POLICY NAME	Cerdelga (Eliglustat Tartrate)		POLICY #	2435P

Criteria

Coverage Criteria

- ☐ Diagnosis of non-neuropathic (type 1) Gaucher's disease confirmed by enzyme assay or gene testing

- ☐ CYP2D6 phenotype determination testing

- ☐ Age 18 years or older

- ☐ Ordered by a Geneticist or physician who is specialized in the treatment of Gaucher Disease

Exclusion Criteria – Any of the following prevents coverage

- ☐ Not used in combination with Zavesca, Elelyso, Cerezyme or VPRIV

- ☐ Patients whose CYP2D6 genotype cannot be determined or those who are ultra-rapid metabolizers (ultra- rapid metabolizers may not be able to achieve adequate concentrations of eliglustat to achieve a therapeutic effect)