



Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Type 1 Gaucher disease

AND ALL of the following:

1. Patient must be either CYP2D6 extensive metabolizers (EMs), intermediate metabolizers (IMs), or poor metabolizers (PMs) as detected by an FDA-cleared test.
1. **NO** dual therapy with another medication for Type 1 Gaucher disease (see Appendix 1)

Prior - Approval Limits

Duration 2 years

Prior-Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Type 1 Gaucher disease

AND the following:

1. **NO** dual therapy with another medication for Type 1 Gaucher disease (see Appendix 1)

Prior-Approval *Renewal* Limits

Same as above



**BlueCross.
BlueShield.**

Federal Employee Program.

CERDELGA
(eliglustat)

Appendix 1 - List of Hydrolytic Lysosomal Glucocerebroside Agents

Generic Name	Brand Name
eliglustat	Cerdelga
imiglucerase	Cerezyme
miglustat	Zavesca/Yargesa
taliglucerase alfa	Elelyso
velaglucerase alfa	VPRIV