

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

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

