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| <b>POLICY NAME</b> | Naglazyme (galsulfase) | <b>POLICY #</b> | 2479P |
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## Criteria

### Coverage Criteria for the Treatment of Maroteaux-Lamy syndrome (MPS type VI)

- ☐ Diagnosis of Mucopolysaccharidosis (MPS type VI) with testing that shows evidence of gene mutation
- ☐ Prescribed by a geneticist (gene specialist)