

miglustat (Opfolda™)

Medical Benefit Drug Policy

Place of Service

Office Administration

Outpatient Facility Administration

Infusion Center Administration

Drug Details

USP Category: Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment

Mechanism of Action: Glucosylceramide Synthase Inhibitor

Use HPCS: C9399

NDC(s):

- 71904-300-01: 65mg capsules, 4 count bottle
- 71904-300-02: 65mg capsules, 24 count bottle
- 71904-300-03: 65mg capsules, 100 count bottle

1. All requests for miglustat (Opfolda™) must receive authorization prior to drug administration for claim payment.
2. Criteria for coverage is pending P&T Committee approval.
3. In the interim, all requests for coverage will be reviewed for medical necessity.

References

1. Opfolda (miglustat). [Prescribing information]. Philadelphia, PA: Amicus Therapeutics US, LLC; 9/2023.