Drug Coverage Policy

Effective Date.....8/1/2025
Coverage Policy Number.....IP0591
Policy Title..... Pombiliti

Pompe Disease – Enzyme Replacement Therapy – Pombiliti

- Pombiliti® (cipaglucosidase alfa-atga intravenous infusion – Amicus)

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

OVERVIEW

Pombiliti, a hydrolytic lysosomal glycogen-specific recombinant human α-glucosidase enzyme, is indicated in combination with Opfolda® (miglustat capsules), an enzyme stabilizer, 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]

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.

Coverage Policy

Policy Statement
Prior Authorization is recommended for prescription benefit coverage of Pombiliti. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Pombiliti as well as the monitoring required for adverse events and long-term efficacy, approval requires Pombiliti to be prescribed by a physician who has consulted with or who specializes in the condition.

Pombiliti is considered medically necessary when the following criteria are met:

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 Opfolda (miglustat capsules); 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.

Dosing. Each dose must not exceed 20 mg/kg administered intravenously no more frequently than once every 2 weeks.

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Conditions Not Covered

Pombiliti for any other use is considered not medically necessary. Criteria will be updated as newly published data are available.

Coding Information

Note: 1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCPCS Codes	Description
G0138	IV infusion of cipaglucosidase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in preparation of receipt of cipaglucosidase alfa-atga
J1203	Injection, cipaglucosidase alfa-atga, 5 mg

References

1. Pombiliti ® intravenous infusion [prescribing information]. Philadelphia, PA: Amicus; July 2024.
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.

Revision Details

Type of Revision	Summary of Changes	Date
Annual Revision	**Policy Name Change: Updated** Policy Name from "Cipaglucosidase alfa-atga" to "Pompe Disease – Enzyme Replacement Therapy – Pombiliti." **Acid Alpha-Glucosidase Deficiency (Pompe Disease):** Confirmation of a genetic mutation in the biallelic acid alpha-glucosidase (GAA)	08/15/2024

	pathogenic variants was rephrased to more specifically state, "genetic test demonstrating biallelic pathogenic or likely pathogenic acid alpha-glucosidase gene variants." **Conditions Not Covered: Removed** the criterion regarding concomitant use with other medications used to treat Pompe Disease.	
Annual Revision	No criteria changes. **Updated HCPCS Coding:** **Added** G0138	8/1/2025

The policy effective date is in force until updated or retired.