



Drug Coverage Policy

Effective Date 10/16/2026

Coverage Policy Number.....IP0849

Policy Title.....Fayuvi

Mucopolysaccharidosis – Gene Therapy – Fayuvi

- Fayuvi™ (rebisufligene etisparvovec-hopf intravenous infusion – Ultragenyx)

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

Fayuvi, an adeno-associated virus (AAV) vector-based gene therapy, is indicated for the treatment of **neurologic manifestations of mucopolysaccharidosis type IIIA (MPS IIIA; Sanfilippo syndrome type A) in pediatric patients** with preserved neurodevelopmental function.¹

Fayuvi is given as a one-time (per lifetimes) single dose of 3.0×10^{13} genome copies per kg of body weight, as an intravenous (IV) infusion.¹

Disease Overview

Sanfilippo syndrome is a group of lysosomal storage disorders.^{2,3} The estimated prevalence of Sanfilippo syndrome (across all four subtypes) is between 1:50,000 and 1:250,000, depending on the population. It is estimated to affect fewer than 200,000 individuals in the US.^{2,4} Sanfilippo syndrome type A is the most common and aggressive form of Sanfilippo syndrome and is caused by variants in the *N-sulfoglucosamine sulfohydrolase (SGSH)* gene.^{2,3} The disease is characterized by early-onset, severe, and progressive degeneration of the central nervous system. In later stages, patients experience a progressive loss of motor function, develop seizures and dysphagia, and may become bedridden. Death usually occurs within the second decade of life in patients with Sanfilippo syndrome type A.

Clinical Efficacy

The efficacy of Fayuvi was evaluated in Transpher A (unpublished, n = 28), an open-label, single-dose, dose-escalation study, and a long-term follow-up study (which includes patients from Transpher A).^{1,5} All of the patients in Transpher A were diagnosed with Sanfilippo syndrome type A and received one dose of Fayuvi. The modified intention-to-treat (mITT) population (n = 17), which was used to evaluate the efficacy endpoint, included patients who were either ≤ 2 years of age or > 2 years of age with a Bayley Scales of Infant and Toddler Development, Third Edition (BSID-III; commonly referred to as Bayley-III) Cognitive development quotient ≥ 60 . The Bayley-III is a development assessment tool that is used to help assess individual development, such as cognitive delay, and reassessments can help monitor progress over time. A higher score indicates higher skill level. Change in Bayley-III Cognitive raw score in patients treated with Fayuvi was compared with that of an external, untreated natural history group (n = 27). The mean age of the patients in the Fayuvi group at treatment was 21.8 months (range of 3.0 months to 32.9 months) and the mean Bayley-III Cognitive raw score at baseline was 47.6 (range of 3 to 69). The mean age of the patients in the untreated natural history group was 38.3 months (range of 12 months to 58 months) and the mean Bayley-III Cognitive raw score at baseline was 55.1 (range 24 to 76). Across Transpher A and the long-term study, the median duration of follow-up was 4.2 years (range of 2.9 years to 7.8 years); 82% of patients (n = 14/17) were followed for 5 years. Compared with the untreated natural history group, patients treated with Fayuvi experienced a statistically significant improvement in the Bayley-III Cognitive raw score from 24 months to 60 months of age: +16.0 for the Fayuvi group vs. -7.6 for the natural history group; treatment difference of 23.5 (P < 0.0001).

Coverage Policy

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Fayuvi. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Because of the specialized skills required for evaluation and diagnosis of patients treated with Fayuvi as well as the specialized training required for administration of Fayuvi, approval requires Fayuvi to be prescribed by a physician who specializes in the condition being treated. All approvals are provided for one-time (per lifetime) as a single dose. The approval duration is 90 days to allow for an adequate timeframe to administer one dose of therapy. If claims history is available, verification is required for certain criteria as noted by **[verification in claims history required]**.

For the dosing criteria, verification of the appropriate weight-based dosing is required by a Medical Director as noted by **[verification required]**. All reviews (approvals and denials) will be forwarded to the Medical Director for evaluation.

Documentation: Documentation is required for use of Fayuvi as noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, laboratory results, medical test results, claims records, prescription receipts, and/or other information. All documentation must include patient-specific identifying information.

Fayuvi is considered medically necessary when the following criteria are met:

FDA-Approved Indication

1. Mucopolysaccharidosis Type IIIA. Approve a one-time (per lifetime) single dose if the patient meets ALL of the following (A, B, C, D, E, and F):

Note: Mucopolysaccharidosis type IIIA is also known as Sanfilippo syndrome type A.

A) Patient has not received Fayuvi in the past **[verification in claims history required]**; AND

Note: If no claims for Fayuvi are present (or if claims history is not available), the prescribing physician confirms that the patient has not previously received Fayuvi.

