NYE METODER

Anmodning om vurdering av legemiddel i Nye metoder

Skjema for leverandører

En leverandør som ønsker offentlig finansiering av et legemiddel/legemiddelindikasjon i den norske spesialisthelsetjenesten, skal anmode om vurdering i Nye metoder ved å fylle ut dette skjemaet.

Utfylt anmodningsskjema sendes til Nye metoder: nyemetoder@helse-sorost.no

Leverandøren skal på anmodningstidspunktet både ha et forslag til type helseøkonomisk analyse og en plan for når de leverer dokumentasjonen. Merk at dokumentasjon i henhold til oppdraget fra Bestillerforum for nye metoder må leveres inn senest 12 måneder etter anmodningstidspunktet.

Hele anmodningsskjemaet skal fylles ut. Mer informasjon og veiledning finnes i artikkelen For leverandører (nyemetoder.no)

Merk: Skjemaet vil bli publisert i sin helhet på nyemetoder.no.

Innsender er klar over at skjemaet vil bli publisert i sin helhet (må krysses av): ☒

Fyll ut dato for innsending av skjema: 19.08.2025

1 Kontaktopplysninger	
1.1 Leverandør (innehaver/søker av markedsføringstillatelse i Norge)	Amicus Therapeutics
1.2 Navn kontaktperson	Erik Sandberg
1.3 Stilling kontaktperson	Country Director, Nordic Region
1.4 Telefon	+46768568683
1.5 E-post	esandberg@amicusrx.com
Ekstern representasjon - vedlegg fullmakt	
1.6 Navn/virksomhet	N/A
1.7 Telefon og e-post	N/A

2 Legemiddelinformasjon og indikasjon	
2.1 Hva gjelder anmodningen? *Kryss av for hva anmodningen gjelder*	Et nytt virkestoff ☒ En indikasjonsutvidelse / ny indikasjon ☐ En ny styrke eller formulering ☐
2.2 Hvilken indikasjon gjelder anmodningen?	

Indikasjonen skal oppgis på norsk. Hvis prosess for godkjenning pågår, oppgi også indikasjon på engelsk. *Merk: Leverandør skal anmode om vurdering av hele indikasjonen som de har fått godkjent eller søker om godkjenning for. Dersom leverandør foreslår en avgrensning til undergrupper, må dette begrunnes og leverandør må levere dokumentasjonen som trengs for å foreta en vurdering av undergruppen i tillegg til dokumentasjonen for hele indikasjonen.*	Norsk: Langsiktig behandling av pasienter 18 år eller eldre med en befkreftet diagnose av sen Pompe sykdom Engelsk: Long-term treatment of adults aged 18 years and older with a confirmed diagnosis of Late onset Pompe disease (LOPD)
2.3 Handelsnavn	Pombiliti®/Opfolda®
2.4 Generisk navn/virkestoff	Cipaglucosidase alfa/miglustat
2.5 ATC-kode	Cipaglucosidase alfa: A16AB23 Miglustat: A16AX06
2.6 Administrasjonsform og styrke *Oppgi også forventet dosering og behandlingslengde* *Skriv kort*	Cipaglucosidase alfa: 20 mg/kg of body weight given every 2 weeks. Miglustat: Patients weighing ≥ 40 kg and < 50 kg: 195 mg (3 X 65 mg oral capsules) 1 hour prior to cipaglucosidase alfa Patients weighing ≥ 50 kg: 260 mg (4 x 65 mg oral capsules) 1 hour prior to cipaglucosidase alfa
2.7 Farmakoterapeutisk gruppe og virkningsmekanisme. *Skriv kort*	Enzyme replacement therapy Cipaglucosidase alfa is a recombinant human GAA enzyme. Miglustat stabilizes cipaglucosidase alfa, preventing its degradation and helping to increase the amount of enzyme available within the cells.

3 Historikk – virkestoff og indikasjon

3.1 Har Nye metoder behandlet metoder med det aktuelle virkestoffet tidligere? *Hvis ja, oppgi ID-nummer til metoden/metodene i Nye metoder*	Ja ☒ Nei ☐ ID-nummer: ID2022_074
3.2 Er du kjent med om andre legemidler/virkestoff er vurdert i Nye metoder til samme indikasjon? *Hvis ja, oppgi ID-nummer til metoden/metodene i Nye metoder*	Ja ☐ Nei ☒ ID-nummer: Klikk eller trykk her for å skrive inn tekst.

