Pharmacy Drug Policy & Procedure

Policy Name:	Cerezyme (imiglucerase)	Policy #:	1983P

Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Cerezyme.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Cerezyme under the Specialty Medical benefit when the following criteria have been met.

Criteria

1. Coverage Criteria for the Treatment of Gaucher Disease

1.1 Diagnosis of type 1 Gaucher disease with one of the following
- Anemia (low level of red blood cells or hemoglobin)
- Bone disease
- Hepatomegaly (enlarged liver)
- Splenomegaly (enlarged spleen)
- Thrombocytopenia (low level of platelets in the blood)

1.2 Prescribed by a Geneticist (gene doctor)

1.3 Age 2 years or older

2. Exclusion Criteria

2.1 Not used in combination with Elelyso, Cerdelga, VPRIV, or Zavesca

3. Approval Period

3.1 Initial: 12 months

3.2 Reauthorization: 12 months with documented benefit from therapy

CPT Codes

HCPCS Codes

J1786 - Injection, imiglucerase, 10 units

References

1. Cerezyme (imiglucerase) [prescribing information]. Cambridge, MA: Genzyme Corporation; July 2024.
2. GM Pastores. Recombinant glucocerebrosidase (imiglucerase) as a therapy for Gaucher disease. BioDrugs 2010; 24:41.
3. J Charrow, HC Andersson, P Kaplan, et al. Enzyme replacement therapy and monitoring for children with type 1 Gaucher disease: consensus recommendations. J Pediatr 2004; 144:112.
4. Piran S, Amato D. Gaucher disease: a systematic review and meta-analysis of bone complications and their response to treatment. J Inherit Metab Dis 2010; 33:271.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.