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. Ensure that you include all pertinent information to minimize potential reasons for 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 Regional Account Associate Director (RAAD) can provide you with the appropriate contact person or department, if applicable.

For questions about the ZOLGENSMA access process, please contact your RAAD or call Novartis Patient Support™ at **1-855-441-GENE (4363), Monday-Friday (8 AM to 8 PM ET)**.

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 if untreated • Clinical evidence and real-world data supporting the urgency to treat SMA for patients with up to four copies of the *survival motor neuron 2* (*SMN2*) gene
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 • Confirmation of newborn screening and date of diagnosis confirmation (if applicable) • Patient prognosis, including the course of the disease without treatment (eg, length of time until patient will require ventilatory support, 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 that can be found on www.zolgensmareimbursement.com • 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 on the next page and click here for Full Prescribing Information, including Boxed WARNING for Serious Liver Injury and Acute Liver Failure.

Indication and Important Safety Information

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

INDICATION

ZOLGENSMA is an adeno-associated virus (AAV) 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 (eg, complete paralysis of limbs, permanent ventilator dependence) has not been evaluated with ZOLGENSMA.

IMPORTANT SAFETY INFORMATION

BOXED WARNING: Serious Liver Injury and Acute Liver Failure

Cases of acute liver failure with fatal outcomes have been reported. Acute serious liver injury, acute liver failure, and elevated aminotransferases can also 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. Administer systemic corticosteroid to all patients before and after ZOLGENSMA infusion. Continue to monitor liver function for at least 3 months after infusion, and at other times as clinically indicated. If acute serious liver injury or acute liver failure is suspected, promptly consult a pediatric gastroenterologist or hepatologist.

WARNINGS AND PRECAUTIONS

Systemic Immune Response

Patients with underlying active infection, either acute or chronic uncontrolled, could be at an increased risk of serious systemic immune response. Administer ZOLGENSMA to patients who are clinically stable in their overall health status (eg, hydration and nutritional status, absence of infection). Postpone ZOLGENSMA in patients with infections until the infection has resolved and the patient is clinically stable.

Thrombocytopenia

Transient decreases in platelet counts, some of which met the criteria for thrombocytopenia, were typically observed within the first 2 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 to occur generally within the first 2 weeks after ZOLGENSMA infusion. TMA can result in life-threatening or fatal outcomes. Obtain baseline creatinine and complete blood count before ZOLGENSMA infusion. Following infusion, monitor platelet counts closely as well as other signs and symptoms of TMA. Consult a pediatric hematologist and/or pediatric nephrologist immediately to manage as clinically indicated.

Elevated Troponin I

Increases in cardiac troponin I levels have occurred following ZOLGENSMA infusion. Consider cardiac evaluation after ZOLGENSMA infusion and consult a cardiologist as needed.

AAV Vector Integration and Risk of Tumorigenicity

There is a theoretical risk of tumorigenicity due to integration of AAV vector DNA into the genome. Cases of tumor have been reported in patients who received ZOLGENSMA post-approval; a causal relationship has not been established based on tumor analysis. In some cases, limited information was available. Report cases of tumor development in patients who received ZOLGENSMA to Novartis Gene Therapies, Inc. at 1-833-828-3947.

Infusion-Related Reactions

Infusion-related reactions, including hypersensitivity reactions and anaphylaxis, have occurred with ZOLGENSMA infusion. Signs and symptoms may include rash, urticaria, vomiting, dyspnea, respiratory symptoms, and/or alterations in heart rate and blood pressure. Monitor patients during and after treatment with ZOLGENSMA. If an infusion-related reaction occurs, interrupt ZOLGENSMA infusion and administer supportive treatment to manage the infusion-related reaction as appropriate. Infusion of ZOLGENSMA may be resumed based on clinical assessment.

ADVERSE REACTIONS

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

Please click here for Full Prescribing Information.

Reference: 1. Patient Advocate Foundation. Engaging with insurers: appealing a denial. Accessed February 12, 2025. https://www.patientadvocate.org/wp-content/uploads/Navigating-the-insurance-appeals-guide-pages-1.pdf

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