Mass General Brigham
Health Plan

Xenpozyme (olipudase alfa-rpcp)
Effective 03/01/2023

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
Xenpozyme is indicated for treatment of non-central nervous system manifestations of acid sphingomyelinase deficiency (ASMD) in adult and pediatric patients.

Coverage Guidelines
Authorization may be granted for members who are new to the plan currently receiving treatment with Xenpozyme, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. The member has a diagnosis of non-CNS manifestations of acid sphingomyelinase deficiency (ASMD)
2. Diagnosis is confirmed by ONE of the following:
    a. A documented deficiency of acid sphingomyelinase as measured in peripheral leukocytes, cultured fibroblasts, or lymphocytes
    b. Genetic testing results documenting a mutation in the sphingomyelin phosphodiesterase-1 (*SMPD1*) gene.

Continuation of Therapy
Authorization may be granted when provider documents member is responding to therapy (e.g., improvement in lung function, reduction in spleen volume, reduction in liver volume, improvement in platelet count, improvement in linear growth progression).

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

References

1. Xenpozyme [package insert]. Cambridge, MA: Genzyme Corporation; August 2022.
2. Wasserstein MP, Schuchman EH. Acid sphingomyelinase deficiency. In: GeneReviews. https://www.ncbi.nlm.nih.gov/books/NBK1370/ (Accessed on September 1, 2022).

Review History
01/11/2023 – Created and Reviewed for January P&T. Effective 03/01/2023