



PHARMACY POLICY STATEMENT TRICARE

DRUG NAME	Enzyme Replacement Therapy (ERT) for Fabry Disease: Fabrazyme (agalsidase beta) and Elfabrio (pegunigalsidase alfa-iwxj)
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Fabrazyme is an enzyme replacement therapy (ERT) indicated for the treatment of confirmed Fabry disease, to replace the enzyme alpha-galactosidase A (alpha-Gal A).

Fabry disease, a lysosomal storage disorder, is a rare genetic disease caused by certain mutations of the *GLA* gene resulting in deficient alpha-Gal A. Normally this enzyme breaks down certain lipids in lysosomes, such as globotriaosylceramide (GL-3). Without it, GL-3 accumulates in blood vessels, the kidneys, heart, nerves, and other organs. The continuous build-up of GL-3 results in progressive cell damage and subsequent symptoms and manifestations in the affected organ systems.

Elfabrio is a "biobetter" of Fabrazyme and was designed to have an increased half-life and reduced immunogenicity.

ERT for Fabry Disease will be considered for coverage when the following criteria are met:

Fabry Disease

For **initial** authorization:

1. For Fabrazyme: Member is at least 2 years of age OR for Elfabrio: Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with a medical geneticist, nephrologist, cardiologist, neurologist, or metabolic specialist; AND
3. Member has a diagnosis of Fabry disease confirmed by genetic testing which identifies a pathogenic mutation of the *GLA* gene; AND
4. Member displays symptoms of Fabry disease (i.e., neuropathic pain, renal disease, cardiac disease, abdominal pain, impaired sweating)
NOTE: Exception-- Males with "classic" gene variants do not need to be symptomatic to qualify for treatment. Males with "non-classic" gene variants and asymptomatic females may be treated if there is evidence of injury to the heart, kidney, or central nervous system (CNS); AND
5. ERT will NOT be used in combination with Galafold.
6. **Dosage allowed/Quantity limit:** 1 mg/kg every 2 weeks as an IV infusion.

If all the above requirements are met, the medication will be approved for 6 months.



For **reauthorization**:

1. Chart notes must show positive clinical response such as stabilized kidney function (e.g., GFR, proteinuria), reduced plasma or tissue GL-3 levels, or other improved Fabry symptoms (such as neuropathic pain).

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

TRICARE Prime® Demo by CareSource Military & Veterans™ considers ERT for Fabry Disease 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
06/17/2021	New policy for Fabrazyme created.
11/22/2022	Annual review; added reference.
06/28/2023	Changed name of policy and added Elfabrio. Clarified note in #4.

References:

1. Fabrazyme (agalsidase beta) [package insert]. Cambridge, MA; Genzyme Corporation; Revised 03/2021.
2. Laney DA, Bennett RL, Clarke V, et al. Fabry disease practice guidelines: recommendations of the National Society of Genetic Counselors. *J Genet Couns*. 2013;22(5):555-564. doi:10.1007/s10897-013-9613-3
3. Hopkin RJ, Jefferies JL, Laney DA, et al. The management and treatment of children with Fabry disease: A United States-based perspective. *Mol Genet Metab*. 2016;117(2):104-113. doi:10.1016/j.ymgme.2015.10.007
4. Banikazemi M, Bultas J, Waldek S, et al. Agalsidase-beta therapy for advanced Fabry disease: a randomized trial. *Ann Intern Med*. 2007;146(2):77-86. doi:10.7326/0003-4819-146-2-200701160-00148
5. Eng CM, Guffon N, Wilcox WR, et al. Safety and efficacy of recombinant human alpha-galactosidase A replacement therapy in Fabry's disease. *N Engl J Med*. 2001;345(1):9-16. doi:10.1056/NEJM200107053450102
6. Lenders M, Brand E. Fabry Disease: The Current Treatment Landscape. *Drugs*. 2021;81(6):635-645. doi:10.1007/s40265-021-01486-1
7. Ortiz A, Germain DP, Desnick RJ, et al. Fabry disease revisited: Management and treatment recommendations for adult patients. *Mol Genet Metab*. 2018;123(4):416-427. doi:10.1016/j.ymgme.2018.02.014
8. Germain DP, Fouilhoux A, Decramer S, et al. Consensus recommendations for diagnosis, management and treatment of Fabry disease in paediatric patients. *Clin Genet*. 2019;96(2):107-117. doi:10.1111/cge.13546
9. Elfabrio. [prescribing information]. Chiesi USA, Inc.; 2023.
10. Schiffmann R, Goker-Alpan O, Holida M, et al. Pegunigalsidase alfa, a novel PEGylated enzyme replacement therapy for Fabry disease, provides sustained plasma concentrations and favorable pharmacodynamics: A 1-year Phase 1/2 clinical trial. *J Inher Metab Dis*. 2019;42(3):534-544. doi:10.1002/jimd.12080
11. Study of the Safety and Efficacy of PRX-102 Compared to Agalsidase Beta on Renal Function (BALANCE). ClinicalTrials.gov Identifier: NCT02795676. Updated 10/13/22. Accessed 6/16/23. Available at <https://clinicaltrials.gov/ct2/show/NCT02795676>



12. Germain DP, Altarescu G, Barriaes-Villa R, et al. An expert consensus on practical clinical recommendations and guidance for patients with classic Fabry disease. *Mol Genet Metab*. 2022;137(1-2):49-61. doi:10.1016/j.ymgme.2022.07.010
13. Biegstraaten M, Arngrímsson 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;10:36. Published 2015 Mar 27. doi:10.1186/s13023-015-0253-6

Effective date: 01/01/2026

Revised date: 06/28/2023