

**Elfabrio (pegunigalsidase alfa-iwxj)**  
**Effective 11/01/2023**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

### Overview

Elfabrio is indicated for the treatment of adults with confirmed Fabry disease.

### Coverage Guidelines

Authorization may be granted for members new to General Brigham Health Plan who are currently receiving treatment with the requested medication 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 Fabry disease
2. Medical charts showing diagnosis was confirmed by enzyme assay demonstrating a deficiency in alpha-galactosidase enzyme activity or by genetic testing, or the member is a symptomatic obligate carrier
3. Provider attestation that requested medication will not be used in combination with Galafold or Fabrazyme

### Continuation of Therapy

Authorization may be granted for members for continued treatment when medical charts/lab results are provided showing member is responding to therapy (e.g., reduction in plasma globotriaosylceramide [GL-3, Gb3] or GL-3/Gb3 inclusions, improvement and/or stabilization in renal function, pain reduction)

### Limitations

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

### References

1. Elfabrio [package insert]. Cary, NC: Chiesi USA, Inc.; May 2023.
2. Biegstraaten M, Arngrimsson R, Barbey F, et al. Recommendations for initiation and cessation of enzyme replacement therapy in patients with Fabry disease: the European Fabry Working Group consensus document. *Orphanet J Rare Dis.* 2015; 1036.

3. Ortiz A, Germain DP, Desnick RJ, et al. Fabry disease revisited: Management and treatment recommendations for adult patients. *Mol Genet Metab.* 2018;123(4):416-427.

**Review History**

09/13/2023 - Reviewed at Sept P&T, Effective 11/1/2023

