

Reference number
2054-A

# SPECIALTY GUIDELINE MANAGEMENT

## FABRAZYME (agalsidase beta)

### POLICY

#### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

##### FDA-Approved Indication

Fabrazyme is indicated for use in patients with Fabry disease. Fabrazyme reduces globotriaosylceramide (GL-3) deposition in capillary endothelium of the kidney and certain other cell types.

All other indications are considered experimental/investigational and are not a covered benefit.

#### II. REQUIRED DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review: alpha-galactosidase enzyme assay or genetic testing results supporting diagnosis. In the case of obligate carriers, the documentation must be submitted for the parent.

#### III. CRITERIA FOR INITIAL APPROVAL

##### **Fabry disease**

Authorization for 12 months may be granted for treatment of Fabry disease when both of the following criteria are met:

- A. The diagnosis of Fabry disease was confirmed by enzyme assay demonstrating a deficiency of alpha-galactosidase enzyme activity or by genetic testing, or the member is a symptomatic obligate carrier.
- B. Fabrazyme will not be used in combination with Galafold.

#### IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for Fabry disease who are responding to therapy (e.g., reduction in plasma globotriaosylceramide [GL-3] or GL-3 inclusions).

#### V. REFERENCES

1. Fabrazyme [package insert]. Cambridge, MA: Genzyme Corporation; December 2018.
2. Desnick RJ, Brady RO. Fabry disease in childhood. *J Pediatr.* 2004;144(5 Suppl):S20-S26.
3. Biegstraaten M, Arnggrimsson R, Barbey F, et al. Recommendations for initiation and cessation of enzyme replacement therapy in patients with Fabry disease: the European Fabry Working Group consensus document. *Orphanet J Rare Dis.* 2015; 1036.
4. Desnick RJ, Brady R, Barranger J, et al. Fabry disease, an under-recognized multisystemic disorder: expert recommendations for diagnosis, and enzyme replacement therapy. *Ann Intern Med.* 2003; 138(4):338.

Reference number
2054-A

5. Sirrs, S, Bichet DG, Iwanochko RM, et al. Canadian Fabry disease treatment guidelines 2016.