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Imiglucerase

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Overview

This policy supports medical necessity review for imiglucerase (Cerezyme®).

Receipt of sample product does not satisfy any criteria requirements for coverage.

Medical Necessity Criteria

Imiglucerase (Cerezyme) is considered medically necessary when the following are met:

- 1. Gaucher Disease. Individual meets ALL of the following criteria (A, B, and C):
A. Individual has symptomatic Type 1 or Type 3 Gaucher disease that results in at least ONE of the following: anemia, thrombocytopenia, bone disease, hepatomegaly, or splenomegaly
B. Documented confirmation of diagnosis is established by ONE of the following (i or ii)
i. Demonstration of deficient beta-glucocerebrosidase activity in leukocytes or fibroblasts
ii. Molecular genetic testing (for example, biallelic pathogenic variants in the GBA gene)

- C. Medication is being prescribed by or in consultation with a geneticist, endocrinologist, a metabolic disorder sub-specialist, or a physician who specializes in the treatment of lysosomal storage disorder

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

## Reauthorization Criteria

Imiglucerase (Cerezyme) is considered medically necessary for continued use when initial criteria are met AND there is documentation of beneficial response (for example, reduced severity or resolution of anemia, thrombocytopenia, bone disease, hepatomegaly, or splenomegaly).

## Authorization Duration

Initial approval and reauthorization duration is up to 12 months.

## Conditions Not Covered

Any other use is considered experimental, investigational or unproven for **ANY** other use including the following:

1. Concomitant use with other treatments (for example, Cerdelga, Cerezyme, Eleyso, Vpriv, and Zavesca) approved for Gaucher disease.

## Coding / Billing Information

Note:

- 1) This list of codes may not be all-inclusive.
- 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

**Considered Medically Necessary when criteria in the applicable policy statements listed above are met:**

HCPCS Codes	Description
J1786	Injection, imiglucerase, 10 units

## Background

### OVERVIEW

Cerezyme, an analogue of  $\beta$ -glucocerebrosidase, is indicated for the long-term enzyme replacement therapy for patients with a confirmed diagnosis of **Type 1 Gaucher disease** that results in at least one of the following: anemia, thrombocytopenia, bone disease, hepatomegaly, or splenomegaly.<sup>1</sup>

Cerezyme is produced via recombinant DNA technology in Chinese hamster ovary cells and differs from human placental glucocerebrosidase by one amino acid at position 495.<sup>1</sup> Cerezyme catalyzes the breakdown of glucocerebroside to glucose and ceramide.

### Disease Overview

Gaucher disease is a rare autosomal recessive, inherited, lysosomal storage disorder caused by a deficiency of the lysosomal enzyme  $\beta$ -glucocerebrosidase.<sup>2-4</sup> Glucocerebrosidase is responsible for the breakdown of

glucosylcerebroside (GluCer) into glucose and ceramide. A deficiency of this enzyme is characterized by an excessive accumulation of GluCer in the visceral organs such as the liver, spleen, and bone marrow. GluCer remains stored within lysosomes causing enlarged lipid-laden macrophages called “Gaucher cells”.

Gaucher disease is classified into three phenotypes (Types 1 through 3).<sup>2-5</sup> Type 1 is a non-neuropathic variant with asymptomatic or symptomatic clinical manifestations of splenomegaly, hepatomegaly, anemia, thrombocytopenia, skeletal complications, and occasional lung involvement. Type 2 is an acute neuropathic form characterized by an early onset (3 to 6 months of age) of rapidly progressive neurological disease with visceral manifestations; death generally occurs by the time patients reach 1 to 2 years of age. Type 3 is characterized by neurological symptoms and visceral symptoms with a later onset and includes abnormal eye movements, ataxia, seizures, and dementia. Type 1 is most prevalent in the Western world, accounting for an estimated 94% of patients with Gaucher disease.<sup>2,6</sup> Types 2 and 3 represent < 1% and 5%, respectively, in Europe, North America, and Israel.<sup>2,5</sup> The diagnosis of Gaucher disease is established by demonstrating deficient  $\beta$ -glucocerebrosidase activity in leukocytes or fibroblasts, or mutations in the glucocerebrosidase gene.<sup>7,8</sup>

## References

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