

POLICY NAME	Brineura (cerliponase alfa)	POLICY #	2606P
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Criteria

Exclusion Criteria – Any of the following prevents coverage

- ☐ **2.1** Acute intraventricular access device-related complications (e.g., leakage, device failure, or device-related infection) or a ventriculoperitoneal shunt (shunt in the brain that drains excess cerebrospinal fluid (CSF))

Coverage Criteria

- ☐ **1.1** Diagnosis of Neuronal Ceroid Lipofuscinosis Type 2 (CLN2), also known as tripeptidyl peptidase 1 (TPP1) deficiency and Jansky-Bielschowsky disease confirmed by TPP1 deficiency or the detection of pathogenic mutations in each allele of the TPP1 gene (also known as the CLN2 gene)
- ☐ **1.2** Ordered by a Neurologist (central nervous system doctor) or provider specializing in the treatment of Neuronal Ceroids Lipofuscinosis Type 2
- ☐ **1.3** Documentation member is currently ambulatory (able to move independently with minimal mobility aids)