Guidance for Writing a **Letter of Medical Necessity**

zolgensma®
(onasemnogene abeparvovec-xioi)
suspension for intravenous infusion

In order to avoid a delay in treatment, it is recommended that you include a letter of medical necessity and request a priority/expedited review when you first prescribe ZOLGENSMA® (onasemnogene abeparvovec-xioi) to your patient, rather than waiting for a denial.

A priority/expedited review request can shorten the time to a decision from up to 30 days to as quickly as 72 hours, substantially decreasing time to treatment.[1]

The table below provides suggestions for key elements to include in your letter, as well as sample content. Please note that your patient's health plan may have a designated contact for ZOLGENSMA treatment requests. Your Novartis Gene Therapies Regional Account Associate Director (RAAD) can provide you with the appropriate contact person or department, if applicable.

Key Elements to Include in Your Letter

LETTER SECTION	ITEMS TO CONSIDER	SAMPLE CONTENT
Header	• Request for priority/ expedited review	• Statement referring to urgent need for treatment • Patient name • Medicaid number (if applicable)
Introduction	• Important patient information	• Patient name • Patient age and date of birth • Diagnosis and date confirmed
Second paragraph	• Brief overview of applicable spinal muscular atrophy (SMA) disease state	• Physician credentials • Description of motor function loss and medical complications associated with SMA • Average life expectancy for patients with SMA Type 1 (if applicable)
Third paragraph	• Details of the patient's diagnosis, assessment, and prognosis	• Brief description of clinical assessment of motor neuron loss leading to difficulty breathing, feeding, motor function decline, and other symptoms for symptomatic patients • Expectation of symptom onset for presymptomatic patients • Patient prognosis, including the course of the disease without treatment (eg, length of time until patient will require a respirator to breathe or death) • Rationale for early treatment • Any hospitalization to date, and anticipated hospitalizations if untreated • Family history (if applicable)
Fourth paragraph	• Details on your clinical recommendation	• Intent of therapy with ZOLGENSMA • Expected clinical benefit of therapy with ZOLGENSMA (eg, stop disease progression and motor neuron loss through survival motor neuron [SMN] protein production) • Relevant content from published studies (see list of references provided in this reimbursement binder) • Information regarding proposed treatment date, dosing, and location
Conclusion	• Offer help to facilitate approval	• Request for priority/expedited review • Request for a peer-to-peer review, if necessary, with appropriate specialists • Indication that all levels of appeal will be pursued, up to and including peer-to-peer review and third-party review, if applicable • List of documentation included with letter

Please see Indication and Important Safety Information, and accompanying Full Prescribing Information including Boxed Warning for Acute Serious Liver Injury and Acute Liver Failure.

Indication and Important Safety Information

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Indication

ZOLGENSMA 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.

Limitations of Use

The safety and effectiveness of repeat administration or the use in patients with advanced SMA (e.g., complete paralysis of limbs, permanent ventilator dependence) has not been evaluated with ZOLGENSMA.

Important Safety Information

BOXED WARNING: Acute Serious Liver Injury and Acute Liver Failure

Acute serious liver injury, acute liver failure, and elevated aminotransferases can occur with ZOLGENSMA. Patients with preexisting liver impairment may be at higher risk. Prior to infusion, assess liver function of all patients by clinical examination and laboratory testing (e.g., hepatic aminotransferases [aspartate aminotransferase (AST) and alanine aminotransferase (ALT)], total bilirubin, and prothrombin time). Administer a systemic corticosteroid to all patients before and after ZOLGENSMA infusion. Continue to monitor liver function for at least 3 months after infusion.

WARNINGS AND PRECAUTIONS

Thrombocytopenia
Transient decreases in platelet counts, some of which met the criteria for thrombocytopenia, were typically observed within the first two weeks after ZOLGENSMA infusion. Monitor platelet counts before ZOLGENSMA infusion and on a regular basis for at least 3 months afterwards.

Thrombotic Microangiopathy
Cases of thrombotic microangiopathy (TMA) were reported approximately 1 week after ZOLGENSMA infusion. Obtain baseline creatinine and complete blood count before ZOLGENSMA infusion. Following infusion, monitor for thrombocytopenia as well as other signs and symptoms of TMA. Consult a pediatric hematologist and/or pediatric nephrologist immediately to manage if clinically indicated.

Elevated Troponin-I
Increases in cardiac troponin-I levels were observed following ZOLGENSMA infusion. Monitor troponin-I before ZOLGENSMA infusion and on a regular basis for at least 3 months afterwards.

ADVERSE REACTIONS

The most commonly observed adverse reactions (incidence ≥5%) in clinical studies were elevated aminotransferases and vomiting.

Please see accompanying Full Prescribing Information.

Reference: 1. Patient Advocate Foundation. Engaging with Insurers: Appealing a Denial. https://www.patientadvocate.org/explore-our-resources/education-resource-library/. Accessed November 1, 2021.

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