

**POLICY NAME**

Elelyso (taliglucerase alfa)

**POLICY #**

2475P

## Criteria

### Exclusion Criteria – Any of the following prevents coverage

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

### Coverage Criteria for the Treatment of Gaucher disease

- ☐ 1.1 Diagnosis of type 1 Gaucher disease confirmed by genetic testing or enzyme assay
- ☐ 1.2 Age 4 years or older
- ☐ 1.3 Prescribed by a Geneticist (gene specialist)