



**BlueCross  
BlueShield**

Federal Employee Program.

**ELFABRIO  
(pegunigalsidase alfa-iwxj)**

**Pre - PA Allowance**

None

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**Prior-Approval Requirements**

**Age** 18 years of age or older

**Diagnosis**

Patient must have the following:

Fabry disease

**AND** the following:

1. Prescriber agrees to monitor the patient for hypersensitivity reactions, including anaphylaxis, during Elfabrio administration

**Prior - Approval Limits**

**Duration** 2 years

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**Prior – Approval *Renewal* Requirements**

Same as above

**Prior - Approval *Renewal* Limits**

Same as above