Cerezyme (imiglucerase)  
Elelyso (taliglucerase alfa)  
VPRIV (velaglucerase alfa)  
Effective 10/01/2021

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Type</th>
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</table>
| ☒ MassHealth  
☐ Commercial/Exchange | ☒ Prior Authorization  
☐ Quantity Limit  
☐ Step Therapy |

| Benefit |  
|------------------|------------------|
| ☐ Pharmacy Benefit  
☒ Medical Benefit (NLX) |  

<table>
<thead>
<tr>
<th>Specialty Limitations</th>
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<tbody>
<tr>
<td>N/A</td>
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| Contact Information | Specialty Medications  
|---------------------|-----------------------|
|                     | All Plans  
| □ Phone: 866-814-5506  
| □ Fax: 866-249-6155 |

| | Non-Specialty Medications  
|--------------------------|--------------------------|
| MassHealth | Phone: 877-433-7643  
| Fax: 866-255-7569 |
| Commercial | Phone: 800-294-5979  
| Fax: 888-836-0730 |
| Exchange | Phone: 855-582-2022  
| Fax: 855-245-2134 |

| Medical Specialty Medications (NLX)  
|--------------------------|--------------------------|
| All Plans | Phone: 844-345-2803  
| Fax: 844-851-0882 |

| Exceptions | N/A |

**Overview**

Cerezyme is a modified form of the enzyme glucocerebrosidase indicated for long-term enzyme replacement therapy for pediatric and adult patients diagnosed with Gaucher disease Type 1 that results in one or more of the following conditions: anemia, bone disease, hepatomegaly or splenomegaly or thrombocytopenia.

Elelyso and VPRI are recombinant glucocerebrosidase-specific enzymes FDA approved to treat type 1 Gaucher’s disease in patients ≥4 years of age.

**Coverage Guidelines**

Authorization may be granted for members new to AllWays Health Partners who are currently receiving treatment with Cerezyme, Elelyso, or VPRI, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

**OR**

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. The member diagnosed with Gaucher disease Type 1.
2. The diagnosis of Gaucher Type 1 has been confirmed by enzyme assay demonstrating deficiency of beta-glucocerebrosidase (glucosidase) enzyme activity or by genetic testing.
3. Documentation has been submitted of one of the following conditions:
   - Anemia
   - Bone disease
   - Hepatomegaly or splenomegaly

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• Thrombocytopenia
  4. For Cerezyme: The member is at least 2 years of age
  5. For Elelyso and VPRIV: The member is at least 4 years of age

Continuation of Therapy
Reauthorization requires physician documentation of improvement of member’s condition.

Limitations
1. Initial approvals and reauthorizations will be granted for 12 months

References
2. Elelyso (taliglucerase alfa) [prescribing information]. New York, NY: Pfizer Labs; November 2020
3. VPRIV (velaglucerase alfa) [prescribing information]. Lexington, MA: Shire Human Genetic Therapies; December 2020

Review History
07/21/2021- Reviewed P&T, switch from CVS SGM to AllWays Health Partners custom policy: removed compendial use for Gaucher type 3, combined Cerezyme, Elelyso and VPRIV into one document, added required conditions and age requirements; overview and references updated. Effective 10/01/2021.

Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.