PreferredOne®

Elaprase® (idursulfase)
(Intravenous)

Document Number: IC-0034

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I. Length of Authorization

Coverage will be provided for 12 months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Elaprase 6 mg/3 mL vial: 10 vials per 7 days

B. Max Units (per dose and over time) [HCPCS Unit]:

- 60 billable units every 7 days

III. Initial Approval Criteria [1,4,5,7,9,10]

Coverage is provided in the following conditions:

- Patient is at least 16 months of age; **AND**
- Documented baseline age-appropriate values for one or more of the following have been obtained:
  - Patients 5 years of age or greater: 6-minute walk test (6MWT), percent predicted forced vital capacity (FVC), joint range of motion, left ventricular hypertrophy, growth, quality of life (CHAQ/HAQ/MPS HAQ), and/or urinary glycosaminoglycan (uGAG); **OR**
  - Patients 16 months to less than 5 years of age: spleen volume, liver volume, FVC, 6-MWT, and/or urinary glycosaminoglycan (uGAG); **AND**

*****NOTE:** For very young patients in which FVC or 6-MWT are not suitable for measuring, requests will be reviewed on a case-by case basis.*

Universal Criteria [1]

- Patient does not have severe cognitive impairment; **AND**

Hunter syndrome (Mucopolysaccharidosis II; MPS II) † Φ [1,5]

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- Patient has a definitive diagnosis of MPS II as confirmed by one of the following:
  - Deficient or absent iduronate 2-sulfatase (I2S) enzyme activity in white cells, fibroblasts, or plasma in the presence of normal activity of at least one other sulfatase; **OR**
  - Detection of pathogenic mutations in the *IDS* gene by molecular genetic testing

† FDA Approved Indication(s); ‡ Compendia recommended indication(s); Φ Orphan Drug

IV. Renewal Criteria [1,4,5,7,9,10]

Coverage may be renewed based on the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe hypersensitivity reactions including anaphylaxis, antibody development and serious adverse reactions in Hunter Syndrome patients with severe genetic mutations, acute respiratory complications, acute cardiorespiratory failure, etc.; **AND**
- Patient has demonstrated a beneficial response to therapy compared to pretreatment age-appropriate baseline values in one or more of the following:
  - Patients 5 years of age or greater: stabilization or improvement in percent predicted FVC and/or 6-MWT, increased joint range of motion, decreased left ventricular hypertrophy, improved growth, improved quality of life (clinically meaningful change in the CHAQ/HAQ/MPS HAQ disability index), and/or uGAG levels; **OR**
  - Patients 16 months to less than 5 years of age: reductions in spleen volume and/or liver volume or stabilization/improvement in FVC and/or 6-MWT, and/or uGAG levels

V. Dosage/Administration [1]

Indication	Dose
Hunter Syndrome; MPS II	0.5 mg/kg of body weight administered once weekly as an intravenous infusion

VI. Billing Code/Availability Information

HCPCS Code:

- J1743 – Injection, idursulfase, 1 mg; 1 mg = 1 billable unit

NDC:

- Elaprase 6 mg/3 mL single-use vial for injection: 54092-0700-xx

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VII. References

1. Elaprase [package insert]. Lexington, MA; Shire Human Genetic Therapies, Inc; September 2021. Accessed December 2022.
2. Wraith JE, Scarpa M, Beck M, et al. Mucopolysaccharidosis type II (Hunter syndrome): a clinical review and recommendations for treatment in the era of enzyme replacement therapy. Eur J Pediatr. 2008 Mar;167(3):267-77. Epub 2007 Nov 23.
3. Scarpa M, Almássy Z, Beck M, et al. Mucopolysaccharidosis type II: European recommendations for the diagnosis and multidisciplinary management of a rare disease. Orphanet J Rare Dis. 2011 Nov 7;6:72. doi: 10.1186/1750-1172-6-72.
4. Muenzer J, Bodamer O, Burton B, et al. The role of enzyme replacement therapy in severe Hunter syndrome-an expert panel consensus. Eur J Pediatr. 2012 Jan;171(1):181-8.
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6. Burrow T, Leslie ND. Review of the use of idursulfase in the treatment of mucopolysaccharidosis II. Biologics. 2008 Jun; 2(2): 311–320.
7. Giugliani R, Villareal MLS, Valdez CAA, et al. Guidelines for diagnosis and treatment of Hunter Syndrome for clinicians in Latin America. Genet Mol Biol. 2014 Jun; 37(2): 315–329.
8. Burton BK, Giugliani R. Diagnosing Hunter syndrome in pediatric practice: practical considerations and common pitfalls. Eur J Pediatr 2012; 171:631.
9. Muenzer J, Wraith J, Beck M, *et al.* A phase II/III clinical study of enzyme replacement therapy with idursulfase in mucopolysaccharidosis II (Hunter syndrome). *Genet Med* **8,** 465–473 (2006) doi:10.1097/01.gim.0000232477.37660.fb
10. Muenzer J, Beck M, Eng CM, et al. Long-term, open-labeled extension study of idursulfase in the treatment of Hunter syndrome. Genet Med. 2011 Feb;13(2):95-101. doi: 10.1097/GIM.0b013e3181fea459.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
E76.1	Mucopolysaccharidosis, type II

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications may be covered at the discretion of the health plan.

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Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC

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Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
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If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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Minneapolis, MN 55459-0212
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Fax: 763.847.4010
customerservice@preferredone.com

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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