

POLICY NAME	Vimizim (elosulfase alfa)	POLICY #	2482P
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Criteria

Coverage Criteria for the Treatment of Mucopolysaccharidosis Type IVA (Morquio A Syndrome)

- ☐ **1.1** Diagnosis of Morquio A syndrome
 - Evidence of gene mutation (GALNS) required to support diagnosis of MPS IVA
- ☐ **1.2** Prescribed by a geneticist (gene specialist)