

**POLICY NAME**

Elaprase (idursulfase)

**POLICY #**

2473P

## Criteria

### 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.

### 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)