

PHARMACY POLICY STATEMENT

North Carolina Marketplace

DRUG NAME	Zavesca (miglustat)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

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) Spleen and/or liver volumes

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

CareSource considers Zavesca (miglustat) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off -Label policy.

DATE	ACTION/DESCRIPTION
06/29/2017	New policy for Zavesca created.
08/06/2021	Transferred to new template. Added references. Added specialist requirement. Elaborated on diagnostic requirement. Removed restriction of ERT within last 6 months. Removed baseline measures requirement. Added that they must present with symptoms. Changed renewal criteria. Changed approval durations from 6 months to 12 months.
05/11/2023	

