# Nexviazyme (avalglucosidase alfa-ngpt)
# Effective 07/01/2022

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| **Plan** | ☒ MassHealth<br>☐ MassHealth (PUF)<br>☐Commercial/Exchange | **Program Type** | ☒ Prior Authorization<br>☐ Quantity Limit<br>☐ Step Therapy |
| **Benefit** | ☐ Pharmacy Benefit<br>☒ Medical Benefit (NLX) | | |
| **Specialty Limitations** | | | |
| **Contact Information** | **Specialty Medications** | | |
| | All Plans | Phone: 866-814-5506 | Fax: 866-249-6155 |
| | **Non-Specialty Medications** | | |
| | MassHealth | Phone: 877-433-7643 | Fax: 866-255-7569 |
| | Commercial | Phone: 800-294-5979 | Fax: 888-836-0730 |
| | Exchange | Phone: 855-582-2022 | Fax: 855-245-2134 |
| | **Medical Specialty Medications (NLX)** | | |
| | All Plans | Phone: 844-345-2803 | Fax: 844-851-0882 |
| **Exceptions** | N/A | | |

## Overview
Nexviazyme® (avalglucosidase alfa-ngpt) is a hydrolytic lysosomal glycogen-specific enzyme indicated for the treatment of patients 1 year of age and older with late-onset Pompe disease.

## Coverage Guidelines
Authorization may be reviewed on a case-by-case basis for members new to AllWays Health Partners who are currently receiving treatment with Nexviazyme excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

**OR**

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. Member has a diagnosis of late-onset Pompe Disease
2. ONE of the following to confirm the diagnosis
    a. Results from GAA (acid alpha glucosidase) assay test showing reduced of absent activity from cultured skin fibroblasts
    b. Lymphocyte testing
    c. Blood spate assay
    d. Genetic testing confirming mutation in GAA gene
3. Member is ≥ 1 year of age
4. Prescriber is a specialist in genetic or metabolic diseases or consult notes from a specialist in genetic or metabolic disease are provided
5. Member's current weight (used to verify correct dosing)
6. For members < 30kg, documented contraindication to Lumizyme
7. Member is not concurrently taking Lumizyme

**Continuation of Therapy**
Reauthorization requires physician documentation of continuation of therapy, positive response to therapy, members current weight and appropriate dosing.

## Limitations
1. Initial approvals will be granted for 6 months.
2. Reauthorizations will be granted for 12 months

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

## Review History
05/18/2022 – Created and reviewed for May P&T. Effective 07/01/2022

## Disclaimer
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