3.3 Er du kjent med om det er gjennomført en metodevurdering i et annet land som kan være relevant i norsk sammenheng? *Hvis ja, oppgi referanse*	Ja ☒ Nei ☐ Referanse: Amicus therapeutics, *Application for the assessment of cipaglucosidase alfa/miglustat for long-term treatment of adults aged 18 years and older with a confirmed diagnosis of Late onset Pompe disease - application to The Danish Medicines Council*. 2023.

4 Status for markedsføringstillatelse (MT) og markedsføring

4.1 Har legemiddelet MT i Norge for en eller flere indikasjoner? *Hvis ja - skriv inn dato for norsk MT for den første indikasjonen*	Ja ☒ Nei ☐ Dato for MT for første indikasjon: 20.03.2023
4.2 Markedsføres legemiddelet i Norge?	Ja ☐ Nei ☒
4.3 Har legemiddelet MT i Norge for anmodet indikasjon? *For alle metoder: Fyll ut prosedyrenummer i EMA (det europeiske legemiddelbyrået)* *Hvis metoden ikke har MT i Norge, fyll ut forventet tidspunkt (måned/år) for CHMP opinion i EMA.* *Hvis metoden har MT i Norge, fyll ut dato for MT*	MT i Norge: Ja ☒ Nei ☐ Prosedyrenummer i EMA: Cipaglucosidase alfa: EMEA/H/C/005703 Miglustat: EMEA/H/C/005695
	Hvis metoden ikke har MT: Forventet tidspunkt for CHMP opinion i EMA (måned/år): Klikk eller trykk her for å skrive inn tekst. Forventet tidspunkt for markedsføringstillatelse (MT) for den aktuelle indikasjonen i Norge (måned/år): Klikk eller trykk her for å skrive inn tekst.
	Hvis metoden har MT: Dato for MT i Norge for den aktuelle indikasjonen: 20.03.2023
4.4 Har legemiddelet en betinget markedsføringstillatelse for anmodet indikasjon? *Hvis ja, fyll ut en beskrivelse av hva som skal leveres til EMA og når.*	Ja ☒ Nei ☐ Beskrivelse: Observasjonsstudie / pasientregister

	En global, prospektiv observasjonsstudie skal gjennomføres for å samle inn langtidsdata om sikkerhet og effekt. Completion date: 2033 Risikohåndteringsplan (RMP) Må oppdateres ved behov og sendes inn sammen med PSUR eller ved større endringer i sikkerhetsprofilen. Tilleggsoppfølging (▼) Legemidlet er under ekstra overvåking. Helsepersonell oppfordres til å rapportere alle mistenkte bivirkninger.
4.5 Har anmodet indikasjon vært i «accelerated assessment» hos EMA?	Ja ☐ Nei ☒
4.6 Har legemiddelet «orphan drug designation» i EMA? *Hvis ja, fyll ut dato*	Ja ☐ Nei ☒ Dato for «orphan drug designation»: Klikk eller trykk for å skrive inn en dato.

5 Ordning for forenklet vurdering av PD-(L)1-legemidler

5.1 Er legemiddelet registrert i Nye metoders ordning «Forenklet vurdering av PD-(L)1-legemidler"?	Ja ☐ Nei ☒

6 Sammenlignbarhet og anbud

6.1 Finnes det andre legemidler med lignende virkningsmekanisme og /eller tilsvarende effekt til den aktuelle indikasjonen?	Ja ☒ Nei ☐ Kommentar: Alglukosidase alfa (Myozyme) and Avalglukosidase alfa (Nexviadyme). None of these are approved for reimbursement in Norway, but the former is currently available to some LOPD patients through the previous scheme of individual reimbursement.
6.2 Vurderer leverandør at legemiddelet i anmodningen er sammenlignbart med et eller flere andre legemidler som Nye metoder har besluttet å innføre til den samme indikasjonen?	Ja ☐ Nei ☒ Legemiddel og ID-nummer: Klikk eller trykk her for å skrive inn tekst.

Hvis ja, hvilke(t)? Oppgi ID-nummer på metoden/metodene i Nye metoder	
6.3 Er det eksisterende anbud på terapiområdet som kan være aktuelt for legemiddelet?	Ja ☐ Nei ☒ Kommentar: Klikk eller trykk her for å skrive inn tekst.

