



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	February 9, 2011

## **Naglazyme® (galsulfase)**

**LENGTH OF AUTHORIZATION:** UP TO ONE YEAR

**APPROVAL CRITERIA:**

- Must have a documented (in “health conditions” or medical records) diagnosis of Mucopolysaccharidosis VI.

**DOSING and ADMINISTRATION:**

*Adults, Adolescents, and Children*  $\geq 5$  years old: 1 mg/kg IV infused over no less than 4 hours once per week.

Naglazyme is stored under refrigeration at 2°C to 8°C (36°F to 46°F). The product contains no preservatives. The diluted solution should be used immediately. If immediate use is not possible, the diluted solution should be stored refrigerated at 2°C to 8°C (36°F to 46°F). Storage after dilution should not exceed 48 hours from the time of preparation to completion of administration.