

**Lamzede (velmanase alfa-tycv)**  
**Effective 09/01/2023**

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

### Overview

Lamzede is indicated for the treatment of non-central nervous system manifestations of alpha-mannosidosis in adult and pediatric patients.

### Coverage Guidelines

Authorization may be granted for members new to General Brigham Health Plan who are currently receiving treatment with Lamzede excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

### OR

Authorization may be granted for members meeting ALL the following criteria:

1. Member has a diagnosis of non-CNS manifestations of alpha-mannosidosis
2. Diagnosis is confirmed by ONE of the following:
  - a. Medical charts documenting deficiency of alpha-mannosidosis activity measured in blood leukocytes or fibroblasts
  - b. Medical charts showing genetic testing documenting a mutation in the MAN2B1 gene

### Continuation of Therapy

Authorization of 12 months may be granted when medical records are provided for continued treatment in members requesting reauthorization for an indication listed above who are responding to therapy (e.g., improvement in 3-minute stair climbing test [3MSCT] from baseline, improvement in 6-minute walking test [6MWT] from baseline, improvement in forced vital capacity [FVC, % predicted] from baseline, reduction in serum or urine oligosaccharide concentration from baseline).

### Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.

**References**

1. Lamzede [package insert]. Cary, NC: Chiesi USA Inc.; February 2023.
2. Malm D, Nilssen O. Alpha-Mannosidosis. In: GeneReviews.  
<https://www.ncbi.nlm.nih.gov/books/NBK1396/> (Accessed on February 17, 2023).

**Review History**

07/12/2023 - Reviewed at July P&T, Effective 9/1/23

