

Pre - PA Allowance

None

Prior-Approval Requirements

Age 5 years of age or older

Diagnosis

Patient must have the following:

Mucopolysaccharidosis Type IVA (MPS IVA) (Morquio A syndrome)

AND at least **ONE** of the following:

1. Documented signs and symptoms of MPS IVA such as skeletal abnormalities and keratin sulfate levels in urine.
2. Genetic testing confirming diagnosis of MPS IVA

Prior - Approval Limits

Duration 2 years

Prior – Approval *Renewal* Requirements

Age 5 years of age or older

Diagnosis

Patient must have the following:

Mucopolysaccharidosis Type IVA (MPS IVA) (Morquio A syndrome)

Prior – Approval *Renewal* Limits

Same as above