



Pre - PA Allowance

None

Prior-Approval Requirements

Age 4 years of age and older

Diagnosis

Patient must have the following:

Gaucher disease, Type 1

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

Same as above

Prior-Approval *Renewal* Limits

Same as above

Appendix 1 - List of Hydrolytic Lysosomal Glucocerebrosidase Agents

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