

### Clinical Pharmacy Program Guidelines for Aldurazyme -ARIZONA

Program	Prior Authorization
Medication	Aldurazyme (laronidase)

**1. Background:**

Aldurazyme is indicated for patients with Hurler and Hurler-Scheie forms of Mucopolysaccharidosis I (MPS I) and for patients with the Scheie form who have moderate to severe symptoms. The risks and benefits of treating mildly affected patients with the Scheie form have not been established. Aldurazyme has been shown to improve pulmonary function and walking capacity. Aldurazyme has not been evaluated for effects of the central nervous system manifestations of the disorder.

**2. Coverage Criteria:**

<p><b>A. <u>Authorization</u></b></p> <p>1. <u>One</u> of the following:</p> <p style="padding-left: 40px;">a. For patients with a confirmed diagnosis of Hurler and Hurler-Scheie forms of Mucopolysaccharidosis I (MPS I)</p> <p style="text-align: center;"><b>-OR-</b></p> <p style="padding-left: 40px;">b. For patients with a confirmed diagnosis of Scheie form of Mucopolysaccharidosis I (MPS I) who have moderate to severe symptoms</p> <p style="text-align: center;"><b>Authorization will be issued for 12 months.</b></p>
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**3. References:**

1. Aldurazyme Prescribing Information, Genzyme Corporation, April 2013.

Program	Program type – Prior Authorization
<b>Change Control</b>	
Date	Change
August 2017	New policy specific to Arizona

