APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then “Tools” and “Clinical Guidelines.”

BACKGROUND

Spinal Muscular Atrophy (SMA) disorders are characterized by degeneration of the anterior horn cells in the spinal cord and motor nuclei in the lower brainstem. These diseases are classified as types 1 through 4 depending upon the age of onset and clinical course. The incidence of spinal muscular atrophy ranges from 4 to 10 per 100,000 live births, and the carrier frequency of disease-causing SMN1 mutations ranges from 1/90 to 1/50.1

SMA type 1 (infantile spinal muscular atrophy or Werdnig-Hoffmann disease) is the most common and severe type of SMA. It typically presents in the neonatal period. Symptoms progress rapidly, and the majority of infants die before one year of age from respiratory failure.

SMA type 2 (intermediate form) and type 3 (Kugelberg-Welander disease) have a less severe course. SMA 2 presents between three and 15 months of age. SMA 3, which is less severe, typically presents at or after one year of age and progresses to a chronic course.

Adult onset of SMA (type 4) usually presents in the second or third decade of life.

Differential diagnosis of infantile SMA (types 0 and 1) includes rule out of other causes of floppy infants. Of particular importance are the following conditions:1

- Arthrogryposis multiplex congenita
- X-linked infantile spinal muscular atrophy
- Spinal muscular atrophy with respiratory distress type 1
- Congenital myasthenic syndromes
- Congenital myopathies: Hypoxic-ischemic myelopathy
- Lysosomal acid maltase deficiency
- Prader-Willi syndrome
• Traumatic myelopathy
• Zellweger syndrome

Treatment for SMA was previously supportive and directed at providing nutrition and respiratory assistance as needed, and treating or preventing complications of weakness. Disease-modifying therapy is now available with the approval of nusinersen in the United States. Nusinersen is recommended for most infants with SMA. Published data on nusinersen in older children, adults, and patients with advanced disease is limited. Due to the uncertainty regarding potential long-term adverse effects of this therapy, individualized treatment decision in these patients is advised.¹

Zolgensma® (onasemnogene abeparvovec-xioi) was approved by the FDA on May 24, 2019. The drug is an adeno-associated virus vector-based gene therapy indicated for the treatment of pediatric patients less than 2 years of age with spinal muscular atrophy (SMA) with bi-allelic mutations in the survival motor neuron 1 (SMN1) gene.²

Zolgensma® should be administered as an intravenous infusion over 60 minutes. Starting one day prior to infusion, administer systemic corticosteroids equivalent to oral prednisolone at 1 mg/kg of body weight per day for a total of 30 days. At the end of the 30-day period of systemic corticosteroid treatment, liver functions should be checked by clinical examination and by laboratory testing. For patients with unremarkable findings, the corticosteroid dose can be tapered over the next 28 days. If liver function abnormalities persist, the patient should continue systemic corticosteroids until findings become unremarkable, and then the corticosteroid dose can be tapered over the next 28 days. The recommended dosage of Zolgensma® is $1.1 \times 10^{14}$ vector genomes (vg) per kg of body weight.²

The most common adverse reactions (incidence ≥ 5%) were elevated aminotransferases and vomiting.²

**POSITION STATEMENT**

**Kentucky Medicaid**

**Applicable To:**
- Medicaid – Kentucky

**Length of Authorization:** Date of service; once per lifetime

**Criteria for Approval:**
1. Diagnosis of spinal muscular atrophy (SMA) confirmed by either bi-allelic deletion or dysfunctional point mutation of the SMN1 gene; **AND**
2. Must have SMA phenotype 1 confirmed by:
   A. 1 or 2 copies of the SMN2 gene; **OR**
   B. 3 copies of the SMN2 gene WITHOUT the c.859G>C single base substitution modification in exon 7; **AND**
3. NOT have advanced SMA (e.g., permanent ventilation support; complete limb paralysis); **AND**
4. NOT have pre-existing hepatic insufficiency; **AND**
5. Baseline anti-AAV9 antibody titer of ≤ 1:50 (as measured by ELISA); **AND**
6. Must be used with systemic corticosteroids (e.g., 1 mg/kg/day oral prednisone or equivalent) as directed; **AND**
7. NOT to be used in combination with nusinersen; **AND**
8. Therapy to be administered prior to recipient's 2nd birthday.

**CODING**

Clinical Coverage Guideline
Covered CPT Codes
N/A

Covered HCPCS Codes
C9399 Unclassified drugs or biologicals
J3490 Unclassified drugs
J3590 Unclassified biologicals

Covered ICD-10 Codes
G12.0 Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.1 Other inherited spinal muscular atrophy
G12.9 Spinal muscular atrophy, unspecified

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal/state laws.

REFERENCES