



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Galafold™ (migalastat)

**Review Criteria**

Member must meet all the following criteria:

- Member must be at least 16 years of age
- Member must have a confirmed diagnosis of Fabry disease AND an amendable galactosidase alpha gene (GLA) variant based on in vitro assay data
- Must be prescribed by or in consultation with a specialist in genetic disorders or a physician who specializes in treatment of Fabry disease

Limitations:

- Max allowed quantity is 15 capsules every 30 days