Brineura (cerliponase alfa)
(Intraventricular)

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I. Length of Authorization

- Initial: Prior authorization validity will be provided initially for 6 months (180 days).
- Renewal: Prior authorization validity may be renewed every 6 months (180 days) thereafter.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

- 300 billable units (1 kit containing 2 vials) every 14 days

III. Initial Approval Criteria [1]

Submission of supporting clinical documentation (including but not limited to medical records, chart notes, lab results, and confirmatory diagnostics) related to the medical necessity criteria is REQUIRED on all requests for authorizations. Records will be reviewed at the time of submission as part of the evaluation of this request. Please provide documentation related to diagnosis, step therapy, and clinical markers (i.e., genetic, and mutational testing) supporting initiation when applicable. Please provide documentation via direct upload through the PA web portal or by fax**.** Failure to submit the medical records may result in the denial of the request due to inability to establish medical necessity in accordance with policy guidelines.

Prior authorization validity is provided in the following conditions:

- Member is at least 37 weeks post-menstrual age (gestational age at birth plus post-natal age) and weighs at least 2.5 kg; **AND**

Universal Criteria [1]

- Member does NOT have any FDA labeled contraindications to the requested agent; **AND**

Late infantile neuronal ceroid lipofuscinosis type 2 (CLN2); tripeptidyl peptidase 1 (TPP1) deficiency † Φ [1,2,6-8]

- Member 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 two (2) pathogenic variants/mutations in the TPP1/CLN2 gene on chromosome 11p15; **AND**

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- Member 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**
- Member is ambulatory; **AND**
- Members with a history of bradycardia, conduction disorder, or with structural heart disease will have electrocardiogram (ECG) monitoring performed during each infusion

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria [1]

Prior authorization validity may be renewed based on the following criteria:

- Member continues to meet the 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 (e.g., device leakage, device failure extravasation of CSF fluid, or bulging of the scalp around or above the access device), severe hypersensitivity reactions including anaphylaxis, severe cardiovascular reactions, infusion-associated reactions (e.g., vomiting, seizure, rash, pyrexia, hypersensitivity, and anaphylactic reaction), etc.; **AND**
- Member has had a 12-lead ECG evaluation performed within the last 6 months *[**Note:** Members with cardiac abnormalities (e.g., a history of bradycardia, conduction disorder, or with structural heart disease) require an ECG during each infusion]*; **AND**
- Member 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/Administration [1]

<table>
<tr><th>Indication</th><th>Dose</th></tr>
<tr><td>CLN2</td><td>Brineura is administered once every other week by intraventricular infusion as noted in the table below:
<table>
<tr><th>Age groups</th><th>Brineura dose administered every other week</th><th>Infusion Rate</th></tr>
<tr><td>Birth to < 6 months</td><td>100 mg</td><td>1.25 mL/hr</td></tr>
<tr><td>6 months to < 1 year</td><td>150 mg</td><td>2.5 mL/hr</td></tr>
</table></td></tr>
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1 year to < 2 years	200 mg (first 4 doses) 300 mg (subsequent doses)	2.5 mL/hr
2 years and older	300 mg	2.5 mL/hr

NOTE:

- Administer Brineura first followed by infusion of the Intraventricular Electrolytes at the infusion rate noted in the table above. The complete Brineura infusion, including the required infusion of Intraventricular Electrolytes, is approximately 2 to 4.5 hours, depending on the dose and volume administered.
- Brineura administration should be supervised by a healthcare provider knowledgeable in the management of hypersensitivity reactions including anaphylaxis and should be initiated in a healthcare setting with appropriate medical monitoring and support measures, including access to cardiopulmonary resuscitation equipment.
- Brineura should be administered by, or under the supervision of, a physician experienced in intraventricular administration via a surgically implanted intraventricular access device system which consists of the reservoir and catheter components.
- Premedication of members with antihistamines with or without antipyretics or corticosteroids is recommended 30 to 60 minutes prior to the start of infusion.
- Brineura is administered into the cerebrospinal fluid (CSF) by infusion via a surgically implanted reservoir and catheter (the "intraventricular access device system"). Brineura is intended to be administered via the Codman® HOLTER RICKHAM Reservoirs with the Codman® Ventricular Catheter. The intraventricular access device reservoir 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. Refer to the Brineura Prescribing Information for the essential performance syringe pump requirements in the event that an alternative pump must be used.

VI. Billing Code/Availability Information

HCPCS Code:

- J0567 – Injection, cerliponase alfa, 1 mg; 1 billable unit = 1 mg

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

1. Brineura [package insert]. Novato, CA; BioMarin Pharmaceutical Inc.; July 2024. Accessed March 2026.

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3. Cherukuri A, Cahan H, Van Tuyl A, et al. Immunogenicity to cerliponase alfa, an enzyme replacement therapy for patients with CLN2 disease: results from a phase 1/2 study. Molecular Genetics and Metabolism. 2017 Jan 1;120(1):S35.
4. Schulz A, Specchio N, Gissen P, et al. Long-term safety and efficacy of intracerebroventricular enzyme replacement therapy with cerliponase alfa in children with CLN2 disease: interim results from an ongoing multicenter, multinational extension study. Molecular Genetics and Metabolism. 2017 Jan 1;120(1):S120.
5. Online Mendelian Inheritance in Man, OMIM®. Johns Hopkins University, Baltimore, MD. MIM Number: 204500: 9/18/2016. World Wide Web URL: https://omim.org/
6. Schulz A, Ajayi T, Specchio N, et al. Study of Intraventricular Cerliponase Alfa for CLN2 Disease. N Engl J Med. 2018 May 17;378(20):1898-1907. doi: 10.1056/NEJMoa1712649. Epub 2018 Apr 24.
7. Fietz M, AlSayed M, Burke D, et al. Diagnosis of neuronal ceroid lipofuscinosis type 2 (CLN2 disease): Expert recommendations for early detection and laboratory diagnosis. Mol Genet Metab. 2016 Sep;119(1-2):160-7. doi: 10.1016/j.ymgme.2016.07.011.
8. Mole SE, Schulz A, Badoe E, et al. Guidelines on the diagnosis, clinical assessments, treatment and management for CLN2 disease patients. Orphanet J Rare Dis. 2021 Apr 21;16(1):185. doi: 10.1186/s13023-021-01813-5.
9. Schulz A, Specchio N, de Los Reyes E, et al. Safety and efficacy of cerliponase alfa in children with neuronal ceroid lipofuscinosis type 2 (CLN2 disease): an open-label extension study. Lancet Neurol. 2024 Jan;23(1):60-70. doi: 10.1016/S1474-4422(23)00384-8. PMID: 38101904.

Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	Yes: Consider for PA
Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
E75.4	Neuronal ceroid lipofuscinosis

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. 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 Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC

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