Mass General Brigham
Health Plan

Vimizim (elosulfase alfa)
Effective 01/01/2024

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

Overview

FDA-Approved Indications

Vimizim is indicated for patients with Mucopolysaccharidosis type IVA (MPS IVA, Morquio A syndrome).

All other indications are considered experimental/investigational and not medically necessary.

Coverage Guidelines

Authorization may be granted for members new to the 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 when the following criteria is met:

1. Member has a diagnosis of MPS IVA.
2. Submission of medical records of enzyme assay demonstrating a deficiency of N-acetylgalactosamine 6-sulfatase enzyme activity or genetic testing confirming diagnosis.

Continuation of Therapy

Authorization may be granted for continued treatment in members with documentation of clinically positive responses to therapy, including improvement, stabilization, or slowing of disease progression.

Limitations

Approvals will be granted for 12 months.

References

1. Vimizim [package insert]. Novato, CA: BioMarin Pharmaceutical Inc.; December 2019.
2. Hendriksz CJ, Berger KI, Giugliani R, et al. International guidelines for the management and treatment of Morquio A syndrome. *Am J Med Genet A*. 2015;167A(1):11-25.

Review History

12/13/2023: Reviewed at Dec P&T, switched from SGM to Custom. Effective 1/1/2024