

This policy applies to the following:

	Standard Control (SF)		Managed Medicaid Template (MMT)		ACSF Chart (ACSF)	✓	Medical Benefit		Medicare Part B	Reference #
	Standard Control – Choice (SCCF)		Marketplace (MF)		SF Chart (SFC)		Medical: Advanced Biosimilars First		Medicare Part B: Biosimilars First	4218-D
	Preferred Drug Plan Design (PDPD)		Aetna Health Exchange (AHE)		VF Chart (VFC)		Medical Benefit: Managed Medicaid		Medicare Part B: Advanced Biosimilars First	
	Advanced Control Specialty (ACSF)		IVL		New to Market (NTM)		Medical Benefit: Add-on			
	Advanced Control Specialty – Choice (ACSCF)		Value (VF)							

EXCEPTIONS CRITERIA GAUCHER DISEASE AGENTS

PREFERRED PRODUCT: ELELYSO

POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to the Gaucher disease products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Gaucher Disease Agents

	Product(s)
Preferred*	<ul style="list-style-type: none"> • Ellelyso (taliglucerase alfa)
Targeted	<ul style="list-style-type: none"> • Cerezyme (imiglucerase) • VPRIV (velaglucerase alfa)

*: Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

II. EXCEPTION CRITERIA

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Coverage for a targeted product is provided when the member has had a documented inadequate response or an intolerable adverse event with the preferred product.

REFERENCES

Specialty Exceptions Gaucher's Disease Medical 4218-D P2024.docx

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	Advanced Control Specialty (ACSF)		IVL		New to Market (NTM)		Medical Benefit: Add-on			
	Advanced Control Specialty – Choice (ACSCF)		Value (VF)							

1. Elelyso [package insert]. New York, NY: Pfizer, Inc; May 2023.
2. Cerezyme [package insert]. Cambridge, MA: Genzyme Corporation; December 2022.
3. VPRIV [package insert]. Lexington, MA: Shire Human Genetic Therapies, Inc., a Takeda company; September 2021.