

# Clinical Oversight Review Board (CORB) Criteria for Prescribing Imiglucerase (Cerezyme)

## Notes:

- Quantity Limits: No
- ^ Treatment failure is defined as failure to meet clinical goals (e.g., persistent anemia, thrombocytopenia, bone disease, hepatomegaly, or splenomegaly)

Non-Formulary **imiglucerase (Cerezyme)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

### **Initiation (new start) criteria and criteria for *new members* entering Kaiser Permanente already taking the medication who have not been reviewed previously:**

- Prescriber is a geneticist.
- Patient has a diagnosis of Type 1 Gaucher disease
- Patient has signs and symptoms of symptomatic disease, including: anemia, thrombocytopenia, skeletal disease, or visceromegaly (*liver or spleen enlargement*)
- Patient has failed^ treatment with taliglucerase alfa (Elelyso) and velaglucerase alfa (Vpriv) or patient has an allergy or intolerance to taliglucerase alfa (Elelyso) and velaglucerase alfa (Vpriv).