

migalastat (GALAFOLD)

Diagnosis Considered for Coverage:

- Fabry disease

Coverage Criteria:

For diagnosis listed above:

- Patient is at least 18 years old, **and**
- Being recommended by a medical or molecular geneticist, **and**
- Provider attestation patient has galactosidase-alpha (GLA) gene variant receptive to Galafold (confirmed via the Galafold Amenable Assay), **and**
- Not being used in combination with algalactosidase-beta (Fabrazyme), **and**
- Dose does not exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 8/2/2023