SPECIALTY GUIDELINE MANAGEMENT

ALDURAZYME (laronidase)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

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.

All other indications are considered experimental/investigational and are not a covered benefit.

II. REQUIRED DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review: alpha-L-iduronidase enzyme assay or genetic testing results supporting diagnosis.

III. CRITERIA FOR INITIAL APPROVAL

Mucopolysaccharidosis I (MPS I)

Authorization of 12 months may be granted for treatment of MPS I when both of the following criteria are met:

A. Diagnosis of MPS I was confirmed by enzyme assay demonstrating a deficiency of alpha-L-iduronidase enzyme activity or by genetic testing.

B. Member has the Hurler or Hurler-Scheie form of MPS I OR the member has the Scheie form (Scheie syndrome) with moderate to severe symptoms (e.g., normal intelligence, less progressive physical problems, corneal clouding, joint stiffness, valvular heart disease, death in later decades).

IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for Mucopolysaccharidosis I (MPS I) who are responding to therapy (e.g., improvement, stabilization, or slowing of disease progression for pulmonary function or walking capacity).

V. REFERENCES