7 Nordisk samarbeid JNHB (Joint Nordic HTA-bodies)

7.1 Er anmodet indikasjon aktuell for utredning i det nordiske HTA-samarbeidet JNHB? *Hvis nei, begrunn kort*	Ja ☐ Nei ☒ Begrunnelse: Klikk eller trykk her for å skrive inn tekst.

8 Europeisk samarbeid om vurdering av relativ effekt og sikkerhet (HTAR)

8.1 Er anmodet legemiddel/indikasjon omfattet av regelverket for utredning av relativ effekt og sikkerhet i europeisk prosess (HTAR)? *Hvis ja, fyll ut dato for søknad om MT til EMA*	Ja ☐ Nei ☒ Dato for søknad til EMA: Klikk eller trykk for å skrive inn en dato.

9 Helseøkonomisk dokumentasjon og forslag til helseøkonomisk analyse

9.1 Hvilken type helseøkonomisk analyse foreslår leverandøren? *F.eks. kostnad-per-QALY analyse eller kostnadsminimeringsanalyse.* *Begrunn forslaget*	CUA in line with previous the metodevarsel
9.2 Pasientpopulasjonen som den helseøkonomiske analysen baseres på, herunder eventuelle undergrupper.	Patients aged 18 years and older with a confirmed diagnosis of late-onset Pompe disease. This includes both patients with prior experience of enzyme replacement therapy and those who have not received such treatment.

9.3 Hvilken dokumentasjon skal ligge til grunn? (H2H studie, ITC, konstruert komparatorarm etc.) *Angi det som er relevant med tanke på hvilken type analyse som foreslås.*	Both head-to-head and ITC.
9.4 Forventet legemiddelbudsjett i det året med størst budsjettvirkning i de første fem år.	10 000 000 NOK (incl. VAT)
9.5 Forventet tidspunkt (måned og år) for levering av dokumentasjon til Direktoratet for medisinske produkter og/eller Sykehusinnkjøp HF. *Tidspunkt må oppgis*	In January 2025, a pre-meeting (formøte) was held with DMP, where it was agreed that a CUA would be submitted. The plan was to deliver the documentation within a couple of months. However, due to internal processes, the work was delayed, and the final documentation package was not ready until August. Since the documentation package is now complete, the expected submission date is August 2025.

10 Sykdommen og eksisterende behandling

10.1 Sykdomsbeskrivelse for aktuell indikasjon *Kort beskrivelse av sykdommens patofysiologi og klinisk presentasjon / symptombilde, eventuelt inkl. referanser*	Pompe disease (PD) is a rare, hereditary, and chronic neuromuscular disorder classified as a lysosomal storage disease. PD is caused by a deficiency of the enzyme acid alpha-glucosidase (GAA), which normally breaks down glycogen in cells. When this enzyme is absent or has insufficient activity, glycogen accumulates and gradually impairs normal cellular function (Pompes sykdom - NHI.no). PD occurs in two forms: IOPD (Infantile-Onset) and LOPD (Late-Onset). IOPD manifests at birth or within the first six months of life, with rapidly progressive multi-organ failure involving cardiomyopathy, severe muscle weakness, and respiratory insufficiency. Without treatment, IOPD typically leads to death within the first year of life. LOPD can present in early childhood or adulthood and shows greater variability in disease course compared with IOPD. LOPD is characterized by progressive, multisystemic symptoms, most notably involving skeletal and respiratory muscles. If left untreated, this can result in increasing disability, including dependence on a wheelchair and ventilatory support, as well as premature death due to respiratory failure

