

<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)

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