

## Cerdelga (eliglustat)

### Coverage Criteria:

Reserved for members that meet all of the following criteria:

1. Prescribed for pediatric and adult patients with a confirmed diagnosis of Type I Gaucher disease resulting in one or more of the following conditions:
  - a. moderate to severe anemia, thrombocytopenia with bleeding tendency, bone disease, significant hepatomegaly or splenomegaly; and
2. Prescribed within the FDA approved dosing regimen; and
3. The patient and/or guardian has attested that they will adhere to the treatment plan

### Prescriber Restriction:

Prescribed by a specialist

### Renewal Criteria:

Annual reauthorizations will require medical chart documentation that the patient has been seen within the past 12 months and that markers of disease are improved by therapy. These include but may not be limited to hemoglobin, platelet count, and liver and/or spleen volumes by MRI (when MRI is clinically indicated).

### Coverage Duration:

Initial and re-authorizations will be for 12 months.

### Other Criteria:

None