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| 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 22, 2014 |

VIMIZIM® (elosulfase alfa)

LENGTH OF AUTHORIZATION: Up to one year

INITIAL REVIEW CRITERIA (ALL OF THE FOLLOWING MUST BE TRUE):

- Patient must be ≥ 5 years of age.
- The patient has a diagnosis of Mucopolysaccharidosis type IVA (MPS IVA; Morquio A syndrome) confirmed per medical records or patient health conditions.

CONTINUATION OF THERAPY

- Patient continues to meet above initial criteria.

DOSING & ADMINISTRATION:

- Two mg per kg body weight (2 mg/kg) administered once every week as an intravenous infusion over a minimum of 3.5 to 4.5 hours, based on infusion volume. Total infusion volume as well as infusion rate are dependent on patient weight (greater or less than 25 kg). Pre-treatment with antihistamines with or without antipyretics is recommended 30 to 60 minutes prior to the start of the infusion.
- Dosage Forms:
 - 5 mg/mL single use vials

References:

1. Vimizim [package insert] Biomarin Pharmaceutical, Novato, CA; February 2014