



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	February 14, 2011 April 20, 2012

ELAPRASE® (idursulfase)

LENGTH OF AUTHORIZATION: UP TO ONE YEAR

REVIEW CRITERIA:

- Patient must be ≥ 5 years of age.
- Must have a documented (in diagnosis code(s) or medical records) diagnosis of Hunter Syndrome or Mucopolysaccharidosis (MPS) II.

DOSING and ADMINISTRATION:

The recommended dosage regimen of Elaprase is 0.5 mg/kg of body weight administered every week as an intravenous infusion.

Elaprase vials are to be stored under refrigeration at 2°C to 8°C (36°F to 46°F) and protected from light. This product contains no preservatives. The diluted solution should be used immediately. If immediate use is not possible, the diluted solution can be stored refrigerated at 2°C to 8°C (36°F to 46°F) for up to 48 hours, or must be administered within 8 hours if held at room temperature.