

POLICY NAME

Cerdelga (Eliglustat Tartrate)

POLICY #

2435P

Criteria

Exclusion Criteria – Any of the following prevents coverage

- ☐ **2.1** Not used in combination with Zavesca, Elclyso, 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)

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