Elaprase (idursulfase)
Effective 09/01/2021

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<td>☒ MassHealth</td>
<td>☒ Prior Authorization</td>
<td>☐ Pharmacy Benefit</td>
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<td>☒ Commercial/Exchange</td>
<td>☢ Quantity Limit</td>
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<th>Specialty Medications</th>
<th>Non-Specialty Medications</th>
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<tr>
<td>All Plans Phone: 866-814-5506 Fax: 866-249-6155</td>
<td>MassHealth Phone: 877-433-7643 Fax: 866-255-7569</td>
<td>All Plans Phone: 844-345-2803 Fax: 844-851-0882</td>
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<tr>
<td>Commercial Phone: 800-294-5979 &amp; Fax: 888-836-0730</td>
<td>Exchange Phone: 855-582-2022 &amp; Fax: 855-245-2134</td>
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Exceptions N/A

Overview
Elaprase (idursulfase) is a recombinant form of the enzyme iduronate-2-sulfatase that is indicated for patients with mucopolysaccharidosis II (Hunter syndrome).

Coverage Guidelines
Authorization may be granted for members new to AllWays Health Partners who are currently receiving treatment with Elaprase excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR
Authorization of 12 months may be granted for treatment of MPS II when the diagnosis of MPS II was confirmed by enzyme assay demonstrating a deficiency of iduronate 2-sulfatase enzyme activity or by genetic testing.

Continuation of Therapy
Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for Mucopolysaccharidosis II (MPS II) who are responding to therapy (e.g., improvement, stabilization, or slowing of disease progression for 6-minute walk test [6-MWT], percent predicted forced vital capacity [%-predicted FVC], spleen volume, or liver volume).

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

References

Review History
01/20/2021—Reviewed Jan P&T, changed from CVS template to custom template; overview added, and references updated. Effective 09/01/2021.

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