Mepsevii® (vestronidase alfa-vjbk) Injection

When requesting Mepsevii® (vestronidase alfa-vjbk), the individual requiring treatment must be diagnosed with an FDA-approved indication and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

**FDA-approved Indication**

Mepsevii is indicated for the treatment of individuals with mucopolysaccharidosis type VII (MPS VII; Sly syndrome).

**Coverage Guidelines**

**Mucopolysaccharidosis Type VII (MPS VII; Sly syndrome)**

The individual must meet all of the following criteria for approval:

- Diagnosis is confirmed by one of the following:
  - Laboratory test demonstrating deficient beta-glucuronidase activity in leukocytes, fibroblasts, or serum; OR
  - Molecular genetic test demonstrating beta-glucuronidase gene mutation

- Mepsevii is prescribed by or in consultation with a geneticist, an endocrinologist, a metabolic disorder sub-specialist, or a physician who specializes in the treatment of lysosomal storage disorders.

**Approval duration: 12 months**

**Dosing Recommendation**

Approve up to 4 mg/kg administered intravenously no more frequently than once every 2 weeks.

**References**