Zolgensma (onasemnogene abeparvovec-xioi) for Spinal Muscular Atrophy (SMA) Prior Authorization Request Form #085

Medical Policy #008 Zolgensma (onasemnogene abeparvovec-xioi) for Spinal Muscular Atrophy (SMA)

Please use this form to assist in identifying members who meet Blue Cross Blue Shield of Massachusetts' (BCBSMA's) medical necessity criteria for Zolgensma (onasemnogene abeparvovec-xioi) for Spinal Muscular Atrophy (SMA). For members who do not meet the criteria, submit a letter of medical necessity with a request for Clinical Exception (Individual Consideration).

Once completed, please fax to: 1-888-973-0726

CLINICAL DOCUMENTATION
Copies of clinical documentation that supports the medical necessity criteria for Zolgensma (onasemnogene abeparvovec-xioi) for Spinal Muscular Atrophy (SMA) must be submitted with this form. **If the patient does not meet all the criteria listed below, please submit a letter of medical necessity explaining why an exception is justified.**

Patient Information	
Patient Name:	Today's Date:
BCBSMA ID#:	Date of Treatment:
Date of Birth:	**Place of Service: Outpatient ❒ Inpatient ❒**

Physician Information	Facility Information
Name:	Name:
Address:	Address:
Phone #:	Phone #:
Fax#:	Fax#:
NPI#:	NPI#:

Please check off if the patient meets ALL of the following conditions:	
1. Diagnosis of SMA confirmed by genetic testing demonstrating bi-allelic mutations in the survival motor neuron 1 (SMN1) gene *(examples below):* a. deletion of both copies of the SMN1 gene, **OR** b. compound heterozygous mutations of the SMN1 gene (defined below): i. pathogenic variant(s) in both copies of the SMN1 gene, ii. pathogenic variant in one copy and deletion of the second copy of the SMN1 gene.	❒
2. Documentation of a genetic test confirming no more than 3 copies of the SMN2 gene	❒
3. Confirmation of baseline anti-adeno-associated virus serotype 9 (AAV9) antibody titers $\leq$ 1:50	❒

4. Member must be ≤2 years of age and weigh ≤13.5kg at the time of infusion	❒
5. Member must not have any of the following: a. advanced SMA (e.g., complete paralysis of limbs, permanent ventilator dependence), b. contraindications or intolerance to corticosteroids, c. prior treatment with Zolgensma	❒
6. Zolgensma must be prescribed by a neurologist with expertise in treating SMA	❒

CPT CODES/ HCPCS CODES/ ICD CODES

HCPCS codes:	Code Description	
C9399	Unclassified drugs or biologicals	❒
J3490	Unclassified drugs	❒
J3590	Unclassified biologics	❒

Providers should enter ICD10 Procedure codes below:

Code	Description	
XW033F3	Introduction of Other New Technology Therapeutic Substance into Peripheral Vein, Percutaneous Approach, New Technology Group 3	❒

Providers should enter the relevant diagnosis code(s) below:

Code	Description	
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]	❒