CEREZYME® (imiglucerase)

LENGTH OF AUTHORIZATION: UP TO ONE YEAR

REVIEW CRITERIA:
- Patient must be ≥ 2 years of age.
- Must have a documented (in “health conditions” or medical records) diagnosis of Gaucher Disease Type I.

DOsing AND ADMINISTRATION:
- From 2.5 Units/kg three times a week to 60 Units/kg once every two weeks intravenously over 1-2 hours.