Mepsevii (vestronidase alfa)
Effective 09/18/2019

Plan | ☒ MassHealth ☒ Commercial/Exchange | Program Type | ☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy

Benefit | ☐ Pharmacy Benefit ☒ 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 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-vjbk) [prescribing information]. Novato, CA: Ultragenyx Pharmaceutical Inc; November 2017
2. Deletion mapping of plasminogen activator inhibitor, type I (PLANH1) and beta-glucuronidase (GUSB) in 7q21----q22. Cytogenet Cell Genet 1991; 56:152.

Review History
09/18/19 – Reviewed

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