

## Commercial/Healthcare Exchange PA Criteria Effective: December 9<sup>th</sup> 2021

**Prior Authorization:** Nexviazyme®

Products Affected: Nexviazyme® (avalglucosidase alfa-ngpt) intravenous infusion

<u>Medication Description</u>: Nexviazyme, a hydrolytic lysosomal glycogen-specific recombinant human  $\alpha$ -glucosidase enzyme, is indicated for patients  $\geq 1$  year of age with late-onset Pompe disease (lysosomal acid  $\alpha$ -glucosidase deficiency).

*Covered Uses:* Treatment of Pompe disease, late onset (acid α-glucosidase deficiency).

Exclusion Criteria: N/A

#### **Required Medical Information:** Diagnosis

<u>Prescriber Restriction</u>: The medication is prescribed by or in consultation with a geneticist, neurologist, a metabolic disorder sub-specialist, or a physician who specializes in the treatment of lysosomal storage disorders.

Age Restriction: 1 year and older

Coverage Duration: 12 Months

#### **Other Criteria:**

#### I. INITIAL: <u>Acid Alpha-Glucosidase Deficiency (Pompe Disease):</u>

Approve if the patient meets all the following criteria (A and B):

- A. Patient has late-onset acid alpha-glucosidase deficiency (late-onset Pompe disease); AND
- **B.** The diagnosis is established by one of the following (i <u>or</u> ii):
  - i. Patient has a laboratory test demonstrating deficient acid alpha-glucosidase activity in blood, fibroblasts, or muscle tissue, **OR**
- ii. Patient has a molecular genetic test demonstrating acid alpha-glucosidase gene mutation

#### **II. CONTINUATION:**

- A. Patient has experienced a clinical response as determined by the prescribing physician; AND
- **B.** Patient has not experienced unacceptable toxicity from the drug; **AND**
- **C.** The medication is prescribed by or in consultation with a geneticist, neurologist, a metabolic disorder subspecialist, or a physician who specializes in the treatment of lysosomal storage disorders.



# ConnectiCare.

## <u>References:</u>

1. Nexviazyme (avalglucosidase alfa) [prescribing information]. Cambridge, MA: Genzyme Corporation; December 2021.

### **Policy Revision history**

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	12/9/2021



December 2021