ROCKY MOUNTAIN HEALTH PLANS®
We understand Colorado. We understand you.

UNIFORM PHARMACY PRIOR AUTHORIZATION REQUEST FORM

CONTAINS CONFIDENTIAL PATIENT INFORMATION

Complete this form in its entirety and send to Rocky Mountain Health Plans at 858-357-2538

☐ **Initial Request** ☐ **Renewal** ☐ **Appeal/Redetermination**[1]

☐ **Urgent**[2] ☐ **Non-Urgent**

Requested Drug Name: Zavesca® (miglustat) - Medicare Part D

Patient Information:	**Prescribing Provider Information:**
Patient Name:	Prescriber Name:
Member/Subscriber Number:	Prescriber Fax:
Policy/Group Number:	Prescriber Phone:
Patient Date of Birth (MM/DD/YYYY):	Prescriber Pager:
Patient Address:	Prescriber Address:
Patient Phone:	Prescriber Office Contact:
Patient Email Address:	Prescriber NPI:
	Prescriber DEA:
Prescription Date:	Prescriber Tax ID:
	Specialty/Facility Name (If applicable):
	Prescriber Email Address:

Prior Authorization Request for Drug Benefit:

Patient Diagnosis and ICD Diagnostic Code(s):

Drug(s) Requested (with J-Code, if applicable):

Strength/Route/Frequency:

Unit/Volume of Named Drug(s):

Start Date and Length of Therapy:

Location of Treatment: (e.g. provider office, facility, home health, etc.) including name, Type 2 NPI (if applicable), address and tax ID:

Clinical Criteria for Approval, Including other Pertinent Information to Support the Request, other Medications Tried, Their Name(s), Duration, and Patient Response:

Zavesca® (miglustat)

Diagnosis (documentation of confirmed diagnosis required)

☐ Adult type 1 Gaucher disease (mild to moderate severity)

☐ Other (please state): _____

Clinical Consideration (for approval, documentation of patient refractory or intolerant to enzyme replacement therapy required)

☐ Patient tried and failed enzyme replacement therapy

☐ Patient is not a candidate for enzyme replacement therapy

☐ For use in clinical trial? (If yes, provide trial name and registration number):	
Drug Name (Brand Name and Scientific Name)/Strength:	

Dose:	Route:	Frequency:
Quantity:	Number of Refills:	
Product will be delivered to: ☐ Patient's Home ☐ Physician Office		Other:
Prescriber or Authorized Signature:		Date:
Dispensing Pharmacy Name and Phone Number:		

☐ **Approved**	☐ **Denied**
If denied, provide reason for denial, and include other potential alternative medications, if applicable, that are found in the formulary of the carrier:	

1. Appeal/redetermination requests can be made for this medication within 60 calendar days from the date on the faxed/written denial notice you received at the time of the original request.

2. A request for prior authorization that if determined in the time allowed for non-urgent requests could seriously jeopardize the life or health of the covered person or the ability of the covered person to regain maximum function, or subject the person to severe pain that cannot be adequately managed without the drug benefit contained in the prior authorization request.

RMHP Formulary Coverage Policy

THIS INFORMATION IS NOT ALL-INCLUSIVE AND IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY

Zavesca® (miglustat)

CLASSIFICATION

- Endocrine-Metabolic Agent

DESCRIPTION

- Type 1 Gaucher disease is caused by a functional deficiency of glucocerebrosidase, the enzyme that mediates the degradation of the glycosphingolipid glucosylceramide. In contrast to enzyme replacement strategies in type 1 Gaucher's disease, miglustat is a form of substrate deprivation therapy, directed at reducing synthesis of glucocerebroside (substrate storage material) to offset the partial defect in catabolism; the rate of formation of glucocerebroside would theoretically be reduced to such an extent that the residual lysosomal enzyme activity in these patients (glucocerebrosidase) would catabolize stored substrate and prevent further accumulation. Specifically, miglustat functions as a competitive and reversible inhibitor of the ceramide-specific glucosyltransferase which catalyzes the first step in glycosphingolipid synthesis, and formation of glucocerebroside. Miglustat helps reduce the rate of glycosphingolipid biosynthesis so that the amount of glycosphingolipid substrate is reduced to a level which allows the residual activity of the deficient glucocerebrosidase enzyme to be more effective (substrate reduction therapy). In vitro and in vivo studies have shown that miglustat can reduce the synthesis of glucosylceramide-based glycosphingolipids. Treatment with miglustat requires some residual glucocerebrosidase activity.
- Zavesca is indicated as monotherapy for the treatment of adult patients with mild to moderate type 1 Gaucher disease for whom enzyme replacement therapy is not a therapeutic option (e.g. due to allergy, hypersensitivity, or poor venous access).
- Treatment should be initiated and directed by physicians knowledgeable in the management of Gaucher disease.
- Miglustat should be considered an alternative to enzyme replacement therapy with beta-glucocerebrosidase (i.e., alglucerase or imiglucerase) in patients with confirmed nonneuronopathic Gaucher's disease. However, miglustat appears less effective than enzyme infusions (particularly with respect to hematologic response), and may not be associated with clinically-relevant benefit in some patients; the main goal of miglustat therapy, a significant reduction in stores of glucocerebroside (glucosylceramide), has not been addressed in available published clinical studies. As the primary studies in these patients were uncontrolled, some benefits reported may have occurred in the absence of therapy. Although controlled studies in type 1 Gaucher's disease are difficult to perform, an additional study at least investigating effects of the drug on tissue or plasma glucocerebroside appears warranted.
- The most common adverse reactions (incidence $\geq$ 5%) were diarrhea, weight loss, stomach pain, gas, nausea and vomiting, headache including migraine, tremor, leg cramps, dizziness, weakness, vision problems, thrombocytopenia, muscle cramps, back pain, constipation, dry mouth, heaviness in arms and legs, memory loss, unsteady walking, anorexia, indigestion, paresthesia, stomach bloating, stomach pain not related to food, and menstrual changes.

