PRIOR AUTHORIZATION POLICY

POLICY: Pompe Disease – Enzyme Stabilization Therapy – Opfolda Prior Authorization Policy
- Opfolda® (miglustat capsules – Amicus)

REVIEW DATE: 05/08/2024

OVERVIEW

Opfolda, an enzyme stabilizer, is indicated in combination with Pombiliti® (cipaglucosidase alfa intravenous infusion), a hydrolytic lysosomal glycogen-specific recombinant human α-glucosidase enzyme, for **late-onset Pompe disease** (lysosomal acid α-glucosidase deficiency) in adults weighing ≥ 40 kg and who are not improving on their current enzyme replacement therapy.[1] Opfolda binds with, stabilizes, and reduces inactivation of Pombiliti after infusion. Bound Opfolda dissociates from Pombiliti after it is internalized and transported into lysosomes. Opfolda as monotherapy has no pharmacological activity in Pompe disease.

Disease Overview

Pompe disease (glycogen storage disease type II, or acid maltase deficiency), is a rare lysosomal storage disorder characterized by a deficiency in acid α-glucosidase activity leading to the accumulation of glycogen, particularly in muscle.[2,3] The onset, progression, and severity of Pompe disease is variable. Infantile-onset Pompe disease usually manifests in the first few months of life and death often occurs in the first year of life, if left untreated.[2] Clinical manifestations of infantile-onset Pompe disease includes hypotonia, difficulty feeding, and cardiopulmonary failure.[4] Late-onset Pompe disease has a more variable clinical course and can manifest any time after 12 months of age.[3,4] Patients typically present with progressive muscle weakness which can progress to respiratory insufficiency. The diagnosis of Pompe disease is established by demonstrating decreased acid α-glucosidase activity in blood, fibroblasts, or muscle tissue, or by genetic testing.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Opfolda. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Opfolda as well as the monitoring required for adverse events and long-term efficacy, approval requires Opfolda to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Opfolda is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Acid Alpha-Glucosidase Deficiency (Pompe Disease).** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, E, and F):
   - **A)** Patient is ≥ 18 year of age; AND
   - **B)** Patient weighs ≥ 40 kg; AND
   - **C)** The medication will be used in combination with Pombiliti; AND

D) Patient has not demonstrated an improvement in objective measures after receiving ONE of the following for at least one year (i or ii):
Note: Examples of objective measures include forced vital capacity (FVC) and six-minute walk test (6MWT)
- **i.** Lumizyme (alglucosidase alfa) intravenous infusion; OR
- **ii.** Nexviazyme (avalglucosidase alfa-ngpt) intravenous infusion; AND

E) Patient has late-onset acid alpha-glucosidase deficiency (late-onset Pompe disease) with diagnosis established by ONE of the following (i or ii):
- **i.** Patient has a laboratory test demonstrating deficient acid alpha-glucosidase activity in blood, fibroblasts, or muscle tissue; OR
- **ii.** Patient has a molecular genetic test demonstrating biallelic pathogenic or likely pathogenic acid alpha-glucosidase (GAA) gene variants; AND

F) The medication is prescribed by or in consultation with a geneticist, neurologist, a metabolic disorder sub-specialist, or a physician who specializes in the treatment of lysosomal storage disorders.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Opfolda is not recommended in the following situations:

1. **Gaucher Disease.** An alternate dosage of miglustat is available for the treatment of Gaucher disease.[5]

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Opfolda® capsules [prescribing information]. Philadelphia, PA: Amicus; September 2023.
2. Chien YH, Hwu WL, Lee NC. Pompe disease: Early diagnosis and early treatment make a difference. *Pediatr Neonatol*. 2013;54:219-227.
3. Llerena Junior JC, Nascimento OJM, Oliveira ASB, et al. Guidelines for the diagnosis, treatment and clinical monitoring of patients with juvenile and adult Pompe disease. *Arq Neuropsiquiatr*. 2016;74:166-176.
4. Cupler EJ, Berger KI, Leshner RT, et al. Consensus treatment recommendations for late-onset Pompe disease. *Muscle Nerve*. 2012;45:319-333.
5. Zavesca® capsules [prescribing information]. South San Francisco, CA: Actelion; August 2022.