	(Pompe Disease - Symptoms, Causes, Treatment | NORD).
10.2 Fagområde *Angi hvilket fagområde som best beskriver metoden*	Velg fagområde fra menyen: Muskel-, skjelett- og bindevevssykdommer
10.3 Kreftområde *Hvis metoden gjelder fagområdet Kreftsykdommer, angi hvilket kreftområde som er aktuelt*	Velg kreftområde fra menyen: Velg et element.
10.4 Dagens behandling *Nåværende standardbehandling i Norge, inkl. referanse*	Some patients receive enzyme replacement therapy with alglucosidase alfa through the previous reimbursement scheme for the medicine (individual reimbursement under the Norwegian Blue Prescription system). Other patients currently have no access to enzyme replacement therapy.
10.5 Prognose *Beskriv prognosen med nåværende behandlingstilbud, inkl. referanse*	Without enzyme replacement therapy, Pompe disease is associated with progressive deterioration of respiratory and motor functions, as well as reduced life expectancy compared with the general population (Güngör, D., et al., Survival and associated factors in 268 adults with Pompe disease prior to treatment with enzyme replacement therapy. Orphanet J Rare Dis, 2011. 6: p. 34). Treatment with alglucosidase alfa has significantly reduced mortality in patients. However, the long-term effect of alglucosidase alfa has proven to be variable and often limited (Semplicini, C., et al., Long-term benefit of enzyme replacement therapy with alglucosidase alfa in adults with Pompe disease: Prospective analysis from the French Pompe Registry. Journal of Inherited Metabolic Disease, 2020. 43(6): p. 1219–1231).
10.6 Det nye legemiddelets innplassering i behandlingsalgoritmen	If cipaglucosidase alfa/miglustat is granted reimbursement, it will be the only enzyme replacement therapy reimbursed in Norway for adult patients. Cipaglucosidase alfa/miglustat is therefore

	expected to be considered as first-line treatment for LOPD patients aged 18 years and older.
10.7 Pasientgrunnlag *Beskrivelse, insidens og prevalens av pasienter omfattet av aktuell indikasjon* i Norge, inkl. referanse.* *Antall norske pasienter antatt aktuelle for behandling med legemiddelet til denne indikasjonen.* ** Hele pasientgruppen som omfattes av aktuell indikasjon skal beskrives*	The prevalence of LOPD in Norway is uncertain, but it is estimated to be 7 patients (assuming all are 18 years and older) (https://www.altinget.no/statsradensvarer/6563). In a Swedish disease burden study, a prevalence of less than 2 per 1,000,000 is reported (Nordin et al., Pompe disease in Sweden: A real-world evidence study investigating disease burden, treatment patterns for enzyme replacement therapy and concomitant medications. 2025: Poster no. 248, presented in San Diego, CA, USA; February 3–7, 2025).

11 Studiekarakteristika for relevante kliniske studier			
	Studie 1	Studie 2	Studie 3
11.1 Studie-ID *Studienavn, NCT-nummer, hyperlenke*	A Study Comparing ATB200/AT2221 With Alglucosidase Alfa/Placebo in Adult Subjects With Late-onset Pompe Disease (PROPEL) NCT03729362 Study Details | A Study Comparing ATB200/AT2221 With Alglucosidase Alfa/Placebo in Adult Subjects With Late-onset Pompe Disease | ClinicalTrials.gov	First-In-Human Study to Evaluate Safety, Tolerability, and PK of Intravenous ATB200 Alone and When Co-Administered With Oral AT2221 (ATB200-02) NCT02675465 Study Details | First-In-Human Study to Evaluate Safety, Tolerability, and PK of Intravenous ATB200 Alone and When Co-Administered With Oral AT2221 | ClinicalTrials.gov	A Study to Assess the Long-term Safety and Efficacy of ATB200/AT2221 in Adult Subjects With LOPD (ATB200-07) NCT04138277 Study Details | A Study to Assess the Long-term Safety and Efficacy of ATB200/AT2221 in Adult Subjects With LOPD | ClinicalTrials.gov
11.2 Studietype og -design	Phase 3, randomized, double blinded, active controlled	Phase I/II, Open-label, fixed-sequence, ascending-dose, first-in-human	Phase 3, Open-label extension

