Reference number(s)
2690-A

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 a positive response to 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 the requested medication
B. The requested medication is being used to treat an indication enumerated in Section III
C. The member is receiving benefit from therapy (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. SUMMARY OF EVIDENCE

The contents of this policy were created after examining the following resources:

1. The prescribing information for Lumizyme.
2. The available compendium
    a. National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
    b. Micromedex DrugDex
    c. American Hospital Formulary Service- Drug Information (AHFS-DI)
    d. Lexi-Drugs
    e. Clinical Pharmacology
3. Glycogen Storage Disease Type II (Pompe Disease), Gene Reviews article

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Lumizyme are covered.

VI. EXPLANATION OF RATIONALE

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

Support for using enzyme assays and genetic testing to diagnose Pompe disease can be found in a Gene Reviews article. The diagnosis of Pompe disease is established in a patient with either deficiency of acid alpha-glucosidase enzyme activity or biallelic pathogenic variants in GAA on molecular genetic testing.

VII. REFERENCES

1. Lumizyme [package insert]. Cambridge, MA: Genzyme Corporation; May 2022.
2. Leslie N, Tinkle BT. Glycogen Storage Disease Type II (Pompe Disease). GeneReviews 2013 May 9.