



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	July 19, 2018

MEPSEVII™ (vestronidase alfa-vj bk)

LENGTH OF AUTHORIZATION: UP TO ONE YEAR

REVIEW CRITERIA:

- Patient must have a diagnosis of Mucopolysaccharidosis type VII (Sly syndrome) confirmed in medical records or patient health conditions.

DOSING:

- Recommended dosing is 4mg/kg body weight administered intravenously over 4 hours every 2 weeks.