

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

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> MassHealth (PUF) <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> 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 or absent activity from cultured skin fibroblasts
 - b. Lymphocyte testing
 - c. Blood spate assay
 - d. Genetic testing confirming mutation in GAA gene
3. Member is \geq 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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