

Mepsevii (vestronidase alfa)
Effective 09/18/2019

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

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

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