

**Mepsevii (vestronidase alfa)**  
**Effective 09/18/2019**

<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

Vestronidase alfa is a recombinant human beta-glucuronidase (GUS), which provides exogenous GUS enzyme for uptake into cellular lysosomes. Mannose-6-phosphate (M6P) residues on the oligosaccharide chains allow binding of the enzyme to cell surface receptors, leading to cellular uptake of the enzyme, targeting to lysosomes and subsequent catabolism of accumulated glycosaminoglycans (GAGs) in affected tissues

### Coverage Guidelines

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

#### OR

Authorization may be granted if the member meets all following criteria and documentation has been submitted:

1. The member is diagnosed with mucopolysaccharidosis VII (MPS VII, Sly syndrome)
2. An assay of enzyme activity results from genetic testing showing mutation in the beta glucuronidase gene is submitted
3. The member's current weight is provided.

### Limitations

1. Authorization will be granted for 6 months

### References

1. Mepsevii (vestronidase Alfa-vjbc) [prescribing information]. Novato, CA: Ultragenyx Pharmaceutical Inc; December 2020.

2. Montañó AM, Lock-Hock N, Steiner RD, et al. Clinical course of sly syndrome (mucopolysaccharidosis type VII). J Med Genet 2016; 53:403
3. First FDA approved treatment for pediatric and adult patients with MPS VII.  
<https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm585308.htm>

### **Review History**

09/18/19 – Reviewed

07/22/20 – Reviewed July P&T Mtg; no clinical updates

09/16/20 – Reviewed at P&T

09/22/2021 – Reviewed at Sept P&T; references updated; no clinical updates

09/21/2022 – Reviewed at Sept P&T; Separated out Comm/Exch vs MH policies; no clinical updates.

