

<b>Reference number(s)</b>
4890-A

## SPECIALTY GUIDELINE MANAGEMENT

### NEXVIAZYME (avalglucosidase alfa-ngpt)

#### POLICY

##### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

##### FDA-Approved Indication

Nexviazyme is indicated for the treatment of patients 1 year of age and older with late-onset Pompe disease (lysosomal acid alpha-glucosidase [GAA] deficiency).

All other indications are considered experimental/investigational and not medically necessary.

##### II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:

- A. Initial requests: acid alpha-glucosidase enzyme assay or genetic testing results supporting diagnosis.
- B. Continuation requests: chart notes documenting a positive response to therapy (e.g., improvement, stabilization, or slowing of disease progression for motor function, walking capacity, respiratory function, muscle strength).

##### III. CRITERIA FOR INITIAL APPROVAL

##### **Late-onset Pompe disease**

Authorization of 12 months may be granted for treatment of late-onset Pompe disease when all of the following criteria are met:

- A. Member is 1 year of age or older.
- B. Diagnosis was confirmed by enzyme assay demonstrating a deficiency of acid alpha-glucosidase enzyme activity or by genetic testing.

##### IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section III who are responding to therapy (e.g., improvement, stabilization, or slowing of disease progression for motor function, walking capacity, respiratory function, or muscle strength).

##### V. REFERENCES

1. Nexviazyme [package insert]. Cambridge, MA: Genzyme Corporation; August 2021.