Department:	Pharmacy Management	**Original Approval:**	10/12/2020
Policy No:	PM164	**Last Approval:**	11/14/2025
Policy Title:	Cerliponase alfa (Brineura) Clinical Coverage Criteria		
Approved By:	UM Criteria Subcommittee		
Applicable Line(s) of Business:	☐ **Washington Apple Health (Medicaid)** ☐ **Behavioral Health Services Only** ☐ **Apple Health Expansion** ☒ **Medicare Advantage/Special Needs Plan** ☒ **Medicare Advantage Only** ☒ **Cascade Select**		

Required Clinical Documentation for Review

Documentation required to determine medical necessity for Cerliponase alfa (Brineura):

- History and/or physical examination notes and relevant specialty consultation notes that address the problem and need for the service
- Diagnosis
- Labs/Diagnostics
- Dosing and duration requested
- Initial/Extended approval
- Medical records from the last 6 months showing the patient's problems, history, prior treatments, response to treatment, imaging and laboratory studies, details of the skilled needs, details of any specific needs related to risk/trauma/cultural etc., assessment and plan
- Prescribed by or in consultation with a specialist, when indicated

Background

Late infantile neuronal ceroid lipofuscinosis type 2 (CLN2) is a nervous system disorder that is caused by insufficient activity of the tripeptidyl peptidase 1 (TPP1) enzyme. Decreased TPP1 activity leads to progressive loss of motor function and other symptoms such as delayed speech development, loss of developmental milestones, visual impairment, cerebral atrophy, and seizures.

Brineura (cerliponase alfa) is the first FDA-approved treatment to slow the loss of ability to walk or crawl in symptomatic patients 3 years of age or older with CLN2. Cerliponase alfa is a

proenzyme that is taken up by target cells and activated in the lysosomes to act as the TPP1 enzyme.

Guidelines

Guidelines on the diagnosis, clinical assessments, treatment and management for CLN2 disease patients were published in 2021 through the collaboration of twenty-one international experts from seven different specialties.[6] These guidelines recommend cerliponase alfa 300 mg (or age-appropriate) dose every other week as first-line therapy for classical TPP1 deficient patients and suggest cerliponase alfa upon favorable assessment and agreement between provider and parent (Evidence Level: C). The experts also concluded that hematopoietic stem cell transplant treatment was without evidence of clinical benefit and is therefore not recommended for the treatment of CLN2.

Definitions

CLN2 Clinical Rating Scale[7]

Functional performance ability is rated as follows[6]:

Motor function	Language function
3 **Normal** Grossly normal gait. No prominent ataxia, no pathologic falls.	3 **Normal** Apparently normal language. Intelligible and grossly age-appropriate. No decline noted yet.
2 **Clumsy, falls** Independent gait, as defined by ability to walk without support for 10 steps. Will have obvious instability, and may have intermittent falls.	2 **Abnormal** Language has become recognizably abnormal; some intelligible words; may form short sentences to convey concepts, requests, or needs.
1 **No unaided walking** Requires assistance to walk, or can crawl only.	1 **Minimal** Hardly understandable. Few intelligible words.
0 **Immobile** Can no longer walk or crawl.	0 **Unintelligible** No intelligible words or vocalizations.

Indications/Criteria

AH members	***Excluded benefit. Authorization and billing required directly through WA Apple Health Fee For Service only. Call 800-562-3022.***

Cascade Select members	***Continue to criteria for approval below.***
Medicare Members	***Continue to criteria for approval below.***

Coverage of Cerliponase alfa (Brineura) is recommended in those who meet the following criteria:

FDA-Approved Indications

1. **Late Infantile Neuronal Ceroid Lipofuscinosis Type 2 (CLN2).**
   Initial Approval: Approve for 6 months if the patient meets ALL of the following (A, B, C, D, E, and F):
   - **A)** The patient is ≥ 3 years of age; AND
   - **B)** Patient has documented diagnosis of late infantile neuronal ceroid lipofuscinosis type 2 (CLN2) confirmed by TPP1 deficiency and genetic testing to show mutation of the TPP1 gene on chromosome 11p15; AND
   - **C)** Medication is prescribed by or in consultation with a specialist with expertise in the treatment of CLN2 (e.g. pediatric neurologist, pediatric epileptologist, or geneticist); AND
   - **D)** Patient is ambulatory; AND
   - **E)** Documentation of baseline CLN2 Clinical Rating Scale score with score at least 1 in motor domain and at least 1 in language domain; AND
   - **F)** Documentation of no acute intraventricular access device-related complications (for example, leakage, device failure, or device-related infection) or ventriculoperitoneal shunt.

