Clinical Policy Title:	miglustat
Policy Number:	RxA.873
Drug(s) Applied:	miglustat
Original Policy Date:	10/11/2024
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Type 1 Gaucher disease (GD1) (must meet all)**:**

1. Diagnosis of mild to moderate GD1;
2. Prescribed as monotherapy;
3. Trial and failure of enzyme replacement therapy unless contraindicated;
4. Request is not for Opfolda.

Approval duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Type 1 Gaucher disease (must meet all)**:**

1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria.

Approval duration

All Lines of Business (except Medicare): 12 months

References

1. Yargesa. Prescribing Information. Edenbridge Pharmaceuticals LLC., Parsippany, NJ. October 2023. Available at: https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=2b371dfe-e2b0-47fe-b677-a7bde7149f87&type=display. Accessed October 11, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	10/11/2024	12/05/2024
Policy was reviewed: 1. Removed Zavesca from drug applied section.	12/05/2024	N/A
Policy reviewed	12/11/2025	12/11/2025

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

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