FORMULARY COVERAGE

Prior authorization: Required
Good Health Formulary: Tier 4
Commercial Formulary: Tier 4
Medicare Part D coverage: Tier 5

COVERAGE CRITERIA

Zavesca® (miglustat) meets the definition of **medical necessity** for all FDA approved indications, not otherwise excluded from Part D, including the following:

- For treatment of adult patients with mild/moderate type 1 Gaucher disease for whom enzyme replacement therapy is not a therapeutic option. Documentation of patient refractory or intolerant to enzyme replacement therapy and documentation of approved diagnosis by prescribing provider is required.

Zavesca® (miglustat) is considered **experimental** for the following:

- Any condition or diagnosis not FDA approved or Compendia supported

DOSAGE/ADMINISTRATION

Adult Dosing (safety and efficacy has not been determined for pediatric patients less than 18 years):
For treatment of adult patients with mild/moderate type 1 Gaucher disease for whom enzyme replacement therapy is not a therapeutic option:
Normal Dosage**:**

- Usual dose: 100 mg orally three times daily at regular intervals
- Target plasma levels: 1 to 2 mcg/mL
- Dose adjustments: Final doses of 100 mg once or twice daily to 200 mg three times daily have been used based on peak and trough plasma levels, organ volume response, and tolerability.

Dosage in Renal Failure

- mild renal impairment (adjusted CrCl 50 to 70 mL/min/1.73 m(2)): starting dose is 100 mg twice daily
- moderate renal impairment (adjusted CrCl 30 to 50 mL/min/1.73 m(2)): starting dose is 100 mg once daily
- severe renal impairment (adjusted CrCl < 30 mL/min/1.73 m(2)): miglustat is NOT recommended

Dosage in Geriatric Patients

- Starting doses in geriatric patients should generally be toward the low end of the dosing range, and be given with caution.

Dosage in Other Disease States

- Dose may be reduced to 100 mg once or twice daily for adverse effects (e.g., diarrhea, tremor).

PRECAUTIONS

- Diarrhea and weight loss were common in clinical studies of patients treated with Zavesca, occurring in approximately 85% and up to 65% of treated patients, respectively. It is unclear if weight loss results from the diarrhea and associated gastrointestinal complaints, a decrease in food intake, or a combination of these or other factors. Diarrhea may respond to individualized diet modification (e.g.,

reduction of sucrose, lactose and other carbohydrate intake), to taking Zavesca between meals, and/or to anti-diarrheal medications, most commonly loperamide. Patients may be instructed to avoid high carbohydrate content foods during treatment with Zavesca if they present with diarrhea. Patients with persistent gastrointestinal events that continue during treatment with Zavesca, and who do not respond to usual interventions (e.g. diet modification), should be evaluated to determine whether significant underlying gastrointestinal disease is present. If gastrointestinal events do not respond to intervention, consider risk/benefit of continued Zavesca therapy.

- Peripheral neuropathy has been reported. Monitor and if symptoms occur evaluate risk/benefit of continued Zavesca therapy; discontinuation of treatment may be warranted.
- Platelet count reductions have occurred. Cases were generally mild and were not associated with bleeding. Monitoring is recommended.
- Mild to moderate renal impairment: dosage adjustment recommended due to reduced drug clearance and increased risk of drug toxicity.
- Severe renal impairment: use is not recommended.
- Tremor, new-onset or exacerbation of preexisting tremor, has been reported. Dose reduction or discontinuation of therapy may be warranted.

Billing/Coding information

HCPCS Coding:

J8499	Prescription drug, oral, non-chemotherapeutic, Not Otherwise Specified

COST

- AWP (April 2011): Zavesca 100mg oral capsule (90): $17,400
- AWP (December 2013): Zavesca 100mg oral capsule (90): $26,280

COMMITTEE APPROVAL

- May 2004

GUIDELINE UPDATE INFORMATION

May 2004	Prior Authorization created
May 2014	Coverage Policy created

REFERENCES

- DRUGDEX®, accessed 05/05/2014.
- Product Information: Zavesca® (generic), solution for subcutaneous injection. Actelion Pharmaceuticals US, Inc., South San Francisco,CA, February 2014.