



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	May 21, 2012 April 22, 2022

Aldurazyme® (laronidase)

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

- Patient must be ≥ 6 months of age; **AND**
- Must have a diagnosis of Mucopolysaccharidosis I (MPS I); **AND**
- Diagnosis of Hurler (severe) or Hurler-Scheie (attenuated) forms of disease **OR**
- Diagnosis of Scheie (attenuated) form of disease with moderate to severe symptoms.

CONTINUATION OF THERAPY

- Patient met initial review criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Available as 2.9 mg/5 mL (0.58 mg/mL) single-dose vial.
- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>