This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
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IV. Individual is less than 18 years of age with type 3 Gaucher disease and the following criteria are met (Kaplan, 2013):
   A. Type 3 Gaucher disease is confirmed by genotype testing indicating mutation of two alleles of the glucocerebrosidase genome (Kaplan, 2013; Wang, 2011); AND
   B. Individual has clinically significant manifestations of Gaucher disease (such as but not limited to hepatomegaly, splenomegaly, anemia, thrombocytopenia, skeletal disease or growth failure) (Andersson, 2005); AND
   C. There are neurological findings consistent with type 3 Gaucher disease based on neurological evaluation including brain imaging [magnetic resonance imaging (MRI) or computed tomography (CT)] and electroencephalography (EEG) (Vellodi, 2009).

Enzyme replacement therapy for Gaucher disease [Cerezyme (imiglucerase), Elelyso (taliglucerase) and Vpriv (velaglucerase)] may not be approved for the following:

I. Individuals with type 2 Gaucher disease; OR
II. Use in conjunction with another enzyme replacement therapy agent or substrate reduction therapy agent [Cerdelga (eliglustat), Zavesca (miglustat)] for the treatment of Gaucher disease.

<table>
<thead>
<tr>
<th>State Specific Mandates</th>
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<td>State name</td>
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Key References:

7. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.
### Market Applicability

<table>
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<th>Market</th>
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</table>


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