



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Elaprase™ (idursulfase)

Review Criteria

Member must meet all the following criteria:

- Member must be at least 5 years of age
- Member must have a diagnosis of Hunter Syndrome (Mucopolysaccharidosis II, MPS II)

**Any additional questions or discussion on criteria need to be directed to the Montana Department of Public Health and Human Services (DPHHS) state pharmacist at (406) 444-5951.