

Title: Gaucher Disease agents

Policy #: Rx.01.161

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:

The intent of this policy is to communicate the medically necessary criteria for **miglustat (Zavesca)** and **eliglustat (Cerdelga)** as provided under the member's prescription drug benefit.

Description:

Gaucher disease is a lysosomal storage disorder and results from not having enough glucocerebrosidase (GCCase), an important enzyme that breaks down a fatty chemical called glucocerebroside. Because the body cannot break down this chemical, fat-laden Gaucher cells build up in areas like the spleen, liver and bone marrow.

Type 1 Gaucher disease is caused by a functional deficiency of GCCase, the enzyme that mediates the degradation of the glycosphingolipid glucosylceramide. The failure to degrade glucosylceramide results in the lysosomal storage of this material within tissue macrophages leading to widespread pathology. Macrophages containing stored glucosylceramide are typically found in the liver, spleen, and bone marrow and occasionally in lung, kidney, and intestine. Secondary hematologic consequences include severe anemia and thrombocytopenia in addition to the characteristic progressive hepatosplenomegaly. Skeletal complications include osteonecrosis and osteopenia with secondary pathological fractures.

Type 1 Gaucher disease is the most common form of the disease in western countries, making up roughly 95 percent of patients there. Symptoms include spleen and liver enlargement, bone problems and fatigue. Brain development is normal.

Treatment of Gaucher disease consists of therapy with one of two mechanisms: enzyme replacement therapy (ERT) or substrate reduction therapy (SRT). ERT, the current standard of care balances low levels of GCCase allowing glucosylceramide to be broken down. The three ERT regimens currently available are imiglucerase (Cerzyme), velaglucerase alfa (Vpriv), and taliglucerase alfa (Elelyso). SRT works by blocking the enzyme that is responsible for synthesizing glucosylceramide. Two SRT therapies, miglustat (Zavesca) and eliglustat (Cerdelga), are available.

Miglustat and eliglustat inhibit glucosylceramide synthase, reducing the accumulation of glucosylceramide in macrophages. In clinical trials, miglustat and eliglustat improved liver and spleen volume, as well as hemoglobin concentration and platelet count.

Miglustat (Zavesca) is indicated for the treatment of adult patients with mild to moderate type 1 Gaucher disease for whom enzyme replacement therapy is not a therapeutic option (e.g., because of allergy, hypersensitivity, or poor venous access).

Eliglustat (Cerdelga) is indicated for long-term treatment of adult patients with Gaucher disease type 1 (GD1) who are cytochrome P450 2D6 (CYP2D6) extensive metabolizers (EMs), intermediate metabolizers (IMs), or poor metabolizers (PMs) as detected by an FDA-cleared test. 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:

INITIAL AUTHORIZATION: Miglustat (Zavesca®) is approved when ALL of the following criteria are met:

1. Member is 18 years of age or older; and
2. Diagnosis of mild to moderate type 1 Gaucher disease; and
3. Prescribed as monotherapy for members in whom enzyme replacement therapy is not a therapeutic option

Initial authorization: 12 months

REAUTHORIZATION CRITERIA Miglustat (Zavesca®) is re-approved when there is documentation of positive clinical response to therapy.

Reauthorization: 2 years

INITIAL AUTHORIZATION Eliglustat (Cerdelga®) is approved when ALL of the following inclusion criteria are met:

1. Member is 18 years of age or older; and
2. Diagnosis of Type 1 Gaucher disease; and
3. Member is CYP2D6 extensive metabolizer (EM), intermediate metabolizer (IM), or poor metabolizer (PM) as detected by an FDA-cleared test for determining CYP2D6 genotype [not indicated for Ultra Rapid Metabolizers (URM) as they may not achieve adequate concentration of eliglustat to achieve a therapeutic effect]

Initial authorization: 12 months

REAUTHORIZATION CRITERIA Eliglustat (Cerdelga®) is re-approved when there is documentation of positive clinical response to therapy (i.e. hemoglobin level decrease by greater than 1.5g/dL from baseline, platelet count decrease by greater than 25% from baseline, spleen volume increased by greater than 25% from baseline, liver volume increased by greater than 20% from baseline).

Reauthorization: 2 years

Black Box Warning as shown in the drug Prescribing Information:

N/A

Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:

Bennett LL, Mohan D. Gaucher Disease and its treatment options. *Ann Pharmacother.* 2013 Sep;47(9):1182-93. Doi: 10.1177/1060028013500469.

Cerdelga (eliglustat) [prescribing information]. Waterford, Ireland. Genzyme Corporation, A Sanofi Company. August 2018. Available at: <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=819f828a-b888-4e46-83fc-94d774a28a83&type=display>. Accessed March 24, 2021.

Cox TM, Drelichman G, Cravo R, et al. ENCORE: A multi-national, randomized, controlled, open-label, non-inferiority study comparing eliglustat with imiglucerase in Gaucher Disease type 1 patients on enzyme replacement therapy who have reached therapeutic goals. Poster presented at: Lysosomal Disease Network 10th Annual World Symposium; February 11-13, 2014; San Diego, CA.

Eliglustat. Micromedex Solutions. Available at www.micromedexsolutions.com. Accessed March 24, 2021.

Miglustat. Micromedex Solutions. Available at www.micromedexsolutions.com. Accessed March 24, 2021.

National Gaucher Foundation, Inc. Position statement for treatment of gaucher disease. January 7, 2014. Available at: <http://www.gaucherdisease.org/ngf-position-statement.php>. Accessed March 24, 2021.

National Organization for Rare Disease – Gaucher Disease. March 3, 2014. Available at: <https://rarediseases.org/rare-diseases/gaucher-disease/>. Accessed March 24, 2021.

Ross L, Peterschmitt MJ, Puga AC. Eliglustat adverse event data from a pooled analysis of four trials in Gaucher Disease type 1. Poster presented at: Lysosomal Disease Network 10th Annual World Symposium; February 11-13, 2014; San Diego, CA.

Shankar S, Lukina E, Amato D, et al. ENGAGE: A phase 3, randomized, double blind, placebo controlled study of the efficacy and safety of eliglustat in adults with Gaucher Disease type 1: 9 month results. Poster presented at: 55th American Society of Hematology Annual Meeting and Exposition; December 7-10, 2013; New Orleans, LA.

Zavesca (miglustat) [prescribing information]. San Francisco, CA. Actelion Pharmaceuticals US, Inc. February 2016. Available at: <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=817892d1-ee12-4632-85fc-57ccdf16d7b8&type=display#section-10.1>. Accessed March 24, 2021.

Applicable Drugs:

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Brand Name	Generic Name
Zavesca®	miglustat
Cerdelga®	eliglustat

Cross References:

Off Label Use Policy Rx.01.33

Policy Version Number:	12.00
P&T Approval Date:	March 18, 2021
Policy Effective Date:	July 01, 2021
Next Required Review Date:	March 18, 2022

The Policy Bulletins on this web site were developed to assist the Company in administering the provisions of the respective benefit programs, and do not constitute a contract. If you have coverage through the Company, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. Company does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of the Company. If you have a specific medical condition, please consult with your doctor. The Company reserves the right at any time to change or update its Policy Bulletins.

