

Avlayah (tividenofusp alfa-eknm)

When requesting Avlayah (tividenofusp alfa-eknm), the individual requiring treatment must be diagnosed with the following FDA-approved indication and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

FDA-Approved Indication

Avlayah is indicated for the treatment of neurologic manifestations of Hunter syndrome (Mucopolysaccharidosis type II, MPS II) when initiated in presymptomatic or symptomatic pediatric patients weighing at least 5 kg prior to advanced neurologic impairment.

Coverage Guidelines

Mucopolysaccharidosis Type II (Hunter Syndrome)

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

- Weighs 5 kg or more;
- The diagnosis is established by one of the following:
 - Has a laboratory test demonstrating deficient iduronate-2-sulfatase activity in leukocytes, fibroblasts, serum, or plasma; OR
 - Has a molecular genetic test demonstrating an iduronate-2-sulfatase gene variant;
- Does not have advanced neurologic impairment;
- Avlayah is prescribed by or in consultation with a geneticist, endocrinologist, a metabolic disorder sub-specialist, or a physician who specializes in the treatment of lysosomal storage disorders.

Approval Duration: 12 months

Dosing Recommendations

The recommended starting dosage of Avlayah is 3 mg/kg administered once weekly via intravenous infusion.

The recommended maintenance dosage of Avlayah is 15 mg/kg administered once weekly via intravenous infusion.

To reduce the risk of infusion-associated reactions, follow the dose escalation regimen in table below:

Dosing Week	Dosage Level
Week 1 to Week 4	3 mg/kg once weekly
Week 5 to Week 8	7.5 mg/kg once weekly
Week 9 and beyond	15 mg/kg once weekly

References

1. Avlayah™ intravenous infusion [prescribing information]. South San Francisco, CA: Denali; March 2026.
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3. Scarpa M, Almassy Z, Beck M, et al. Mucopolysaccharidosis type II: European recommendations for the diagnosis and multidisciplinary management of a rare disease. *Orphanet J Rare Dis*. 2011;6:72.
4. Muenzer J, Beck M, Eng CM, et al. Multidisciplinary management of Hunter syndrome. *Pediatrics*. 2009;124:e1228-e1239.
5. Giugliani R, Federhen A, Munoz Rojas MV, et al. Mucopolysaccharidosis I, II, and VI: Brief review and guidelines for treatment. *Genet Mol Biol*. 2010;33:589-604.
6. D'Avanzo F, Rigon L, Zanetti A, Tomanin R. Mucopolysaccharidosis type II: One hundred years of research, diagnosis, and treatment. *Int J Mol Sci*. 2020;21:E1258.
7. McBride KL, Berry SA, Braverman N; ACMG Therapeutics Committee. Treatment of mucopolysaccharidosis type II (Hunter syndrome): a Delphi derived practice resource of the American College of Medical Genetics and Genomics (ACMG). *Genet Med*. 2020 Nov;22(11):1735-1742.
8. Muenzer J, Burton BK, Harmatz P, et al. An intravenous brain-penetrant enzyme therapy for mucopolysaccharidosis II. *N Engl J Med*. 2026;394:39-50.
9. Elaprase® intravenous infusion [prescribing information]. Cambridge, MA: Takeda; February 2025.