

Xenpozyme (olipudase alfa-rpcp)
 Effective 03/01/2023

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

Xenpozyme is indicated for treatment of non-central nervous system manifestations of acid sphingomyelinase deficiency (ASMD) in adult and pediatric patients.

Coverage Guidelines

Authorization may be granted for members who are new to the plan currently receiving treatment with Xenpozyme, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. The member has a diagnosis of non-CNS manifestations of acid sphingomyelinase deficiency (ASMD)
2. Diagnosis is confirmed by ONE of the following:
 - a. A documented deficiency of acid sphingomyelinase as measured in peripheral leukocytes, cultured fibroblasts, or lymphocytes
 - b. Genetic testing results documenting a mutation in the sphingomyelin phosphodiesterase-1 (*SMPD1*) gene.

Continuation of Therapy

Authorization may be granted when provider documents member is responding to therapy (e.g., improvement in lung function, reduction in spleen volume, reduction in liver volume, improvement in platelet count, improvement in linear growth progression).

Limitations

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

References

1. Xenozyme [package insert]. Cambridge, MA: Genzyme Corporation; August 2022.
2. Wasserstein MP, Schuchman EH. Acid sphingomyelinase deficiency. In: GeneReviews. <https://www.ncbi.nlm.nih.gov/books/NBK1370/> (Accessed on September 1, 2022).

Review History

01/11/2023 – Created and Reviewed for January P&T. Effective 03/01/2023

