

Cerdelga (eliglustat)
Effective 07/01/2025

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Contact Information	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

FDA-Approved Indications

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

Limitations of use: Patients who are CYP2D6 ultra-rapid metabolizers may not achieve adequate concentrations of Cerdelga to achieve a therapeutic effect. A specific dosage cannot be recommended for those patients whose CYP2D6 genotype cannot be determined (indeterminate metabolizers).

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted when the following criteria is met:

1. Member has a diagnosis of Gaucher disease confirmed by enzyme assay demonstrating a deficiency of beta-glucocerebrosidase (glucosidase) enzyme activity or by genetic testing
2. Submission of documentation showing that member is a CYP2D6 extensive metabolizer, an intermediate metabolizer, or a poor metabolizer as detected by an FDA-cleared test

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Member is not experiencing an inadequate response or any intolerable adverse events from therapy.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.

References

1. Cerdelga (eliglustat) [prescribing information]. Cambridge, MA: Genzyme Corporation; January 2024.

Review History

12/13/2023: Reviewed at Dec P&T, switched from SGM to Custom. Effective 1/1/2024

06/11/2025: Reviewed at June P&T. No clinical changes. Effective 07/01/2025.

