Drug Use Research & Management Program
Oregon State University, 500 Summer Street NE, E35
Salem, Oregon 97301-1079
Phone 503-947-5220 | **Fax** 503-947-1119

Prior Authorization Criteria Update: Orphan Drug

Purpose of the Update:
This update identifies orphan drugs recently approved by the FDA to add to the orphan drug policy **(Table 1)**.

Table 1. New orphan drugs

Generic Name	Brand Name
Plasminogen, human-tvmh	RYPLAZIM
Belumosudil mesylate	REZUROCK

Recommendation:

- PA was modified to include new, recently approved orphan drugs.

Author: Sara Fletcher, PharmD, MPH, BCPS

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Orphan Drugs

Goal(s):

- To support medically appropriate use of orphan drugs (as designated by the FDA) which are indicated for rare conditions
- To limit off-label use of orphan drugs

Length of Authorization:

- Up to 6 months

Requires PA:

- See Table 1 (pharmacy and physician administered claims)

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Table 1. Indications for orphan drugs based on FDA labeling

Drug	Indication	Age	Dose	Recommended Monitoring
Burosumab-twza (CRYSVITA)	X-linked hypophosphatemia (XLH) FGF23-related hypophosphatemia in tumor-induced osteomalacia (TIO)	XLH ≥ 6 months TIO ≥ 2 years	Pediatric <18 years: Initial (administered SC every 2 weeks): XLH • <10 kg: 1mg/kg • ≥10 mg: 0.8 mg/kg TIO • 0.4 mg/kg Max dose of 2 mg/kg (not to exceed 90 mg for XLH or 180 for TIO) Adult: XLH 1 mg/kg monthly (rounded to nearest 10 mg; max 90 mg) TIO: 0.5 mg/kg monthly initially (Max 2 mg/kg or 180mg every 2 weeks)	Baseline and Ongoing Monitoring • Use of active vitamin D **analogues** or oral phosphate within prior week; concurrent use is contraindicated • Fasting serum phosphorous: do not administer if serum phosphorous is within or above normal range • Renal function: use is contraindicated in ESRD or with severe renal impairment (CrCl <30 mL/min for adults or eGFR <30 mL/min/1.73m^2 for pediatric patients) • 25-hydroxy vitamin D levels: supplementation with vitamin D (cholecalciferol or ergocalciferol) is recommended as needed. Additional baseline monitoring for TIO only: • Documentation that tumor cannot be located or is unresectable • Elevated FGF-23 levels

				• Documentation indicating concurrent treatment for the underlying tumor is not planned (i.e., surgical or radiation)
Belumosudil (REZUROCK)	Treatment of chronic graft-versus-host disease after failure of at least two prior lines of systemic therapy	≥ 12 years	200 mg orally once daily with food 200 mg twice daily when coadministered with strong CYP3A inducers or proton pump inhibitors	Baseline & Ongoing Monitoring • Total bilirubin, aspartate aminotransferase (AST), alanine aminotransferase (ALT) at least monthly • Pregnancy test (if childbearing potential)
Cerliponase alfa (BRINEURA)	To slow the loss of ambulation in symptomatic Batten Disease (late infantile neuronal ceroid lipofuscinosis type 2 or TPP1 deficiency)	3-17 years	300 mg every other week via intraventricular route	Baseline Monitoring • Enzymatic or genetic testing to confirm tripeptidyl peptidase 1 deficiency or CLN2 gene mutation • Baseline motor symptoms (e.g., ataxia, motor function, etc) • ECG in patients with a history of bradycardia, conduction disorders or structural heart disease Ongoing Monitoring • Disease stabilization or lack of decline in motor symptoms compared to natural history
Elapegademase-lvlr (REVCOVI)	adenosine deaminase severe combined immune deficiency (ADA-SCID)	N/A	Initial: 0.2mg/kg twice weekly; No max dose	Baseline Monitoring • CBC or platelet count Ongoing Monitoring • trough plasma ADA activity • trough erythrocyte dAXP levels (twice yearly) • total lymphocyte counts
Fosdenopterin (NULIBRY)	To reduce risk of mortality in patients with molybdenum cofactor deficiency (MoCD) Type A	N/A	Dosed once daily; Preterm Neonate (Gestational Age <37 weeks) Initial: 0.4 mg/kg Month 1: 0.7 mg/kg Month 3: 0.9 mg/kg	Initiation of therapy is recommended with known or presumed MoCD Type A. Discontinue therapy if diagnosis is not confirmed with genetic testing.