11.3 Formål	To evaluate the safety and efficacy of cipaglucosidase alfa plus miglustat versus alglucosidase alfa plus placebo in late-onset Pompe disease	To evaluate safety, tolerability, pharmacodynamics (PD), and immunogenicity of cipaglucosidase alfa co-administered with miglustat	To assess the long-term safety and efficacy of intravenous cipaglucosidase alfa co-administered with oral miglustat in adult subjects with late-onset Pompe disease
11.4 Populasjon *Viktige inklusjons- og eksklusjonskriterier*	Adults with Late Onset Pompe Disease (LOPD) N=125 Inclusion Criteria: 1. Subject must provide signed informed consent prior to any study-related procedures being performed. 2. Male and female subjects are ≥ 18 years old and weigh ≥ 40 kg at screening. 3. Female subjects of childbearing potential and male subjects must agree to use medically accepted methods of contraception during the study and for 90 days after the last dose of study drug. 4. Subject must have a diagnosis of LOPD based on documentation of one of the following: a. deficiency of GAA enzyme b. GAA genotyping 5. Subject is classified as one of the following	Adults with Late Onset Pompe Disease (LOPD) that are currently receiving enzyme-replacement therapy (ERT) N=29 Key Inclusion Criteria: • Male and female subjects between 18 and 75 years of age, inclusive • Diagnosis of Pompe disease • Enzyme Replacement Therapy (ERT)-experienced subject (ambulatory): • Has received ERT with alglucosidase alfa for the previous 2-6 years, inclusive • Subject is currently receiving alglucosidase alfa (Myozyme/Lumizyme), at a frequency of	Adults with Late Onset Pompe Disease (LOPD) N=119 Inclusion Criteria: 1. Subject must have completed Study ATB200-03. Exclusion Criteria 1. Subject plans to receive gene therapy or participate in another interventional study for Pompe disease. 2. Subject, if female, is pregnant or breastfeeding. 3. Subject, whether male or female, is planning to conceive a child during the study.

	with respect to ERT status: a. ERT-experienced, defined as currently receiving standard of care ERT (alglucosidase alfa) at the recommended dose and regimen (ie, 20 mg/kg dose every 2 weeks) for ≥ 24 months b. ERT-naïve, defined as never having received investigational or commercially available ERT 6. Subject has a sitting FVC ≥ 30% of the predicted value for healthy adults (National Health and Nutrition Examination Survey III) at screening. 7. Subject performs two 6MWDs at screening that are valid, as determined by the clinical evaluator, and that meet all of the following criteria: a. both screening values of 6MWD are ≥ 75 meters b. both screening values of 6MWD are ≤ 90% of the predicted value for healthy adults c. the lower value of 6MWD is within 20% of the higher value of 6MWD Exclusion Criteria: 1. Subject has received any investigational therapy or pharmacological treatment for Pompe disease, other than alglucosidase alfa, within 30 days or 5 half-	once every other week • Must be able to walk 200-500 meters on the 6-Minute Walk Test (6MWT) • Has upright Forced Vial Capacity (FVC) 30% to 80% of predicted normal value • ERT-experienced subjects (non-ambulatory): • Has received ERT with alglucosidase alfa (Myozyme/Lumizyme) for ≥2 years • Is wheelchair-bound • ERT-naïve subjects (ambulatory): • Must be able to walk 200-500 meters on the 6MWT • Has upright FVC must be 30% to 80% of predicted normal value • Subject has never received alglucosidase alfa • Enzyme Replacement Therapy (ERT)-experienced subject (ambulatory): • Has received ERT with alglucosidase alfa for >7years, inclusive	

	lives of the therapy or treatment, whichever is longer, before Day 1 or is anticipated to do so during the study. 2.Subject has received gene therapy for Pompe disease 3.Subject is taking any of the following prohibited medications within 30 days before Day 1: a. miglitol (eg, Glyset) b. miglustat (eg, Zavesca) c. acarbose (eg, Precose or Glucobay) d. voglibose (eg, Volix, Vocarb, or Volibo) Note: None of these medications have a half-life that, when multiplied by 5, is longer than 30 days. 4. Subject requires the use of invasive or noninvasive ventilation support for > 6 hours per day while awake. 5. Subject has a hypersensitivity to any of the excipients in ATB200, alglucosidase alfa, or AT2221. 6. Subject has a medical condition or any other extenuating circumstance that may, in the opinion of the investigator or medical monitor, pose an undue safety risk to the subject or may compromise his/her ability to comply with or adversely impact protocol requirements. This includes clinical depression (as diagnosed by a psychiatrist or other	• Subject is currently receiving alglucosidase alfa (Myozyme/Lumizyme), at a frequency of once every other week • Must be able to walk 200-500 meters on the 6-Minute Walk Test (6MWT) • Has upright Forced Vial Capacity (FVC) 30% to 80% of predicted normal value Exclusion Criteria: • Subject has received treatment with prohibited medications within 30 days of Baseline Visit • Subject, if female, is pregnant or breastfeeding at screening • Subject, whether male or female, planning to conceive a child during the study • Subject has a medical or any other extenuating condition or circumstance that may, in opinion of investigator, pose an undue safety risk to the	

