



www.journals.elsevier.com/genetics-in-medicine-open

ACMG THERAPEUTICS BULLETIN

Olipudase alfa approved for pediatric and adult patients with acid sphingomyelinase deficiency (ASMD): A therapeutics bulletin of the American College of Medical Genetics and Genomics (ACMG)



Monica Penon-Portmann¹, Sheri A. Poskanzer², Jaya Ganesh³, Irene Chang¹; on behalf of the ACMG Therapeutics Committee⁴.*

¹Division of Genetic Medicine, Department of Pediatrics, University of Washington, Seattle, WA; ²St. Luke's Health System, Boise, ID; ³Department of Genetics and Genomic Sciences, Mount Sinai, New York, NY; ⁴American College of Medical Genetics and Genomics, Bethesda, MD

Disclaimer: This therapeutics bulletin is designed primarily as an educational resource for medical geneticists and other clinicians to help them provide quality medical services. Adherence to this therapeutics bulletin is completely voluntary and does not necessarily assure a successful medical outcome. This therapeutics bulletin should not be considered inclusive of all proper procedures, treatments, and tests or exclusive of other procedures, treatments, and tests that are reasonably directed to obtaining the same results. In determining the propriety of any specific procedure, treatment or test, clinicians should apply their own professional judgment to the specific clinical circumstances presented by the individual patient or specimen. Clinicians are encouraged to document the reasons for the use of a particular procedure, treatment, or test, whether or not it is in conformance with this therapeutics bulletin. Clinicians also are advised to take notice of the date this therapeutics bulletin was adopted, and to consider other medical and scientific information that becomes available after that date. It also would be prudent to consider whether intellectual property interests may restrict the performance of certain tests and other procedures. Where individual authors are listed, the views expressed may not reflect those of authors' employers or affiliated institutions.

Requests for permissions must be directed to the American College of Medical Genetics and Genomics, as rights holder.

ARTICLE INFO

Article history: Received 3 March 2023 Accepted 6 March 2023 Available online xxx

Keywords: Acid sphingomyelinase deficiency Enzyme replacement therapy Lysosomal storage disease Niemann-Pick disease Olipudase alfa

Background

Acid sphingomyelinase (ASM) deficiency (ASMD) is an autosomal recessive lysosomal storage disease resulting from deficiency of ASM, an enzyme encoded by the *SMPD1* gene.¹ Low or absent ASM activity results in sphingomyelin accumulation in the spleen, liver, lungs, bone marrow, lymph nodes, and/or the peripheral and central nervous systems. The phenotype of ASMD occurs as a

This article was a work product of the Therapeutics Committee of the ACMG and the Article Publishing Charge (APC) was waived. No industry sponsorship was received for this work.

The Board of Directors of the American College of Medical Genetics and Genomics approved this bulletin on February 27, 2023. *Correspondence: ACMG. *Email address:* documents@acmg.net

doi: https://doi.org/10.1016/j.gimo.2023.100780

2949-7744/© 2023 The Authors. Published by Elsevier Inc. on behalf of American College of Medical Genetics and Genomics. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

continuum from a severe, rapidly progressive infantile neurovisceral disease (type A) to a later-onset chronic neurovisceral (type A/B) and visceral disease (type B).²⁻⁴ Multisystemic clinical manifestations lead to significant morbidity and a shortened life span because of respiratory or liver disease.^{1,5}

Management and Treatment

Recommendations for clinical management of individuals with ASMD have been published, including regular monitoring of growth and development and for neurologic, hematologic, and pulmonary symptoms.¹ These surveillance guidelines also include cardiac studies, liver function tests, and lipid profiling.¹

There were no United States Food and Drug Administration (FDA)–approved targeted therapies for patients with ASMD before 2022. Treatment was supportive care or lifestyle modifications to address disease complications and improve quality of life.^{1,5}

Newly Approved Therapy

Indication and approved treatment population

Olipudase alfa (Xenpozyme) is an enzyme replacement therapy and the first approved treatment for the non-central nervous system manifestations of ASMD in pediatric and adult patients. The approval is based on data from the ASCEND² and ASCEND-Peds⁴ clinical trials. Olipudase alfa received orphan drug, fast track, breakthrough therapy, and priority review designations by the FDA, and it was issued a rare pediatric disease priority review voucher.⁶ Therapeutic benefits have not been documented in infantile neurovisceral ASMD (type A), the most severe form that is rapidly progressive and uniformly fatal in early childhood.

