



Pre - PA Allowance

None

Prior-Approval Requirements

Diagnosis

Patient must have the following:

Type 1 Gaucher disease that results in one or more of the following:

1. Anemia
2. Thrombocytopenia
3. Bone disease
4. Hepatomegaly
5. Splenomegaly

AND the following:

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

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.

**CEREZYME
(imiglucerase)**

**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