


Prior Authorization Review Panel

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CHC-MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: PA Health & Wellness	Submission Date: 05/01/2021
Policy Number: PA.CP.PHAR.162	Effective Date: 01/2018 Revision Date: 04/2021
Policy Name: Elosulfase Alfa (Vimizim)	
<p>Type of Submission – <u>Check all that apply:</u></p> <p> <input type="checkbox"/> New Policy <input checked="" type="checkbox"/> Revised Policy* <input type="checkbox"/> Annual Review - No Revisions <input type="checkbox"/> Statewide PDL - <i>Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.</i> </p>	
<p>*All revisions to the policy <u>must</u> be highlighted using track changes throughout the document.</p> <p>Please provide any changes or clarifying information for the policy below:</p> <p>2Q 2020 annual review: references reviewed and updated.</p>	
<p>Name of Authorized Individual (Please type or print):</p> <p>Auren Weinberg, MD</p>	<p>Signature of Authorized Individual:</p> 

Clinical Policy: Elosulfase Alfa (Vimizim)

Reference Number: PA.CP.PHAR.162

Effective Date: 01/18

Last Review Date: 04/2021

[Coding Implications](#)

[Revision Log](#)

Description

Elosulfase alfa (Vimizim[®]) is a hydrolytic lysosomal glycosaminoglycan-specific enzyme.

FDA Approved Indication

Vimizim is indicated for patients with mucopolysaccharidosis type IVA (MPS IVA; Morquio A syndrome).

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of Pennsylvania Health and Wellness that Vimizim is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Morquio A Syndrome (Mucopolysaccharidosis [MPS IVA]) (must meet all):

1. Diagnosis of Morquio A syndrome (MPS IVA) confirmed by one of the following:
 - a. Enzyme assay demonstrating a deficiency of N-acetylgalactosamine-6-sulfatase activity;
 - b. DNA testing.
2. Age \geq 5 years;
3. Dose does not exceed 2 mg/kg/week.

Approval duration: 6 months

B. Other diagnoses/indications: Refer to PA.CP.PMN.53

II. Continued Approval

A. Morquio A Syndrome (MPS IVA) (must meet all):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy as evidenced by improvement in the individual member's MPS IVA disease manifestation profile (*see Appendix D for examples*);
3. If request is for a dose increase, new dose does not exceed 2 mg/kg/week.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies; or
2. Refer to PA.CP.PMN.53

III. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

FDA: Food and Drug Administration

MPS IVA: mucopolysaccharidosis IVA

Appendix B: Therapeutic Alternatives

Not applicable

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): none reported.
- Boxed warning(s): risk of life-threatening anaphylactic reactions during Vimizim infusions.

Appendix D: General Information

The presenting symptoms and clinical course of MPS IVA can vary from one individual to another. Some examples, however, of improvement in MPS IVA disease as a result of Vimizim therapy may include improvement in:

- 6-minute walking test distance
- Breathing difficulties
- Muscle weakness
- Vision or hearing problems
- Hepatomegaly or splenomegaly

IV. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
MPS IVA	2 mg/kg IV once weekly	2 mg/kg/week

V. Product Availability

Single-use vial: 5 mg/5 mL

VI. References

1. Vimizim Prescribing Information. Novato, CA: BioMarin Pharmaceutical, Inc.; December 2019. Available at <http://www.vimizim.com>. Accessed February 10, 2021.
2. Muenzer J. The mucopolysaccharidoses: a heterogeneous group of disorders with variable pediatric presentations. *J Pediatr.* 2004; 144(5 Suppl): S27-S34.
3. Hendriksz CJ, Berger KI, Giugliani R, et al. International guidelines for the management and treatment of Morquio A syndrome. *Am J Med Genet A.* 2015; 167(1): 11-25.
4. Akyol MU, Alden TD, Amartino H, et al. Recommendations for the management of MPS IVA: systematic evidence- and consensus-based guidance. *Orphanet J of Rare Dis* 2019;14(137):1-25.

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-

CLINICAL POLICY

Elosulfase Alfa



date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J1322	Injection, elosulfase alfa, 1 mg

Reviews, Revisions, and Approvals	Date	Approval Date
2Q 2018 annual review: age restriction added; references reviewed and updated.	2.27.18	
2Q 2019 annual review: references reviewed and updated.	04/19	
2Q 2020 annual review: references reviewed and updated.	04/2020	
2Q 2021 annual review: references reviewed and updated.	04/2021	