

Elaprase (idursulfase) **Effective 09/01/2021** ☐ MassHealth UPPL Plan □ Prior Authorization □ Commercial/Exchange **Program Type** ☐ Quantity Limit ☐ Pharmacy Benefit **Benefit** ☐ Step Therapy Specialty N/A Limitations **Medical and Specialty Medications** All Plans Phone: 877-519-1908 Fax: 855-540-3693 Contact Information **Non-Specialty Medications All Plans** Phone: 800-711-4555 Fax: 844-403-1029 **Exceptions** N/A

Overview

Elaprase (idursulfase) is a recombinant form of the enzyme iduronate-2-sulfatase that is indicated for patients with mucopolysaccharidosis II (Hunter syndrome).

Coverage Guidelines

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

OR

Authorization of 12 months may be granted for treatment of MPS II when the diagnosis of MPS II was confirmed by enzyme assay demonstrating a deficiency of iduronate 2-sulfatase enzyme activity or by genetic testing.

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for Mucopolysaccharidosis II (MPS II) who are responding to therapy (e.g., improvement, stabilization, or slowing of disease progression for 6-minute walk test [6-MWT], percent predicted forced vital capacity [%-predicted FVC], spleen volume, or liver volume).

Limitations

1. Initial authorizations and reatuhorizations will be granted for 12 months

References

- 1. Elaprase (idursulfase) [prescribing information]. Cambridge, MA: Shire Human Genetic Therapies Inc; November 2018.
- 2. Idursulfase. Lexi-Drugs. Lexicomp Online. Hudson, OH: Wolters Kluwer Clinical Drug Information Inc. http://online.lexi.com. Accessed July 1, 2016.

Review History

01/20/2021—Reviewed Jan P&T, changed from CVS template to custom template; overview added, and references updated. Effective 09/01/2021.

