





Policy/UM Medical Management System Update History		
#	Date	Change Description
1.3	Effective Date: 10/06/2022	Annual review of criteria was performed, no changes were made
1.1	Effective Date: 10/07/2021	Updated to include Nexviazyme and name changed from Lumizyme to the Enzyme Replacement for Pompe Disease Policy
1.1	Effective Date: 10/08/2020	New policy created for PLPH. The Enzyme Replacement Therapy policy will be retired
1.1	Effective Date: 04/01/2020	0HGLFDOSROLFH/VWDEOLVKHG

\* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.