	mental health professional) with uncontrolled or poorly controlled symptoms. 7. Subject, if female, is pregnant or breastfeeding at screening. 8. Subject, whether male or female, is planning to conceive a child during the study. 9. Subject does not have documentation of diagnosis of Pompe disease and refuses to undergo genetic testing.	subject or compromise his/her ability to comply with protocol requirements • Subject has a history of allergy or sensitivity to miglustat or other iminosugars • Subjects with active systemic autoimmune disease such as lupus, scleroderma, or rheumatoid arthritis. All subjects with autoimmune disease must be discussed with the Amicus Medical Monitor • Subjects with active bronchial asthma. All subjects with bronchial asthma must be discussed with the Amicus Medical Monitor	
11.5 Intervensjon (n) *Dosering, doseringsintervall, behandlingsvarighet*	Cipaglucosidase alfa and miglustat Miglustat: Patients weighing ≥ 40 kg and < 50 kg: 195 mg (3 X 65 mg oral capsules) 1 hour prior to cipaglucosidase alfa Patients weighing ≥ 50 kg: 260 mg (4 x 65 mg oral capsules) 1 hour prior to cipaglucosidase alfa	Cipaglucosidase alfa and miglustat Given once every other week Dosing regimen was determined by evaluating single and multiple ascending doses in the initial cohort of ERT-experienced ambulatory patients using a sentinel dosing approach at each	Cipaglucosidase alfa and miglustat Miglustat: Patients weighing ≥ 40 kg and < 50 kg: 195 mg (3 X 65 mg oral capsules) 1 hour prior to cipaglucosidase alfa Patients weighing ≥ 50 kg: 260 mg (4 x 65 mg oral capsules) 1 hour prior to cipaglucosidase alfa

	Cipaglucosidase alfa: 20 mg/kg of body weight given every 2 weeks as a 4-hour IV infusion	study stage: Stage 1 (6 weeks): cipaglucosidase alfa as a single agent (2, 10 or 20 mg/kg) Stage 2 (12 weeks): cipaglucosidase alfa 20 mg/kg co-administered with miglustat 130 mg or 260 mg Stage 3/4 (2 years): cipaglucosidase alfa 20 mg/kg co-administered with miglustat 260 mg (all cohorts)	Cipaglucosidase alfa: 20 mg/kg of body weight given every 2 weeks as a 4-hour IV infusion
11.6 Komparator (n) *Dosering, doseringsintervall, behandlingsvarighet*	Alglucosidase alfa with placebo Given once every other week Placebo: *Patients weighing ≥ 40 kg and < 50 kg:* Placebo (three oral capsules) 1 hour prior to alglucosidase alfa *Patients weighing ≥ 50 kg:* Placebo (four oral capsules) 1 hour prior to alglucosidase alfa Alglucosidase alfa: 20 mg/kg of body weight administered every 2 weeks as a 4-hour IV infusion	No comparator	No comparator
11.7 Endepunkter	Primary: Change From Baseline to Week 52 in 6	• Plasma GAA activity levels as measured by maximum	Primary: Proportion of participants with

