

## Clinical Pharmacy Program Guidelines for Elaprase -ARIZONA

Program	Prior Authorization
Medication	Elaprase (idursulfase)

### 1. Background:

Elaprase is indicated for patients with Hunter syndrome (Mucopolysaccharidosis II, MPS II). Elaprase 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 Elaprase has reduced spleen volume similarly to that of adults and children 5 years of age and older. The safety and efficacy of Elaprase have not been established in pediatric patients less than 16 months of age.

### 2. Coverage Criteria:

A.	<b><u>Authorization</u></b>
1. Elaprase will be approved based on the following:	
a. Diagnosis of Hunter syndrome (Mucopolysaccharidosis II, MPS II)	
<b>Authorization will be issued for 12 months.</b>	

### 3. References:

1. Elaprase Prescribing Information. Shire Human Genetic Therapies, Inc. October 2015.

Program	Program type – Prior Authorization
<b>Change Control</b>	
Date	Change
August 2017	New policy specific to Arizona