Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 18, 2019 June 16, 2022

CEREZYME® (imiglucerase)

LENGTH OF AUTHORIZATION: UP TO ONE YEAR

REVIEW CRITERIA:

- Patient must be ≥ 2 years of age.
- Must have a documented (in "health conditions" or medical records) diagnosis of Gaucher Disease Type I that results in at least one of the following conditions:
  - anemia
  - thrombocytopenia
  - bone disease
  - hepatomegaly or splenomegaly

DOSING AND ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as 400 units single-dose vial for reconstitution.