



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

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 Mucopolysaccharidosis (MPS) I.

DOSING and ADMINISTRATION:

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