Health Alliance™

Pharmacy Drug Policy Checklist

POLICY NAME	Lumizyme (alglucosidase)	POLICY #	2477P

Criteria

Coverage Criteria for the Treatment of Pompe disease

- ☐ Diagnosis of Pompe disease, supported by the following:
  - i Enzyme assay showing a deficiency of acid alpha-glucosidase (GAA) activity in the blood, skin, or muscle ii Genetic testing showing a mutation in the GAA gene
- ☐ Age 1 year or older
- ☐ Prescribed by a geneticist (gene specialist) or specialist in Pompe disease
- ☐ Documentation and imaging to rule out presence of an enlarged heart (cardiomyopathy)
- ☐ Documentation showing baseline percent-predicted forced vital capacity (FVC) and 6-minute walk test (6MWT)
- ☐ Review of chart notes documenting diagnosis and confirming that patient has met all above requirements for treatment with Nexviazyme by both a pharmacist and medical director

Exclusion Criteria – Any of the following prevents coverage

- ☐ Use along with Nexviazyme is considered a duplication and is excluded from coverage.