

## Medical Necessity Guidelines: Zolgensma (onasemnogene abeparvovec) Gene Therapy for Treatment of Spinal Muscular Atrophy (SMA) Type I

Effective: July 15, 2020

<b>Prior Authorization Required</b>	<b>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
If <b>REQUIRED</b> , submit supporting clinical documentation pertinent to service request.	
<p><b>Applies to:</b></p> <p><b>COMMERCIAL Products</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409</li> <li><input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409</li> <li>• CareLink<sup>SM</sup> – Refer to <a href="#">CareLink Procedures, Services and Items Requiring Prior Authorization</a></li> </ul> <p><b>TUFTS HEALTH PUBLIC PLANS Products</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055</li> <li><input type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055</li> <li><input type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404</li> <li><input type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304</li> </ul> <p>*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p><b>SENIOR Products</b></p> <ul style="list-style-type: none"> <li>• Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the <a href="#">Tufts Health Plan SCO Prior Authorization List</a></li> <li>• Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the <a href="#">Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List</a></li> </ul>	

**Note:** While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

### OVERVIEW

Zolgensma (onasemnogene abeparvovec) is an adeno-associated virus vector-based gene therapy indicated for the treatment of pediatric patients with spinal muscular atrophy (SMA) with bi-allelic mutations in the survival motor neuron 1 (SMN1) gene. SMN1 gene mutation can be confirmed with newborn screening or genetic testing of symptomatic infants. Zolgensma (onasemnogene abeparvovec) is a one-time-only dose given intravenously (IV) over the course of 60 minutes. Per prescribing information, baseline clinical evaluation and testing of liver function and testing of platelet counts and troponin-I levels should be performed prior to Zolgensma (onasemnogene abeparvovec) infusion and monitored for at least 3 months following infusion.

**NOTE:** Authorization will be valid for the earlier of 28 days from the date of approval or up to the date of the Member's second birthday. All criteria below must be met at time of infusion.

### CLINICAL COVERAGE CRITERIA

Tufts Health Plan will cover **one** dose of Zolgensma (onasemnogene abeparvovec) **per lifetime** for the treatment of presymptomatic and symptomatic spinal muscular atrophy (SMA) type I for Members when requested by a board-certified neurologist with special qualification in child neurology and the treatment of SMA and when **ALL** the following criteria are met:

1. Member is less than 2 years of age at time of infusion
2. Member has SMA type I diagnosed by a board-certified neurologist with special qualification in child neurology and the treatment of SMA
3. Genetic testing/newborn screening confirms biallelic mutations (chromosome 5q related deletion or point mutations) in the survival motor neuron 1 (SMN1) gene **and** two or less copies of SMN2 gene

4. Pre-treatment testing confirms baseline anti-adenovirus serotype 9 (anti-AAV9) antibody titers is  $\leq 1:50$  as determined by Enzyme-linked Immunosorbent Assay (ELISA) binding immunoassay
5. Documentation confirms that Member is not dependent on invasive ventilatory support or on non-invasive ventilator support (e.g. CPAP, BPAP) for greater than 16 hours/day
6. Documentation confirms that Member does not have advanced SMA type I (e.g., complete paralysis of limbs, permanent ventilator dependence)
7. Documentation confirms Member has not received previous Zolgensma (onasemnogene abeparvovec) infusion(s)

For Members who are receiving or have previously received treatment with Spinraza (nusinersen), Tufts Health Plan may authorize Zolgensma (onasemnogene abeparvovec) for the treatment of symptomatic or presymptomatic SMA type I when all other criteria listed above are met, **AND** when documentation shows no evidence of clinical decline while receiving Spinraza (nusinersen) treatment. Treatment with Spinraza (nusinersen) must be discontinued prior to infusion of Zolgensma (onasemnogene abeparvovec).

### LIMITATIONS

Tufts Health Plan will not cover:

1. Zolgensma (onasemnogene abeparvovec) infusion for treatment of SMA types 0, II, III and IV as this is unproven and considered investigational
2. Zolgensma infusion when genetic testing confirms 3 or more copies SMN2.
3. Zolgensma infusion for premature neonates who have not reached full term gestational age
4. Repeat infusion of Zolgensma (onasemnogene abeparvovec) as the safety and effectiveness of repeat administration has not been evaluated and FDA approval has not been given. This includes previous infusion(s) administered as part of a clinical trial or administered when Member was covered under a different health plan
5. The combination treatment of SMA with concomitant SMN modifying therapy (e.g. Spinraza (nusinersen)). Refer to Pharmacy Medical Necessity Guidelines: Spinraza™ (nusinersen)
6. Coverage of Spinraza (nusinersen) once Member has received Zolgensma (onasemnogene abeparvovec) infusion unless medically necessary following an individual case evaluation

### CODES

The following CPT code(s) require prior authorization when requested for Zolgensma (onasemnogene abeparvovec):

**Table 1: CPT/HCPCS Codes**

CPT Code	Description
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10

### REFERENCES

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2. United States Food and Drug Administration. Package Insert-ZOLGENSMA® (onasemnogene abeparvovec-xioi). Available at [fda.gov](http://fda.gov). Accessed May 29, 2019.
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5. Long-Term Follow-up Study for Patients From AVXS-101-CL-101 (START). Available at <https://clinicaltrials.gov/ct2/show/NCT03421977?term=zolgensma&rank=3> Accessed June 1, 2019.

6. Gene Replacement Therapy Clinical Trial for Patients With Spinal Muscular Atrophy Type 1 (STR1VE). Available at <https://clinicaltrials.gov/ct2/show/NCT03306277?term=AVXS-101&rank=5> Accessed June 1, 2019.
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#### **APPROVAL HISTORY**

August 14, 2019: Reviewed by the Integrated Medical Policy Advisory Committee  
 November 3, 2019: Effective November 3, 2019, MNG is applicable to Tufts Health Together, MassHealth MCO Plan and Accountable Care Partnership Plans

Subsequent endorsement date(s) and changes made:

- January 15, 2020: Reviewed at IMPAC. Criteria requiring symptomatic SMA1 removed, presymptomatic SMA1 is covered. Limitation added, Zolgensma infusion is not covered when genetic testing confirms 3 or more copies SMN2. For effective date July 1, 2020, limitation added, Zolgensma infusion is not covered for premature neonates who have not reached full term gestational age.
- April 15, 2020: Reviewed at IMPAC. Confirmation that biallelic mutations be 5q chromosome related added to clinical coverage criteria section, and treatment for SMA forms unrelated to chromosome 5q deletion or mutation removed from limitations section
- April 15, 2020: Fax number for Unify updated
- May 20, 2020: Reviewed by IMPAC, renewed without changes
- July 1, 2020: Coding updated. Per AMA CPT®, effective July 1, 2020 the following code(s) added: J3399. Unclassified biologic codes J3590 and C9399 removed.
- July 15, 2020. Reviewed by IMPAC. Effective July 15, 2020, these guidelines no longer apply to Tufts Health Together, Tufts Health RITogether and Tufts Health Unify products. Refer to Medical Necessity Guidelines: Zolgensma (onasemnogene abeparvovec) Gene Therapy for Treatment of Spinal Muscular Atrophy (SMA) for Tufts Health Together, Tufts Health RITogether and Tufts Health Unify.

### **BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION**

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.

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