



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 27, 2020 February 9, 2024

Cerdelga® (eliglustat)

LENGTH OF AUTHORIZATION: UP TO ONE YEAR

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Must have documented (in “health conditions” or medical records) diagnosis of Gaucher Disease Type I.
- Submission of an FDA cleared test to determine the CYP2D6 genotype.
- Patient must have documented trial and failure on a preferred agent (e.g., Elelyso® or Zavesca®).

CONTINUATION OF THERAPY:

- Patient met initial review criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 84 mg capsules