   Reauthorization: Approve for 12 months if the patient meets ALL of the following:
   - **A)** Documentation of positive clinical improvement (e.g., no decline in the CLN2 Clinical Rating Scale with score at least 1 in motor domain and at least 1 in language domain); AND
   - **B)** Medication is prescribed by or in consultation with a specialist with expertise in the treatment of CLN2 (e.g., pediatric neurologist, pediatric epileptologist, or geneticist); AND
   - **C)** Patient is ambulatory; AND
   - **D)** Documentation of no acute intraventricular access device-related complications (for example, leakage, device failure, or device-related infection) or ventriculoperitoneal shunt.

   Dosing. Approve the following dosing (A and B):
   - **A)** 300 mg via intracerebroventricular (ICV) infusion administered once every other week; AND

B) Each dose is followed by an infusion of intraventricular electrolytes (supplied in the Brineura package).

Conditions Not Recommended for Approval
Cerliponase alfa (Brineura) has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions.

1. Neuronal Ceroid Lipofuscinoses (NCLs) other than late infantile ceroid lipofuscinosis type 2 (CLN2) [e.g., CLN1, CLN3, CLN10, CLN13, and others]. Brineura has not been studied for NCLs involving mutations in genes other than CLN2.1

Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Special Considerations
None.

Limitations/Exclusions
Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

Line of Business	Link to Member Coverage Documents
Medicare Advantage Plans (Including D-SNP)	https://medicare.chpw.org/ Select the appropriate plan from the "Plans" drop down on the top navigation bar.
Apple Health Integrated managed Care	https://www.chpw.org/for-members/benefits-and-coverage-imc/
Cascade Select	https://chnwhealthinsurance.chpw.org/member-center/plan-benefits/

List of Appendices
None.

Citations & References

CFR	42 CFR § 438.210
WAC	WAC 284-43-2050

RCW		
LOB & Contract Citation	☐ **WAHIMC**	
	☐ **BHSO**	
	☐ **Wraparound**	
	☐ **SMAC**	
	☐ **HH**	
	☐ **AHE**	
	☒ **MA/DSNP**	P&P supports all LOB requirements
	☒ **CS**	P&P supports all LOB requirements
Other Requirements		
NCQA Elements		
References	1. Brineura® intraventricular injection [prescribing information]. Novato, CA: BioMarin Pharmaceutical Inc.; July 2020. 2. Mukherjee AB, Appu AP, Sadhukhan T, et al. Emerging new roles of the lysosome and neuronal ceroid lipofuscinoses. *Mol Neurodegener*. 2019;14(1):4. 3. Williams RE, Adams HR, Blohm M, et al. Management strategies for CLN2 disease. *Pediatr Neurol*. 2017;69:102-112. 4. 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;119(1-2):160-167. 5. Mole SE and Williams RE. Neuronal ceroid-lipofuscinoses. GeneReviews® [Internet]. Updated: August 1, 2013. Accessed March 26, 2020. Available at: https://www.ncbi.nlm.nih.gov/books/NBK1428/ 6. Mole, S.E., Schulz, A., Badoe, E. *et al.* Guidelines on the diagnosis, clinical assessments, treatment and management for CLN2 disease patients. *Orphanet J Rare Dis* **16**, 185 (2021). 7. Natural History. CLN2 disease follows a devastatingly rapid course—symptoms and functional loss compound with age. CLN2Connection.com. Accessed Sept 8, 2020 8. Washington State Healthcare Authority: Policy: Endocrine and Metobolic Agents : Metobolic Modifiers– Tripeptidyl Peptidase 1 Deficiency Agents cerliponase alfa (Brineura) Medical Policy No. 30.90.90-1 updated 5/6/19.	

Revision History

Revision Date	Revision Description	Revision Made By
09/08/2020	New policy	Jennifer Farley, PharmD
10/12/2020	Approval	UM Committee
09/01/2021	Annual Review. Formatting changes. No criteria changes.	Alan Gabot, PharmD
09/02/2021	Approval	UM Pharmacy Subcommittee
07/06/2022	Annual Review. Updating criteria to match verbiage listed in HCA medical policy no. 30.90.90-1.	Alan Gabot, PharmD
07/07/2022	Approval	UM Pharmacy Subcommittee
05/03/2023	Annual review. No criteria changes.	Alan Gabot, PharmD
05/04/2023	Approval	UM Pharmacy Subcommittee
03/12/2024	Annual review. No criteria changes.	Alan Gabot, PharmD
03/13/2024	Approval	UM Criteria Subcommittee
01/01/2025	Annual Review. Guideline recommendations added in background. No additional changes made.	Michael Tom, PharmD
01/08/2025	Approval	UM Criteria Subcommittee
10/20/2025	Annual Review. No criteria changes.	Michael Tom, PharmD
11/14/2025	Approval	UM Criteria Subcommittee