Medical Drug Clinical Criteria

Subject:	Pompe Disease [Lumizyme (alglucosidase alfa), Nexviazyme (avalglucosidase alfa-ngpt), Pombiliti (cipaglucosidase alfa-atga)]		
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Overview

This document addresses Lumizyme (alglucosidase alfa), Nexviazyme (avalglucosidase alfa-ngpt), and Pombiliti (cipaglucosidase alfa-atga), enzyme replacements used to treat Pompe disease. Pompe disease is a rare autosomal recessive disorder caused by a deficiency of acid alpha-glucosidase (GAA), an enzyme that degrades lysosomal glycogen.

Clinically, Pompe disease or glycogen storage disease type II (GSDII) presents as a wide spectrum ranging from the severe rapidly progressive infantile-onset form to a more slowly progressive late-onset form. The American College of Medical Genetics (ACMG) Work Group on Management of Pompe Disease (2006) developed algorithms to diagnose and manage both types of Pompe disease. The level of residual activity of the GAA enzyme drives Pompe disease severity and age of symptoms onset. GAA gene sequencing may be used to confirm a diagnosis or when there are discordant GAA enzyme activity studies (American Association of Neuromuscular and Electrodiagnostic Medicine [AANEM] 2009).

Lumizyme is the only alglucosidase alfa product indicated for use in the United States. Nexviazyme was approved August 2021 and is the only avalglucosidase alfa-ngpt product in the United States indicated for Pompe disease. Pombiliti was approved September 2023 to be used in combination with Opfolda (miglustat) capsules in individuals who are not improving on their current enzyme replacement therapy (ERT).

Lumizyme has a black box warning for the risk of anaphylaxis, hypersensitivity and immune-mediated reactions, and risk of cardiorespiratory failure. Nexviazyme and Pombiliti also contain black box warnings for hypersensitivity reactions including anaphylaxis, infusion-associated reactions, and cardiorespiratory failure.

In 2020, an update in the package label brings attention to the potential of those with infantile-onset Pompe disease should have a cross-reactive immunologic material (CRIM) assessment early in their disease course as CRIM status has been shown to be associated with immunogenicity and individuals' responses to enzyme replacement therapies.

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Lumizyme (alglucosidase alfa)

Initial requests for Lumizyme (alglucosidase alfa) may be approved if the following criteria are met:

I. Individual has a diagnosis of infantile-onset Pompe disease as confirmed by all of the following (ACMG 2006):
   A. Documentation is provided that individual has acid alpha-glucosidase deficiency (GAA) activity in skin fibroblasts of less than 1% of the normal mean or by GAA gene sequencing (AANEM 2009); **AND**
   B. Individual has symptoms (for example respiratory and/or skeletal muscle weakness); **AND**

C. Individual has evidence of hypertrophic cardiomyopathy;

OR

II. Individual has a diagnosis of non-infantile onset (late-onset) Pompe disease as confirmed by all of the following (ACMG 2006):
    A. Documentation is provided that individual has a GAA enzyme assay which shows reduced enzyme activity less than 40% of the lab specific normal mean value; **AND**
    B. Documentation is provided that individual has a second GAA enzyme activity assay in a separate sample (from purified lymphocytes, fibroblasts or muscle) or by GAA sequencing (AANEM 2009); **AND**
    C. Forced vital capacity (FVC) 30 – 79% of predicted value, and documentation is provided; **AND**
    D. Ability to walk 40 meters on a 6- minute walk test (assisted devices permitted), and documentation is provided; **AND**
    E. Muscle weakness in the lower extremities.

Continuation requests for Lumizyme (alglucosidase alfa) may be approved if the following criteria are met:

I. Individuals are using Lumizyme for the treatment of infantile-onset Pompe disease; **OR**
II. Individuals with non-infantile onset (late-onset) Pompe disease are responding to therapy (including improvement, stabilization, or slowing of disease progression).

Lumizyme (alglucosidase alfa) may not be approved for the following:

I. In combination with Nexviazyme (avalglucosidase alfa); **OR**
II. In combination with Pombiliti; **OR**
III. When the above criteria are not met and for all other indications.

Nexviazyme (avalglucosidase alfa-ngpt)

Initial requests for Nexviazyme (avalglucosidase alfa-ngpt) may be approved if the following criteria are met:

I. Individual has a diagnosis of non-infantile onset (late-onset) Pompe disease as confirmed by all the following (ACMG 2006):
    A. Documentation is provided that individual has a GAA enzyme assay which shows reduced enzyme activity less than 40% of the lab specific normal mean value; **AND**
    B. Documentation is provided that individual has a second GAA enzyme activity assay in a separate sample (from purified lymphocytes, fibroblasts or muscle) or by GAA sequencing (AANEM 2009); **AND**
    C. Forced vital capacity (FVC) 30 – 85% of predicted value, and documentation is provided; **AND**
    D. Ability to walk 40 meters on a 6- minute walk test (without assistive devices), and documentation is provided.

Continuation requests for Nexviazyme (avalglucosidase alfa-ngpt) may be approved if the following criteria are met:

I. Individuals with non-infantile onset (late-onset) Pompe disease are responding to therapy (including improvement, stabilization, or slowing of disease progression).

Nexviazyme (avalglucosidase alfa-ngpt) may not be approved for the following:

I. In combination with Lumizyme (alglucosidase alfa); **OR**
II. In combination with Pombiliti; **OR**
III. When the above criteria are not met and for all other indications.

