

POLICY NAME

Nexviazyme (alglucosidase alfa-ngpt)

POLICY #

3047P

Criteria

Exclusion Criteria – Any of the following prevents coverage

- ☐ 2.1 Concomitant use with Lumizyme is considered a duplication of therapy and excluded from coverage

Coverage Criteria

- ☐ 1.1 Diagnosis of late-onset Pompe disease as supported by the following:
- Enzyme assay showing a deficiency of acid alpha-glucosidase (GAA) activity in the blood, skin, or muscle
 - Genetic testing showing a mutation in the GAA gene
- ☐ 1.2 Age 1 year or older
- ☐ 1.3 Prescribed by a Geneticist or specialist in Pompe disease
- ☐ 1.4 Imaging rules out presence of cardiac hypertrophy
- ☐ 1.5 Documentation showing baseline percent-predicted forced vital capacity (FVC) and 6-minute walk test (6MWT)
- ☐ 1.6 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