

PHARMACY POLICY STATEMENT

Indiana Medicaid

DRUG NAME	Lamzede (velmanase alfa-tycv)
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Lamzede, approved by the FDA in 2023, is recombinant human lysosomal alpha-mannosidase indicated for the treatment of non-central nervous system manifestations of alpha-mannosidosis in adult and pediatric patients.

Alpha-mannosidosis (AM) is a rare, progressive lysosomal storage disorder caused by pathogenic variants in the MAN2B1 gene, resulting in accumulation of mannose-rich oligosaccharides.

Lamzede is an enzyme replacement therapy (ERT) intended to provide alpha-mannosidase, the enzyme that is deficient in AM. It is the first approved treatment for AM but does not cross the blood brain barrier and therefore it not expected to benefit the neurological aspects of the disease. In a Phase 3 clinical trial, 3-minute stair climbing test (3MSCT), 6-minute walking test (6MWT) and forced vital capacity (FVC) numerically favored the Lamzede group and results were supported by a reduction in serum oligosaccharide concentration.

Lamzede (velmanase alfa-tycv) will be considered for coverage when the following criteria are met:

Alpha-Mannosidosis

For **initial** authorization:

1. Medication must be prescribed by or in consultation with a metabolic or genetics specialist, or other specialist experienced with lysosomal storage disorders; AND
2. Member has a diagnosis of alpha-mannosidosis confirmed by enzyme assay showing alpha-mannosidase activity less than 10% of normal; AND
3. Member's disease is mild to moderate, without significant central nervous system (CNS) manifestations; AND
4. Member has NOT had a bone marrow transplant or HSCT.
5. **Dosage allowed/Quantity limit:** 1 mg/kg (actual body weight) once every week as IV infusion.

If all the above requirements are met, the medication will be approved for 12 months.

For **reauthorization**:

1. Chart notes must show improvement or stabilized signs and symptoms of disease demonstrated by at least one of the following:
 - a) Clinically significant reduction of serum oligosaccharide concentration from baseline
 - b) Stable or improved 3MSCT, 6MWT, or FVC

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Lamzede (velmanase alfa-tycv) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
04/13/2023	New policy for Lamzede created.
04/25/2024	Annual review; no updates.

References:

1. Lamzede [prescribing information]; Chiesi USA, Inc.; 2023.
2. Borgwardt L, Guffon N, Amraoui Y, et al. Efficacy and safety of Velmanase alfa in the treatment of patients with alpha-mannosidosis: results from the core and extension phase analysis of a phase III multicentre, double-blind, randomised, placebo-controlled trial. *J Inherit Metab Dis*. 2018;41(6):1215-1223. doi:10.1007/s10545-018-0185-0
3. Lund AM, Borgwardt L, Cattaneo F, et al. Comprehensive long-term efficacy and safety of recombinant human alpha-mannosidase (velmanase alfa) treatment in patients with alpha-mannosidosis. *J Inherit Metab Dis*. 2018;41(6):1225-1233. doi:10.1007/s10545-018-0175-2
4. Guffon N, Tytki-Szymanska A, Borgwardt L, et al. Recognition of alpha-mannosidosis in paediatric and adult patients: Presentation of a diagnostic algorithm from an international working group. *Mol Genet Metab*. 2019;126(4):470-474. doi:10.1016/j.ymgme.2019.01.024
5. Malm D, Nilssen Ø. Alpha-Mannosidosis. 2001 Oct 11 [Updated 2019 Jul 18]. In: Adam MP, Mirzaa GM, Pagon RA, et al., editors. GeneReviews® [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2023. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK1396/>

Effective date: 10/01/2024

Revised date: 04/25/2024