

POLICY NAME

Vimizim (elosulfase alfa)

POLICY #

2482P

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)