

POLICY NAME	Naglazyme (galsulfase)	POLICY #	2479P
-------------	------------------------	----------	-------

## 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)