

ELAPRASE (idursulfase)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 5 years of age or older

Diagnosis

Patient must have the following:

Hunter Syndrome (mucopolysaccharidosis type II)

Prior - Approval Limits

Duration 2 years

Prior - Approval Renewal Requirements

Same as above

Prior – Approval Renewal Limits

Same as above