Aldurazyme® (laronidase)

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:
- Patient must be ≥ 6 months of age.
- Must have a documented (in “health conditions” or medical records) diagnosis of Hurler Syndrome or Mucopoly saccharidosis (MPS) I.

DOSING and ADMINISTRATION:
- 0.58 mg/kg of body weight administered once weekly as an intravenous (IV) infusion