Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

CEREZYME (imiglucerase)

GPI CODING:

827000500021**

DESCRIPTION:

Cerezyme is indicated for long-term enzyme replacement therapy in pediatric and adult patients with a confirmed diagnosis of type 1 Gaucher disease that results in one or more of the following conditions: anemia, thrombocytopenia, bone disease, and hepatomegaly or splenomegaly. Cerezyme is produced by recombinant DNA technology using mammalian cell culture. Gaucher disease is a genetic disorder that leads to a deficiency of the lysosomal enzyme β-glucocerebrosidase. This deficiency results in accumulation of the substrate, glucocerebroside, in tissue macrophages typically found in the liver, spleen and bone marrow. Complications of Gaucher disease include anemia, thrombocytopenia, hepatosplenomegaly, and skeletal problems such as osteonecrosis and osteopenia.

APPROVAL DURATION:

Approval duration: 1 year

CRITERIA FOR CEREZYME

I. Member has a diagnosis of type 1 or type 3 Gaucher disease
   A. Diagnosis was confirmed by enzymatic testing **AND**
   B. Member has at least 1 disease complication
      i. Anemia
      ii. Thrombocytopenia
      iii. Bone disease (eg, bone pain, fractures)
      iv. Hepatomegaly
      v. Splenomegaly
      vi. Developmental delay
      vii. Ophthalmoplegia (gaze palsy)