

POLICY NAME	Cerdelga (Eliglustat Tartrate)	POLICY #	2435P
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Criteria

Coverage Criteria

- ☐ 1.1 Diagnosis of non-neuropathic (type 1) Gaucher's disease confirmed by enzyme assay or gene testing
- ☐ 1.2 CYP2D6 phenotype determination testing
- ☐ 1.3 Age 18 years or older
- ☐ 1.4 Ordered by a Geneticist or physician who is specialized in the treatment of Gaucher Disease

Exclusion Criteria – Any of the following prevents coverage

- ☐ 2.1 Not used in combination with Zavesca, Elelyso, Cerezyme or VPRIV
- ☐ 2.2 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)