

POLICY NAME	Aldurazyme (laronidase)	POLICY #	2472P
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Criteria

Coverage Criteria for the Treatment of Mucopolysaccharidosis (MPS type I)

- ☐ **1.1 Documented diagnosis of MPS type I**
 - Hurler syndrome
 - Hurler-Scheie syndrome
 - Scheie syndrome
- ☐ **1.2 Prescribed by a geneticist (gene doctor)**
- ☐ **1.3 For a diagnosis of Scheie syndrome:**
 - Provider's opinion that the disease is moderate-to-severe
 - Provider's opinion that the drug is needed to improve lung function and/or walking capacity (drug has not been evaluated for effects on the central nervous system)