

Elaprase (idursulfase)
Effective 07/01/2025

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		
Specialty Limitations	N/A		
Contact Information	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 hydrolytic lysosomal glycosaminoglycan (GAG)-specific enzyme indicated for patients with Hunter syndrome (Mucopolysaccharidosis II, MPS II).

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance program

OR

Authorization may be granted when all of the following criteria are met:

- Member has a diagnosis of MPS II confirmed by enzyme assay demonstrating a deficiency of iduronate 2-sulfatase enzyme activity or by genetic testing.

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

- Member is 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

- Initial approvals and reauthorizations will be granted for 12 months

References

- Elaprase (idursulfase) [prescribing information]. Cambridge, MA: Takeda Pharmaceuticals USA, Inc.; February 2025.

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.

06/11/2025 – Reviewed and Updated at June P&T. Updated language for members who are new to the Plan. Effective 07/01/2025.

