

SPECIALTY GUIDELINE MANAGEMENT

ELAPRASE (idursulfase)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

Elaprased is indicated for patients with Hunter syndrome (Mucopolysaccharidosis II, MPS II). Elaprased has been shown to improve walking capacity in patients 5 years and older. In patients 16 months to 5 years of age, no data are available to demonstrate improvement in disease-related symptoms or long term clinical outcome; however, treatment with Elaprased has reduced spleen volume similarly to that of adults and children 5 years of age and older. The safety and efficacy of Elaprased have not been established in pediatric patients less than 16 months of age.

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Mucopolysaccharidosis II (MPS II)

Indefinite authorization 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.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Elaprased [package insert]. Lexington, MA: Shire Human Genetic Therapies, Inc.; June 2013.