

POLICY NAME	Elaprase (idursulfase)	POLICY #	2473P
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Criteria

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

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

Exclusion Criteria – Any of the following prevents coverage

- ☐ 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.