			Term Neonate (Gestational Age ≥ 37 weeks) Initial: 0.55 mg/kg Month 1: 0.75 mg/kg Month 3: 0.9 mg/kg Age ≥ 1 year 0.9 mg/kg	
Givosiran (GIVLAARI)	acute hepatic porphyria	≥ 18 years	2.5 mg/kg monthly	<u>Baseline and ongoing monitoring</u> • Liver function tests
Lonafarnib (ZOKINVY)	To reduce risk of mortality in Hutchinson-Gilford Progeria Syndrome For treatment of processing-deficient Progeroid Laminopathies with either: ○ Heterozygous LMNA mutation with progerin-like protein accumulation ○ Homozygous or compound heterozygous ZMPSTE24 mutations	≥12 months AND ≥0.39 m^2 body surface area	• Initial 115 mg/m^2 twice daily • Increase to 150 mg/m^2 twice daily after 4 months Round all doses to nearest 25 mg	<u>Baseline and ongoing monitoring</u> • Contraindicated with strong or moderate CYP3A inducers, midazolam, lovastatin, simvastatin, or atorvastatin • Comprehensive metabolic panel • CBC • Ophthalmological evaluation • Blood pressure • Pregnancy test (if childbearing potential)
Lumasiran (OXLUMO)	Treatment of primary hyperoxaluria type 1 to lower urinary oxalate levels	Adult and pediatric patients	**<10 kg** <u>Loading:</u> 6 mg/kg once/month for 3 doses <u>Maintenance:</u> 3 mg/kg once/month **10 kg to <20 kg** <u>Loading:</u> 6 mg/kg once/month for 3 doses <u>Maintenance:</u> 6 mg/kg once every 3 months **≥ 20 kg**	

			Loading: 3 mg/kg once/month for 3 doses Maintenance: 3 mg/kg once every 3 months All maintenance dosing begins 1 month after last loading dose.	
Luspatercept (REBLOZYL)	Anemia (Hg <11 g/dL) due to beta thalassemia in patients requiring regular red blood cell transfusions Anemia (Hg <11 g/dL) due to myelodysplastic syndromes with ring sideroblasts or myelodysplastic/ myeloproliferative neoplasm with ring sideroblasts and thrombocytosis	≥ 18 years	Initial: 1 mg/kg subcutaneously Max dose of 1.25 mg/kg every 3 weeks for beta thalassemia Max dose of 1.75 mg/kg every 3 weeks for myelodysplastic syndromes	Baseline Monitoring/Documentation • Number of red blood cell transfusions in the prior 2 months; minimum of 2 RBC units over the prior 8 weeks in patients with myelodysplastic syndromes • Trial and failure of an erythropoiesis stimulating agent in patients with myelodysplastic syndromes • Hemoglobin level • Blood pressure Ongoing Monitoring • Discontinue if there is not a decrease in transfusion burden after 3 maximal doses (about 9-15 weeks) • Hemoglobin level • Blood pressure
Plasminogen, human-tvmh (RYPLAZIM)	Treatment of patients with plasminogen deficiency type 1 (hypoplasminogenemia)	N/A	6.6 mg/kg body weight given intravenously every 2 to 4 days	Baseline Monitoring • Plasminogen activity level (allow 7 day washout if receiving with fresh frozen plasma) • CBC (bleeding) Ongoing Monitoring • Trough Plasminogen activity level 72 hours after initial dose and every 12 weeks with ongoing therapy • CBC (bleeding)

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is the diagnosis funded by OHP?	**Yes:** Go to #3	**No:** Pass to RPh. Deny; not funded by the OHP.
3. Is the request for a drug FDA-approved for the indication, age, and dose as defined in **Table 1**?	**Yes**: Go to #4	**No:** Pass to RPh. Deny; medical appropriateness.
4. Is the request for continuation of therapy in a patient previously approved by FFS?	**Yes:** Go to **Renewal Criteria**	**No:** Go to #5
5. Is baseline monitoring recommended for efficacy or safety (e.g., labs, baseline symptoms, etc) AND has the provider submitted documentation of recommended monitoring parameters?	**Yes:** Go to #6	**No:** Pass to RPh. Deny; medical appropriateness.
6. Is this medication therapy being prescribed by, or in consultation with, an appropriate medical specialist?	**Yes:** Go to #7	**No:** Pass to RPh. Deny; medical appropriateness.
7. Have other therapies been tried and failed?	**Yes:** Approve for up to 3 months (or length of treatment) whichever is less Document therapies which have been previously tried	**No:** Approve for up to 3 months (or length of treatment) whichever is less Document provider rationale for use as a first-line therapy

Renewal Criteria		
1. Is there documentation based on chart notes that the patient experienced a significant adverse reaction related to treatment?	**Yes:** Go to #2	**No:** Go to #3

Renewal Criteria		
2. Has the adverse event been reported to the FDA Adverse Event Reporting System?	**Yes:** Go to #3 Document provider attestation	**No:** Pass to RPh. Deny; medical appropriateness
3. Is baseline efficacy monitoring available?	**Yes:** Go to #4	**No:** Go to #5
4. Is there objective documentation of improvement from baseline OR for chronic, progressive conditions, is there documentation of disease stabilization or lack of decline compared to the natural disease progression?	**Yes:** Approve for up to 6 months Document benefit	**No:** Pass to RPh. Deny; medical appropriateness
5. Is there documentation of benefit from the therapy as assessed by the prescribing provider (e.g., improvement in symptoms or quality of life, or for progressive conditions, a lack of decline compared to the natural disease progression)?	**Yes**: Approve for up to 6 months Document benefit and provider attestation	**No:** Pass to RPh. Deny; medical appropriateness

P&T/DUR Review: 10/21 (SF); 6/21(SF); 2/21 (SF); 8/20 (SS); 6/20; 2/20
Implementation: 1/1/2022; 7/1/2021; 3/1/21; 11/1/20; 9/1/20; 7/1/20