B) Diagnosis of mucopolysaccharidosis type IIIA was confirmed by ONE of the following (i or ii):

i. Molecular testing showing variants in the *N-sulfoglucosamine sulfohydrolase (SGSH)* gene **[documentation required]**; OR

ii. Enzyme testing showing deficient or absent lysosomal enzyme sulfamidase **[documentation required]**; AND

Note: The sulfamidase enzyme is also known as heparan sulfate N-sulfatase, heparan N-sulfatase, N-sulfoglucosamine sulfohydrolase, or sulfoglucosamine sulfamidase.

C) Baseline anti-adenovirus serotype 9 (AAV9) titers are less than 1:100 **[documentation required]**; AND

D) The medication is prescribed by a neurologist, medical geneticist, or metabolic disease specialist; AND

E) Current patient body weight has been obtained within the past 30 days **[documentation required]**; AND

F) If criteria A through E are met, approve one dose of Fayuvi to provide a one-time (per lifetime) single dose of 3.0×10^{13} genome copies per kg of body weight by intravenous infusion **[verification required]**.

Note: Fayuvi is provided as a customized kit to meet dosing requirements for each patient per their weight (in kilograms). Fayuvi kit sizes (per the cited NDC) are in Table 1.

Dosing. The recommended dose of Fayuvi is a one-time (per lifetime) single-dose intravenous infusion of 3.0×10^{13} genome copies per kg of body weight. Fayuvi is provided as a customized kit to meet dosing requirements for each patient per their weight (in kilograms). Refer to the appropriate NDC number below for approval.

Table 1. Fayuvi Kits.

Patient Body Weight Range (kg)	Total Dose Volume (mL)	Number of Vials	NDC Number
2.5 to 3.0	10	5	69794-301-05
3.1 to 4.0	12	6	69794-302-06
4.1 to 5.0	16	8	69794-303-08
5.1 to 6.0	18	9	69794-304-09

6.1 to 7.0	22	11	69794-305-11
7.1 to 8.0	24	12	69794-306-12
8.1 to 9.0	28	14	69794-307-14
9.1 to 10.0	30	15	69794-308-15
10.1 to 12.0	36	18	69794-309-18
12.1 to 14.0	42	21	69794-310-21
14.1 to 16.0	48	24	69794-311-24
16.1 to 18.0	54	27	69794-312-27
18.1 to 20.0	60	30	69794-313-30
20.1 to 22.0	66	33	69794-314-33
22.1 to 24.0	72	36	69794-315-36
24.1 to 26.0	78	39	69794-316-39
26.1 to 28.0	84	42	69794-317-42
28.1 to 30.0	90	45	69794-318-45
30.1 to 32.0	96	48	69794-319-48
32.1 to 34.0	102	51	69794-320-51
34.1 to 36.0	108	54	69794-321-54
36.1 to 38.0	114	57	69794-322-57
38.1 to 40.0	120	60	69794-323-60
40.1 to 42.0	126	63	69794-324-63
42.1 to 46.0	138	69	69794-325-69
46.1 to 50.0	150	75	69794-326-75
50.1 to 54.0	162	81	69794-327-81
54.1 to 58.0	174	87	69794-328-87
58.1 to 62.0	186	93	69794-329-93
62.1 to 66.0	198	99	69794-330-99
66.1 to 70.0	210	105	69794-331-05

Conditions Not Covered

Fayuvi for any other use is considered not medically necessary including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

- 1. Prior Receipt of Gene Therapy.** Fayuvi has not been studied in patients who have undergone prior gene therapy.

Coding Information

Note: 1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCPSC Codes	Description
C9399	Unclassified drugs or biologicals
J3590	Unclassified drugs
J3590	Unclassified biologics

References

1. Fayuvi™ intravenous infusion [prescribing information]. Novato, CA: Ultragenyx; September 2026.
2. Muschol N, Giugliani R, Jones SA, et al. Sanfilippo syndrome: consensus guidelines for clinical care. Orphanet J Rare Diseases. 2022;17:391.
3. Benetó N, Vilageliu L, Grinberg G, et al. Sanfilippo syndrome: molecular basis, disease models and therapeutic approaches. Int J Mol Sci. 2020;21:7819.
4. What is Sanfilippo syndrome. Last updated April 17, 2026. Available at: <https://curesanfilippofoundation.org/what-is-sanfilippo/>. Accessed on September 23, 2026.
5. Fayuvi – Data on File, from Ultragenyx. Received on September 24, 2026.

Revision Details

Summary of Changes	Review Date	Effective Date
New policy	10/08/2026	10/16/2026

The policy effective date is in force until updated or retired.

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