Pombiliti (cipaglucosidase alfa-atga)

Initial requests for Pombiliti (cipaglucosidase alfa-atga) may be approved if the following criteria are met:

I. Individual is 18 years of age or older; **AND**
II. Individual weighs 40 kg or more; **AND**

III. Individual has a diagnosis of non-infantile onset (late onset) Pompe disease as confirmed by all the following:
   A. Documentation is provided that individual has a GAA enzyme assay which shows reduced enzyme activity less than 40% of the lab specific normal mean value (ACMG 2006); **AND**
   B. Documentation is provided that individual has a second GAA enzyme activity assay in a separate sample (from purified lymphocytes, fibroblasts or muscle) or by GAA sequencing (AANEM 2009); **AND**
   C. Forced vital capacity (FVC) 30% or higher of predicted value (NCT03729362), and documentation is provided; **AND**
   D. Muscle weakness in the lower extremities; **AND**
   E. Individual is able to walk at least 75 meters on 2 (two) 6- minute walk tests (assisted devices permitted), and documentation is provided;

AND

IV. Individual is using in combination with Opfolda (miglustat); **AND**
V. Documentation is provided that individual has tried alglucosidase or avalglucosidase alfa-ngpt without improvement.

Continuation requests for Pombiliti (cipaglucosidase alfa-atga) may be approved if the following criteria are met:

I. Individuals with non-infantile onset (late-onset) Pompe disease are responding to therapy (including improvement, stabilization, or slowing of disease progression); **AND**
II. Individual is using in combination with Opfolda (miglustat).

Requests for Pombiliti (cipaglucosidase alfa-atga) may not be approved for the following:

I. Individual is using in combination with Nexviazyme; **OR**
II. Individual is using in combination with Lumizyme; **OR**
III. When the above criteria are not met and for all other indications.

Quantity Limits

Lumizyme (alglucosidase alfa), Nexviazyme (avalglucosidase alfa-ngpt) Quantity Limit

Drug	Limit
Lumizyme (alglucosidase alfa) 50 mg vials	20 mg/kg every 2 weeks
Nexviazyme (avalglucosidase alfa-ngpt) 100 mg vial	20 mg/kg every 2 weeks*
Pombiliti (cipaglucosidase alfa-atga) 105 mg vial	20 mg/kg every 2 weeks
*Nexviazyme (avalglucosidase alfa-ngpt) may be approved 40 mg/kg every 2 weeks for individuals <30 kg	

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS

J0219	Injection, avalglucosidase alfa-ngpt, 4 mg (Nexviazyme)
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg
J1203	Injection, cipaglucosidase alfa-atga, 5 mg
S9357	Home infusion therapy, enzyme replacement intravenous therapy, (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

ICD-10 Diagnosis

E74.02	Pompe disease

Document History

Revised: 10/02/2023
Document History:

- 10/02/2023 – Select Review: New criteria and quantity limit for Pombiliti, wording and formatting. Coding Reviewed: Added HCPCS J3490, J3590. Effective 4/1/24 Added HCPCS J1203. Removed J3490, J3590 for Pombiliti.
- 09/15/2022 – Annual Review: Add Continuation criteria, update do not approve criteria. Coding Reviewed: No changes.
- 12/13/2021– Select Review: Formatting Update. Coding Reviewed: No changes. Effective 1/1/2022 Add HCPCS C9085.
  Effective 4/1/2022 Added HCPCS J0219. Removed J3490, J3590, C9399, C9085.
- 09/13/2021– Annual Review: Add new clinical criteria for Nexviazyme. Administrative update to add documentation. Coding reviewed: Added HCPCS J3490, J3590, C9399.
- 08/01/2021 – Administrative update to add documentation.
- 09/14/2020 – Annual Review: No changes. Coding Reviewed: No changes.
- 09/23/2019 – Administrative update to add drug specific quantity limit.
- 09/09/2019 – Annual Review: No changes. Coding Reviewed: No changes.
- 08/17/2018 – Annual Review: No changes to criteria, added compendia references where applicable.

References

1. American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM). Pompe. Available at: https://www.aanem.org/Patients/Disorders/Pompe. Accessed on August 5, 2022.
2. American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) Consensus Committee on Late-onset Pompe Disease. Consensus treatment recommendations for late-onset Pompe disease. Muscle Nerve. 2012 Mar;45(3):319-33. Accessed: August 3, 2022.
3. American College of Medical Genetics (ACMG) Work Group on Management of Pompe Disease. Pompe disease diagnosis and management guideline. Genetics in Med. 2006; 8(5):267-288.
4. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2023. URL: http://www.clinicalpharmacology.com. Updated periodically.
5. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Updated periodically.
6. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
7. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2023; Updated periodically.
8. Lumizyme [Package insert], Cambridge, MA. Genzyme Corporation; 2022.
9. Nexviazyme [Package insert], Cambridge, MA. Genzyme Corporation; 2021.
10. Opfolda [Package insert], Philadelphia, PA. Amicus Therapeutics US, LLC; 2023.
11. Pombiliti [Package insert], Philadelphia, PA. Amicus Therapeutics US, LLC; 2023.
12. Schoser B, Roberts M, Byrne BJ, et al. Safety and efficacy of cipaglucosidase alfa plus miglustat versus alglucosidase alfa plus placebo in late-onset Pompe disease (PROPEL): an international, randomised, double-blind, parallel-group, phase 3 trial. *Lancet Neurol*. 2021;20(12):1027-1037. doi:10.1016/S1474-4422(21)00331-8

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