

POLICY NAME	Nexviazyme (alglucosidase alfa-ngpt)	POLICY #	3047P
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Criteria

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

Exclusion Criteria – Any of the following prevents coverage

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