

**ZAVESCA/ YARGESA
(miglustat)****Pre - PA Allowance**None

Prior-Approval Requirements**Age** 18 years of age or older**Diagnoses**Patient must have **ONE** of the following:

1. Mild-to-moderate type 1 Gaucher disease
 - a. 18 years of age or older
 - b. Enzyme replacement therapy (such as Cerezyme, Elvelyo, VPRIV) is not a therapeutic option (e.g., due to constraints such as allergy, hypersensitivity, or poor venous access)
 - c. **NO** dual therapy with another medication for Type 1 Gaucher disease (see Appendix 1)
2. Niemann-Pick disease type C (NPC)
 - a. 2 years of age or older
 - b. NPC diagnosis confirmed by genetic testing identifying disease causing variants in the NPC1 or NPC2 genes
 - c. Used for the neurological manifestations of NPC
 - d. Used in combination with Miplyffa (arimoclomol)

Prior - Approval Limits**Duration** 2 years

Prior-Approval *Renewal* Requirements**Age** 18 years of age or older**Diagnoses**Patient must have **ONE** of the following:

1. Type 1 Gaucher disease
 - a. 18 years of age or older

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- b. **NO** dual therapy with another medication for Type 1 Gaucher disease (see Appendix 1)

- 2. Niemann-Pick disease type C (NPC)

- a. 2 years of age or older
- b. Neurological manifestations have improved or stabilized
- c. Used in combination with Miplyffa (arimoclomol)

Prior - Approval *Renewal* Limits

Same as above

Appendix 1 - List of Medications for Type 1 Gaucher Disease

Generic Name	Brand Name
eliglustat	Cerdelga
imiglucerase	Cerezyme
miglustat	Zavesca/Yargesa
taliglucerase alfa	Elelyso
velaglucerase alfa	VPRIV