Mechanism of action

Olipudase alfa is a recombinant human ASM administered via a biweekly intravenous infusion.^{2,4,5,7} The drug catalyzes the hydrolysis of sphingomyelin, reducing accumulation in hepatocytes and mononuclear-macrophage cells in the lungs, liver, spleen, kidneys, and bone marrow.^{5,8} This drug is not expected to cross the bloodbrain barrier.⁴

Outcomes and efficacy

The ASCEND trial was a phase 2/3 study with 36 adult participants with ASMD type B or type A/B.² The ASCEND-Peds trial was a phase 1/2 trial with 20 pediatric

participants with ASMD type B or type A/B.⁴ These trials showed that treatment with olipudase alfa resulted in an improved predicted diffusing lung capacity for carbon monoxide and a reduction in splenic volume compared with placebo, which were the primary efficacy end points.²⁻⁴ Other clinically relevant end points included decreased lyso-sphingomyelin accumulation, liver volume and transaminases, ground glass appearance on lung imaging, and improved platelet counts and lipid profiles.^{3,4} In pediatric participants, there was also improvement in height z-score and lung function.³⁻⁵

Adverse effects and toxicity

The most common adverse events in adults (incidence $\geq 10\%$) are headache, nausea, cough, diarrhea, hypotension, and ocular hyperemia.^{2,9} The most frequent adverse events in children (incidence $\geq 20\%$) are fever, cough, diarrhea, rhinitis, abdominal pain, vomiting, headache, urticaria, nausea, and rash.^{3-5,9} Serious treatment-related events in children include transient transaminitis, urticaria/rash, and anaphylaxis.^{3-5,9} No adverse events led to the discontinuation of the drug.²⁻⁴ Olipudase alfa has a box warning for hypersensitivity reactions, including anaphylaxis.⁹

Additional Considerations

At the time of this writing, there are ongoing clinical trials for olipudase alfa, including the open-label, extension phase 3 ASCEND trial and the long-term phase 2 study for enrolled pediatric participants who completed phase 1/2 in the ASCEND-Peds trial. There is a compassionate use program for patients with ASMD who could not participate in clinical trials (NCT04877132). There is also a national multicenter trial for data analysis of patients with early access to olipudase alfa (NCT05359276). Continued FDA approval for olipudase alfa may be reliant upon further demonstration of clinical benefit. Safety of olipudase alfa in pregnancy has not been established.

Conflict of Interest

All authors declare no conflicts of interest.

References

- Wasserstein M, Dionisi-Vici C, Giugliani R, et al. Recommendations for clinical monitoring of patients with acid sphingomyelinase deficiency (ASMD). *Mol Genet Metab.* 2019;126(2):98-105. http://doi.org/10. 1016/j.ymgme.2018.11.014
- Wasserstein M, Lachmann R, Hollak C, et al. A randomized, placebocontrolled clinical trial evaluating olipudase alfa enzyme replacement therapy for chronic acid sphingomyelinase deficiency (ASMD) in adults: one-year results. *Genet Med.* 2022;24(7):1425-1436. http://doi.org/10. 1016/j.gim.2022.03.021

- Diaz GA, Giugliani R, Guffon N, et al. Long-term safety and clinical outcomes of olipudase alfa enzyme replacement therapy in pediatric patients with acid sphingomyelinase deficiency: two-year results. *Orphanet J Rare Dis.* 2022;17(1):437. http://doi.org/10.1186/s13023-022-02587-0
- Diaz GA, Jones SA, Scarpa M, et al. One-year results of a clinical trial of olipudase alfa enzyme replacement therapy in pediatric patients with acid sphingomyelinase deficiency. *Genet Med.* 2021;23(8):1543-1550. http://doi.org/10.1038/s41436-021-01156-3
- 5. Keam SJ. Olipudase alfa: first approval. *Drugs*. 2022;82(8):941-947. http://doi.org/10.1007/s40265-022-01727-x
- FDA approves first treatment for acid sphingomyelinase deficiency, a rare genetic disease. U.S. Food and Drug Administration. Accessed January 3,

2023. https://www.fda.gov/news-events/press-announcements/fda-approves-first-treatment-acid-sphingomyelinase-deficiency-rare-genetic-disease

- Wasserstein MP, Jones SA, Soran H, et al. Successful within-patient dose escalation of olipudase alfa in acid sphingomyelinase deficiency. *Mol Genet Metab.* 2015;116(1-2):88-97. http://doi.org/10.1016/j.ymgme.2015.05.013
- Aldosari MH, de Vries RP, Rodriguez LR, et al. Liposome-targeted recombinant human acid sphingomyelinase: production, formulation, and in vitro evaluation. *Eur J Pharm Biopharm*. 2019;137:185-195. http://doi.org/10.1016/j.ejpb.2019.02.019
- Highlights of prescribing information for Xenpozyme; published 2022. U.S. Food and Drug Administration. Accessed December 28, 2022. https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/761261s00 0lbl.pdf