Zavesca (miglustat)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Zavesca (miglustat) 100mg capsules	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Zavesca (miglustat) may be approved when the criteria below are met:

I. Individual is 18 years of age or older; **AND**

II. Documentation is provided that individual has a diagnosis of type 1 Gaucher disease confirmed by either of the following (Wang, 2011;Weinreb, 2004):
   A. Deficiency in glucocerebrosidase enzyme activity as measured in the white blood cells or skin fibroblasts; **OR**
   B. Genotype testing indicates mutation of two alleles of the glucocerebrosidase genome;

AND

III. Documentation is provided that individual has clinically significant manifestations of Gaucher disease including (Andersson, 2005; Weinreb, 2004):
   A. Skeletal disease (including, but not limited to avascular necrosis, Erlenmeyer flask deformity, osteopenia or pathological fracture);
   OR
   B. Presents with at least two of the following:
      1. Clinically significant splenomegaly; **OR**
      2. Clinically significant hepatomegaly; **OR**
      3. Hemoglobin at least 1.0 g/dL below lower limit for normal for age and sex; **OR**
      4. Platelet count less than or equal to 120,000 mm^3

AND

IV. Enzyme replacement therapy (for example, Cerezyme (imiglucerase), Elelyso (taliglucerase alfa), VPRIV (velaglucerase alfa)) is not a therapeutic option, for reasons such as but not limited to any of the following (Label; Weinreb, 2005):
   A. Medically unmanageable hypersensitivity; **OR**
   B. Development of therapy-limiting inhibitory antibodies; **OR**
   C. Poor peripheral or central venous access.

Continuation requests for Zavesca (miglustat) may be approved if the following criterion is met:

I. There is confirmation of clinically significant improvement in clinical signs and symptoms of disease (including but not limited to reduction of spleen volume, reduction of liver volume, resolution of anemia, resolution of thrombocytopenia, reduction in fatigue, improvement in skeletal manifestations).

Zavesca (miglustat) may **not** be approved for the following:

I. Severe type 1 Gaucher disease (hemoglobin less than 9 g/dL, platelet count less than 50,000 mm^3, or those at risk of developing new bone complications) (Weinreb, 2005); **OR**
II. Individual has severe renal impairment (creatinine clearance less than 30 mL/min/1.73 m^2); **OR**
III. Individual has mild, moderate, or severe hepatic impairment or cirrhosis; **OR**
IV. When given in conjunction with any of the following:
    A. Cerdelga (eliglustat); **OR**
    B. Gaucher disease enzyme replacement therapies [Cerezyme (imiglucerase), Elelyso (taliglucerase alfa), or VPRIV (velaglucerase alfa)].

Key References:

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4. Grabowski GA, Barton NW, Pastores G, et al. Enzyme therapy in type 1 Gaucher disease: comparative efficacy of mannose-terminated glucocerebrosidase from natural and recombinant sources. *Ann Intern Med.* 1995;122:33-39.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2021; Updated periodically.
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7. Turkia HB, Gonzalez DE, Barton NW, et al. Velaglucerase alfa enzyme replacement therapy compared with imiglucerase in patients with Gaucher disease. *Am J Hematol.* 2013; 88(3):179-84.
8. Vellodi A, Tylki-Szymanska A, Davies EH, et al. Management of neuropathic Gaucher disease: revised recommendations. J Inherit Metab Dis. 2009; 32(5):660-664.
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12. Zimran A, Brill-Almon E, Chertkoff R, et al. Pivotal trial with plant cell-expressed recombinant glucocerebrosidase, taliglucerase alfa, a novel enzyme replacement therapy for Gaucher disease. *Blood.* 2011; 118: 5767-5773.