

STANDARD MEDICARE PART B MANAGEMENT

LUMIZYME (alglucosidase alfa)

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

Lumizyme is indicated for patients with Pompe disease (acid alpha-glucosidase [GAA] deficiency).

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. DOCUMENTATION

The following documentation must be available, upon request, for all submissions:

- A. Initial requests: acid alpha-glucosidase enzyme assay or genetic testing results supporting diagnosis.
- B. Continuation or therapy: chart notes documenting the effectiveness of therapy.

III. CRITERIA FOR INITIAL APPROVAL

Pompe disease

Authorization of 12 months may be granted for treatment of Pompe disease when the diagnosis of Pompe disease was confirmed by enzyme assay demonstrating a deficiency of acid alpha-glucosidase enzyme activity or by genetic testing.

IV. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization of 12 months may be granted when all of the following criteria are met:

- A. The member is currently receiving therapy with Lumizyme
- B. Lumizyme is being used to treat an indication enumerated in Section III
- C. The medication has been effective for treating the diagnosis or condition (e.g., improvement, stabilization, or slowing of disease progression for motor function, walking capacity, cardiorespiratory function, decrease in left ventricular mass index (LVMI), delay in death).

V. REFERENCES

1. Lumizyme [package insert]. Cambridge, MA: Genzyme Corporation; February 2020.