Drug Coverage Policy

Effective Date……06/15/2025
Coverage Policy Number……IP0598
Policy Title…… Opfolda

Pompe Disease – Enzyme Stabilization Therapy – Opfolda

- Opfolda® (miglustat capsules – 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

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.

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POLICY STATEMENT
Prior Authorization is required for 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.

Opfolda 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 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.

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

Opfolda for any other use is considered not medically necessary, including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

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

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
J1202	Miglustat, oral, 65 mg (for Opfolda only)

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.

Revision Details

Type of Revision	Summary of Changes	Date
Annual Revision	**Policy Name Change: Updated** Policy Name from "Opfolda (miglustat) capsule" to "Pompe Disease – Enzyme Stabilization Therapy – Opfolda."	08/15/2024

	Acid Alpha-Glucosidase Deficiency (Pompe Disease): Confirmation of a genetic mutation in the biallelic acid alpha-glucosidase (GAA) 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.	
Selected Revision	**Updated HCPCS Coding:** **Added** G0138 and J1202 (Codes effective 04/01/2024)	12/26/2024
Annual Revision	No criteria changes	06/15/2025

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