

NOTE: Dose adjustments may be needed based on other medications the member is taking. Consult the complete prescribing information from the manufacturer.

QL: 56 capsules per 28 days.

If all the above requirements are met, the medication will be approved for 12 months.

For **reauthorization**:

1. Chart notes must document improvement in one or more of the following parameters compared to baseline:
 - a) Hemoglobin level
 - b) Platelet count
 - c)

11. Torralba-Cabeza MÁ, Morado-Arias M, Pijierro-Amador A, Fernández-Canal MC, Villarrubia-Espinosa J. Recommendations for oral treatment for adult patients with type 1 Gaucher disease [published online ahead of print, 2022 Jun 5]. *Rev Clin Esp (Barc)*. 2022;S2254-8874(22)00043-1. doi:10.1016/j.rceng.2022.02.008

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