

# MARKET EVENTS CLINICAL POLICY

**POLICY:** Zavesca Market Events Clinical Policy

**TAC APPROVAL DATE:** 05/15/2019

**DRUGS AFFECTED:** Zavesca<sup>®</sup> (miglustat capsules – Actelion Pharmaceuticals)

#### **OVERVIEW**

Gaucher disease is a rare autosomal recessive, inherited, lysosomal storage disorder caused by a deficiency of the lysosomal enzyme  $\beta$ -glucocerebrosidase. Zavesca (generic miglustat [AB-rated generic to Zavesca]) is an SRT agent indicated for long-term therapy in patients with a confirmed diagnosis of Type 1 Gaucher disease. Zavesca is indicated as monotherapy for the treatment of adult patients with mild to moderate Gaucher disease type 1 for whom enzyme replacement therapy is not a therapeutic option (e.g., due to allergy, hypersensitivity, or poor venous access).<sup>1</sup>

# **POLICY STATEMENT**

This policy requires that the patient meet ESI Standard Prior Authorization (PA) criteria and additionally requires the patient to try generic miglustat, when clinically appropriate, prior to the approval of the brand Zavesca. All approvals are provided for 1 year in duration.

# Automation: None.

# **RECOMMENDED EXCEPTION CRITERIA**

Trade Name	Exception		
Zavesca	<b>1.</b> Approve if the patient meets the following criteria ( <b>A</b> <u>and</u> <b>B</b> ):		
	A. Patient meets the ESI Standard Gaucher Disease Substrate Reduction		
	Therapy – Zavesca Prior Authorization (PA) criteria; AND		
	<b>B.</b> Patient has tried generic miglustat OR brand Zavesca is being requested		
	to a formulation difference in the inactive ingredient(s) [e.g., preservatives]		
	between the brand and the bioequivalent generic product, which, per the		
	prescribing physician has or would result in a significant allergy or serious		
	adverse reaction.		

#### REFERENCES

1. Zavesca® [prescribing information]. South San Francisco, CA: Actelion Pharmaceuticals US Inc.; November 2017.

#### HISTORY

Type of Revision	Summary of Changes*	TAC Approval Date
New policy		5/23/2018
Annual revision	No criteria changes.	5/15/2019

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TAC – Therapeutic Assessment Committee;\* For further summary of criteria changes, refer to respective TherapeuticAssessmentCommittee(TAC)minutesavailableat:http://esidepartments/sites/Dep043/Committees/TAC/Forms/AllItems.aspx.AssessmentAssessmentAssessment