Primære, sekundære og eksplorative endepunkter, herunder definisjon, målemetode og ev. tidspunkt for måling	Minute Walk Distance (6MWD). Secondary: • Change From Baseline to Week 52 in Sitting Forced Vital Capacity (FVC; % Predicted) • Change From Baseline to Week 52 in the Manual Muscle Test (MMT) Score for the Lower Extremities • Change From Baseline to Week 26 in 6MWD • Change From Baseline to Week 52 in the Total Score for the Patient- Reported Outcomes Measurement Information System (PROMIS®) - Physical Function • Change From Baseline to Week 52 in the Total Score for the PROMIS® - Fatigue • Change From Baseline to Week 52 in the Total Score for the Gait, Stairs, Gowers' Maneuver, and Chair (GSGC) • Change From Baseline to Week 52 in Rasch-Built Pompe-Specific Activity (R-PAct) Total Score • Change From Baseline to Week 52 in European Quality of Life-5 Dimensions 5 Response Levels (EQ-5D-5L) Based on the EuroQol Visual Analogue Scale (EQ VAS) Quantitative Score	observed plasma concentration (Cmax). • Plasma GAA activity levels as measured by time to reach the maximum observed plasma concentration (tmax). • Plasma GAA activity levels as measured by area under the plasma-drug concentration time curve. • Safety and tolerability as measured by counts of Treatment Emergent Adverse Events (TEAEs), including Infusion Associated Reactions (IARs).	Treatment Emergent Adverse Events (TEAE). Key secondary: • Change in 6MWD from baseline to assess the efficacy of ATB200/AT2221 co-administration • Change from baseline in FVC (sitting) to assess the efficacy of ATB200/AT2221 co-administration • Change from baseline in muscle strength measured by Quantitative Muscle Strength testing • Change from baseline in muscle strength measured by Manual Muscle Strength testing • The Rasch-built Pompe-specific activity (R-PAct) questionnaires • EuroQol 5 Dimensions 5 Levels (EQ-5D-5L) questionnaires • Change from baseline in scores of PROMIS - physical function questionnaire • Change from baseline in scores of PROMIS - fatigue questionnaire • Change from baseline in scores of PROMIS - dyspnea questionnaire • Change from baseline in scores of PROMIS - upper extremity questionnaire • Motor Function - Gait, Stairs, Gower, Chair (GSGC) test

	• Change From Baseline to Week 52 in Sitting Slow Vital Capacity (SVC) % Predicted • Change From Baseline to Week 52 in Maximal Inspiratory Pressure (MIP) % Predicted • Change From Baseline to Week 52 in Maximal Expiratory Pressure (MEP) % Predicted • Change From Baseline to Week 52 in Sniff Nasal Inspiratory Pressure (SNIP) % Predicted • Change From Baseline to Week 52 in % Predicted 6MWD • Change From Baseline to Week 52 in the Quantitative Muscle Test (QMT) Values • Change From Baseline to Week 52 in Other MMT Scores • Change From Baseline to Week 52 in Maximum Vital Capacity (Maximum VC) % Predicted • Change From Baseline to Week 52 in PROMIS-Dyspnea and Upper Extremities Total Scores • Change From Baseline in the Time to Complete Individual GSGC Component Tests and Timed Up and Go (TUG) Test at Week 52 • Physician's Global Impression of Change (PGIC) Overall Status at Week 52		• Physician's Global Impression of Change • Subject's Global Impression of Change • Change from baseline Biomarker -CK • Change from baseline Biomarker - uHex4 • Immunogenicity: Incidence of neutralizing • Immunogenicity: anti-drug antibodies

	• Subject's Global Impression of Change (SGIC) at Week 52 • Number of Participants Improving on Both 6MWD and % Predicted FVC at Week 52 • Number of Participants With Treatment-Emergent Anti-Drug Antibodies (ADAs) • Change From Baseline to Week 52 in Urinary Hexose Tetrasaccharide (Hex4) Level • Change From Baseline to Week 52 in Serum Creatine Kinase (CK) Level • Population Pharmacokinetics (PK): Maximum Observed Concentration (Cmax) of Cipaglucosidase Alfa and Alglucosidase Alfa in ERT-Experienced Participants Using Plasma Total GAA Protein Level by Signature Peptide Assay and Plasma Miglustat Concentration • Population PK: Area Under the Concentration-Time Curve (AUC) of Cipaglucosidase Alfa and Alglucosidase Alfa in ERT-Experienced Participants Using Plasma Total GAA Protein Level by Signature Peptide Assay and Plasma Miglustat Concentration • Population PK: Cmax of Cipaglucosidase Alfa		

	and Alglucosidase Alfa in ERT-Naïve Participants • Population PK: AUC of Cipaglucosidase Alfa and Alglucosidase Alfa in ERT-Naïve Subjects • Noncompartmental Analysis: Cmax of Plasma Total GAA Protein by Signature Peptide T09 in ERT-Naïve Subjects • Noncompartmental Analysis: AUC From Time 0 (Predose) to the Time of Last Quantifiable Concentration of Plasma Total GAA Protein by Signature Peptide T09 in ERT-Naïve Subjects • Comparison of Cmax of Cipaglucosidase Alfa in ERT-Experienced and ERT-Naïve Populations • Comparison of AUC of Cipaglucosidase Alfa in ERT- Experienced and ERT-Naïve Populations		
11.8 Relevante subgruppeanalyser *Beskrivelse av ev. subgruppeanalyser*	ERT experienced and ERT naïve	ERT experienced and ERT naïve	ERT experienced and ERT naïve

