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| Division: Pharmacy Policy | Subject: Prior Authorization Criteria |
| Original Development Date: Original Effective Date: Revision Date: | May 21, 2012 April 22, 2022 |

Aldurazyme® (laronidase)

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

- Patient must be ≥ 6 months of age; **AND**
- Must have a diagnosis of **Mucopolysaccharidosis I (MPS I); AND**
- **Diagnosis of Hurler (severe) or Hurler-Scheie (attenuated) forms of disease OR**
- **Diagnosis of Scheie (attenuated) form of disease with moderate to severe symptoms.**

CONTINUATION OF THERAPY

- Patient met initial review criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Available as 2.9 mg/5 mL (0.58 mg/mL) single-dose vial.
- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>