

## Clinical Policy: Eliglustat (Cerdelga)

Reference Number: ERX.SPA.96

Effective Date: 10.01.16

Last Review Date: 05.20

Line of Business: Commercial, Medicaid

[Revision Log](#)

See **Important Reminder** at the end of this policy for important regulatory and legal information.

### Description

Eliglustat (Cerdelga<sup>®</sup>) is a glucosylceramide synthase inhibitor.

### FDA Approved Indication(s)

Cerdelga is indicated for the long-term treatment of adult patients with type 1 Gaucher disease (GD1) who are CYP2D6 extensive metabolizers, intermediate metabolizers, or poor metabolizers as detected by an FDA-cleared test.

Limitation(s) of use:

- CYP2D6 ultra-rapid metabolizers may not achieve adequate concentrations of Cerdelga to achieve a therapeutic effect.
- A specific dosage cannot be recommended for CYP2D6 indeterminate metabolizers.

### Policy/Criteria

*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

*Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.*

It is the policy of health plans affiliated with Envolve Pharmacy Solutions<sup>™</sup> that Cerdelga is **medically necessary** when the following criteria are met:

#### I. Initial Approval Criteria

##### A. Type 1 Gaucher Disease (must meet all):

1. Diagnosis of GD1 confirmed by one of the following (a or b):
  - a. Enzyme assay demonstrating a deficiency of beta-glucocerebrosidase (glucosidase) activity;
  - b. DNA testing;
2. Age  $\geq$  18 years;
3. Member is symptomatic (e.g., anemia, thrombocytopenia, bone disease, hepatomegaly, splenomegaly);
4. Member is positive for one of the following CYP2D6 genotypes (a, b, or c):
  - a. Extensive metabolizer (EM);
  - b. Intermediate metabolizer (IM);
  - c. Poor metabolizer (PM);
5. Cerdelga is prescribed as monotherapy;
6. Dose does not exceed:
  - a. CYP2D6 EMs and IMs: 168 mg (2 capsules) per day;
  - b. CYP2D6 PMs: 84 mg (1 capsule) per day.

**Approval duration: 6 months**

##### B. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

## II. Continued Therapy

### A. Type 1 Gaucher Disease (must meet all):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
2. Member is responding positively to therapy as evidenced by increased or stabilized platelet count or hemoglobin, reduced or stabilized spleen or liver volume, decreased bone pain;
3. Cerdelga is prescribed as monotherapy;
4. If request is for a dose increase, new dose does not exceed:
  - a. CYP2D6 EMs and IMs: 168 mg (2 capsules) per day;
  - b. CYP2D6 PMs: 84 mg (1 capsule) per day.

**Approval duration: 12 months**

### B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.

**Approval duration: Duration of request or 6 months (whichever is less);** or

2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

## III. Diagnoses/Indications for which coverage is NOT authorized:

- ### A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

## IV. Appendices/General Information

### Appendix A: Abbreviation/Acronym Key

EM: extensive metabolizer

IM: intermediate metabolizer

FDA: Food and Drug Administration

PM: poor metabolizer

GD1: type 1 Gaucher disease

### Appendix B: Therapeutic Alternatives

Not applicable

### Appendix C: Contraindications/Boxed Warnings

- Contraindication(s):
  - For EMs: taking a strong or moderate CYP2D6 inhibitor concomitantly with a strong or moderate CYP3A inhibitor; moderate or severe hepatic impairment; mild hepatic impairment taking a strong or moderate CYP2D6 inhibitor
  - For IMs: taking a strong or moderate CYP2D6 inhibitor concomitantly with a strong or moderate CYP3A inhibitor; taking a strong CYP3A inhibitor; any degree of hepatic impairment
  - For PMs: taking a strong CYP3A inhibitor; any degree of hepatic impairment
- Boxed warning(s): none reported

### Appendix D: General Information

- GD1 is a heterogeneous disorder which involves the visceral organs, bone marrow, and bone in almost all affected patients. Common conditions resulting from GD1 include anemia, thrombocytopenia, hepatomegaly, splenomegaly, and bone disease. Therefore, hemoglobin level, platelet count, liver volume, spleen volume, and bone pain are clinical parameters that can indicate therapeutic response to GD1 therapies. In some clinical trials, stability has been defined as the following thresholds of change from baseline: hemoglobin level < 1.5 g/dL decrease, platelet count < 25% decrease, liver volume < 20% increase, and spleen volume < 25% increase.
- There is currently insufficient evidence that supports the combination use of enzyme replacement therapy with Cerdelga.
- A specific dosage cannot be recommended for those patients whose CYP2D6 genotype cannot be determined (indeterminate metabolizers).

**V. Dosage and Administration**

Indication	Dosing Regimen	Maximum Dose
GD1	CYP2D6 EM, IM: 84 mg PO BID CYP2D6 PM: 84 mg PO QD	CYP2D6 EM, IM: 168 mg/day CYP2D6 PM: 84 mg/day

**VI. Product Availability**

Capsule: 84 mg

**VII. References**

1. Cerdelga Prescribing Information. Waterford, Ireland: Genzyme Ireland, Ltd.; August 2018. Available at <http://www.cerdelga.com>. Accessed February 5, 2020.
2. Charrow J, Andersson HC, Kaplan P. Enzyme replacement therapy and monitoring for children with type 1 Gaucher disease: consensus recommendations. J Pediatr. 2004; 144: 112-20.
3. Hollak, CEM, Weinreb NJ. The attenuated/late onset lysosomal storage disorders: therapeutic goals and indications for enzyme replacement treatment in Gaucher and Fabry disease. Best Pract Res Clin Endocrinol Metab. 2015; 29: 205-218.
4. Pastores GM, Weinreb NJ, Aerts H, et al. Therapeutic goals in the treatment of Gaucher disease. Semin Hematol. 2004; 41(suppl 5): 4-14.
5. Andersson HC, Charrow J, Kaplan P, et al. Individualization of long-term enzyme replacement therapy for Gaucher disease. Genet Med. 2005; 7(2): 105-110.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy split from USS.SPMN.33 Lysosomal Storage Disorders and converted to new template. Removed all safety criteria. Expanded diagnosis criteria to include option for DNA testing. Modified approval duration to 6 months for initial and 12 months for re-auth.	08.16	09.16
Converted to new template. Initial: Added prescriber requirement, monotherapy requirement, and max dose criteria. Added DDI contraindications to initial criteria per the PI as they are severe interactions. Re-auth: Added max dose criteria and requirement for positive response to therapy.	06.17	08.17
4Q17 Annual Review Initial: Removed prescriber requirement. Added requirement for presence of symptoms. Re-auth: Added monotherapy requirement.	09.11.17	11.17
2Q 2018 annual review: No significant changes. References reviewed and updated.	02.13.18	05.18
2Q 2019 annual review: no significant changes; removed the requirement for documenting a lack of contraindications to Cerdelga therapy, per the PA policy safety guidance; references reviewed and updated.	02.27.19	05.19
2Q 2020 annual review: added specific examples of positive response to therapy, for reauthorization; references reviewed and updated.	02.05.20	05.20

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

This policy is the property of Envolve Pharmacy Solutions. Unauthorized copying, use, and distribution of this Policy or any information contained herein is strictly prohibited. By accessing this policy, you agree to be bound by the foregoing terms and conditions, in addition to the Site Use Agreement for Health Plans associated with Envolve Pharmacy Solutions.

©2016 Envolve Pharmacy Solutions. All rights reserved. All materials are exclusively owned by Envolve Pharmacy Solutions and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Envolve Pharmacy Solutions. You may not alter or remove any trademark, copyright or other notice contained herein.