

POLICY NAME	Elaprase (idursulfase)	POLICY #	2473P
--------------------	------------------------	-----------------	--------------

Criteria

Coverage Criteria for the Treatment of mucopolysaccharidosis type II (MPS type II)

- ☐ 1.1 Diagnosis of MPS type II (Hunter Syndrome)
- ☐ 1.2 Age 5 years or older
- ☐ 1.3 Prescribed by a geneticist (gene specialist)

Exclusion Criteria – Any of the following prevents coverage

- ☐ 2.1 Health Alliance does not cover Elaprase for pediatric patients between the ages of 16 months to 5 years because in clinical trials Elaprase did not show improvement in disease-related symptoms or long-term clinical result.