11.9 Oppfølgingstid *Hvis pågående studie, angi oppfølgingstid for data som forventes å være tilgjengelige for vurderingen hos Direktoratet for medisinske produkter samt den forventede/planlagte samlede oppfølgingstid for studien*	52 weeks	2 years	~5 years
11.10 Tidsperspektiv resultater *Pågående eller avsluttet studie? Tilgjengelige og fremtidige datakutt*	Completed	Completed	Completed
11.11 Publikasjoner *Tittel, forfatter, tidsskrift og årstall. Ev. forventet tidspunkt for publikasjon*	Schoser, B., et al., Safety and efficacy of cipaglucosidase alfa plus miglustat versus alglucosidase alfa plus placebo in late-onset Pompe disease (PROPEL): an international, randomised, double-blind, parallel-group, phase 3 trial. Lancet Neurol, 2021. 20(12): p. 1027-1037.	Byrne, B.J., et al., Long-term safety and efficacy of cipaglucosidase alfa plus miglustat in individuals living with Pompe disease: an open-label phase I/II study (ATB200-02). J Neurol, 2024. 271(4): p. 1787-1801.	Schoser, B., et al., 104-week efficacy and safety of cipaglucosidase alfa plus miglustat in adults with late-onset Pompe disease: a phase III open-label extension study (ATB200-07). J Neurol, 2024. 271(5): p. 2810-2823.

12 Igangsatte og planlagte studier	
12.1 Er det pågående eller planlagte studier for legemiddelet innenfor samme indikasjon som kan gi ytterligere informasjon i fremtiden? *Hvis ja, oppgi forventet tidspunkt*	Ja ☒ Nei ☐ NCT06121011 (POM-005) - Part of the EMA MA approval process: EU RMP category 3 (required) Study start: 2024 Estimated completion: 2033
12.2 Er det pågående eller planlagte studier for legemiddelet for andre indikasjoner?	Ja ☒ Nei ☐ **Infantile-Onset Pompe Disease (IOPD)** Late onset Pompe Disease (LOPD) <18

13 Diagnostikk	
13.1 Vil bruk av legemiddelet til anmodet indikasjon kreve diagnostisk test for analyse av biomarkør? *Hvis ja, fyll ut de neste spørsmålene*	Ja ☐ Nei ☒
13.2 Er testen etablert i klinisk praksis? *Hvis ja, testes pasientene rutinemessig i dag?*	Ja ☐ Nei ☐ Hvis ja, testes pasientene rutinemessig i dag? Ja ☐ Nei ☐
13.3 Hvis det er behov for en test som ikke er etablert i klinisk praksis, beskriv behovet inkludert antatte kostnader/ressursbruk	Klikk eller trykk her for å skrive inn tekst.

14 Andre relevante opplysninger	
14.1 Har dere vært i kontakt med fagpersoner (for eksempel klinikere) ved norske helseforetak om dette legemiddelet/indikasjonen? *Hvis ja, hvem har dere vært i kontakt med og hva har de bidratt med?*	Ja ☐ Nei ☒ Klikk eller trykk her for å skrive inn tekst.

(Relevant informasjon i forbindelse med rekruttering av fageksperter i Nye metoder)	
14.2 Anser leverandør at det kan være spesielle forhold ved dette legemiddelet som gjør at en innkjøpsavtale ikke kan basere seg på flat rabatt for at legemiddelet skal kunne oppfylle prioriteringskriteriene? *Hvis ja, begrunn kort.* *Hvis ja, skal eget skjema fylles ut og sendes til Sykehusinnkjøp HF samtidig med at dokumentasjon til metodevurdering sendes til Direktoratet for medisinske produkter.* *Nærmere informasjon og skjema:* Informasjon og opplæring - Sykehusinnkjøp HF	Ja ☐ Nei ☒ Klikk eller trykk her for å skrive inn tekst.
14.3 Andre relevante opplysninger?	Klikk eller trykk her for å skrive inn tekst.

Informasjon om Nye metoder finnes på nettsiden nyemetoder.no