphate (UMP) synthase. This enzyme is responsible for converting orotic acid to UMP in pyrimidine synthesis. Without this step, orotic acid level in urine will elevate and no UMP production. HOA is characterized by meganoblastic anemia, crystalluria, as well as retarded growth and development. There are less than 20 HOA cases in the world.

Uridine triacetate (Xuriden®), is a pyrimidine analog indicated for the treatment of HOA. It acts as a source of uridine, compensating for the deficiency of UMP in pyrimidine synthesis. Xuriden® is the first approved medication for HOA.

Policy:

Perinatal/infantile or juvenile-onset hypophosphatasia

INITIAL CRITERIA: Asfotase alfa (Strensiq®) is approved when ALL of the following are met:

1. Diagnosis of perinatal/infantile or juvenile-onset hypophosphatasia (HPP); and
2. Prescribed by or in consultation with a medical geneticist or other specialist that treats inborn errors of metabolism; and
3. For member requesting the 80mg/0.8ml vial: member's weight is greater than or equal to 40kg

Initial authorization duration: 2 years

REAUTHORIZATION CRITERIA: Asfotase alfa (Strensiq®) is re-approved when there is positive clinical response to therapy

Reauthorization duration: 2 years

Hereditary orotic aciduria

INITIAL CRITERIA: Uridine triacetate (Xuriden®) is approved when ALL of the following are met:

1. Member has a diagnosis of hereditary orotic aciduria; and
2. Prescribed by or in consultation with a medical geneticist or other specialist that treats inborn errors of metabolism

Initial authorization duration: 2 years

REAUTHORIZATION CRITERIA: Uridine triacetate (Xuriden®) is re-approved when there is positive clinical response to therapy

Reauthorization duration: 2 years

Black Box Warning as shown in the drug Prescribing Information:

N/A

Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:

Scott LJ. Asfotase alfa: a review in paediatric-onset hypophosphatasia. Drugs. 2016;76:255-62.

Strensiq® (asfotase alfa) [prescribing information]. New Haven, CT. Alexion Pharmaceuticals, Inc. June 2020. Available from: https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=3387574f-5eaa-4501-a71d-4cbfbd563031&type=display. Accessed January 06, 2023.

Nyhan WL. Disorder of purine and pyrimidine metabolism. Molecular Genetics and Metabolism, Volume 86, Issues 1–2, September–October 2005. Available from: http://www.ncbi.nlm.nih.gov/pubmed/16176880. Accessed January 06, 2023.

Xuriden® (uridine triacetate) [prescribing information]. Gaithersburg, MD. Wellstat Therapeutics Corporation. December 2019. Available from: https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=40606ca9-4f14-45b7-8632-fc2d17d11a2e&type=display. Accessed January 06, 2023.

Applicable Drugs:

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Brand Name	Generic Name
Strensiq®	Asfotase alfa
Xuriden®	Uridine triacetate

Cross References:

Off-Label Use Rx.01.33

Policy Version Number:	9.00
P&T Approval Date:	December 08, 2022
Policy Effective Date:	April 01, 2023
Next Required Review Date:	December 08, 2023