

### UnitedHealthcare Pharmacy Clinical Pharmacy Programs

| Program Number    | 2023 P 1420-1                    |
|-------------------|----------------------------------|
| Program           | Prior Authorization/Notification |
| Medication        | Opfolda <sup>™</sup> (miglustat) |
| P&T Approval Date | 11/2023                          |
| Effective Date    | 1/1/2024                         |

## 1. Background:

Opfolda (miglustat) is an enzyme stabilizer indicated, in combination with Pombiliti, a hydrolytic lysosomal glycogen-specific enzyme, for the treatment of adult patients with late-onset Pompe disease (lysosomal acid alpha-glucosidase [GAA] deficiency) weighing  $\geq$ 40 kg and who are not improving on their current enzyme replacement therapy (ERT).

## 2. Coverage Criteria<sup>a</sup>:

# A. Initial Authorization

- 1. **Opfolda** will be approved based on **both** of the following criteria:
  - a. Diagnosis of late-onset Pompe disease

#### -AND-

b. Patient has an active UnitedHealthcare prior authorization for Pombiliti (cipaglucosidase alfa-atga) for late-onset Pompe disease

# Authorization will be issued for 12 months.

#### B. <u>Reauthorization</u>

- 1. **Opfolda** will be approved based on **both** of the following criteria:
  - a. Documentation of positive clinical response to Opfolda plus Pombiliti

#### -AND-

b. Opfolda continues to be prescribed in combination with Pombiliti

# Authorization will be issued for 12 months.

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.



## 3. Additional Clinical Rules:

• Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

## 4. References:

- 1. Opfolda [package insert]. Philadelphia, PA: Amicus Therapeutics US, LLC; September 2023.
- 2. Pombiliti [package insert]. Philadelphia, PA: Amicus Therapeutics US, LLC; September 2023.

| Program        | Prior Authorization/Notification - Opfolda (miglustat) |  |
|----------------|--|--|
| Change Control |  |  |
| Date           | Change   |  |
| 11/2023        | New program  |  |