sunshine health

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 18, 2019

GALAFOLD™ (migalastat)

LENGTH OF AUTHORIZATION: ONE YEAR

REVIEW CRITERIA:

- Must be ≥ 18 years of age
- Must have a confirmed diagnosis of Fabry disease **AND**
- Patient has an amenable galactosidase alpha gene variant determined by or in consultation with a genetics professional.

DOSING AND ADMINISTRATION:

- 123mg by mouth every other day at the same time of day on an empty stomach.