

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

10. Torralba-Cabeza MÁ, Morado-Arias M, Pijierro-Amador A, Fernández-Canal MC, Villarrubia-Espinosa J. Recommendations for oral treatment for adult patients with type 1 Gaucher disease [published online ahead of print, 2022 Jun 5]. *Rev Clin Esp (Barc)*. 2022;S2254-8874(22)00043-1. doi:10.1016/j.rceng.2022.02.008