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MEDICAL POLICY – 5.01.642

Gene Therapies for Rare Diseases

BCBSA Ref. Policy:	5.01.49	
Effective Date:	Aug. 1, 2024	RELATED MEDICAL POLICIES:
Last Revised:	July 9, 2024	None
Replaces:	N/A	

Select a hyperlink below to be directed to that section.

∞ Clicking this icon returns you to the hyperlinks menu above.

Introduction

Gene therapy is a type of medical treatment that involves adding, removing, or changing a person's genetic material. Some gene therapies are already available for, and many gene therapies are being studied for individuals with serious or life-threatening rare diseases because they focus on correcting the root cause of the disease. This policy describes when gene therapies may be considered medically necessary for individuals with certain rare diseases.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Drug	Medical Necessity
Lenmeldy (atidarsagene autotemcel)	**Lenmeldy (atidarsagene autotemcel) may be considered medically necessary when all the following criteria are met:**

Drug	Medical Necessity

	• The individual has been diagnosed with metachromatic leukodystrophy (MLD) confirmed by ALL the following:
	  ○ Arylsulfatase-A (ARSA) gene activity below the normal range in peripheral blood mononuclear cells or fibroblasts
	AND
	  ○ Identification of two known or novel disease-causing ARSA alleles
	AND
	  ○ 24-hour urine collection shows elevated sulfatide levels
	AND
	• The individual was diagnosed with MLD when they were 6 years of age or younger
	AND
	• The individual currently has no clinical signs or symptoms related to their MLD diagnosis including but not limited to the following:
	  ○ Delay in expected achievement of independent standing or independent walking
	  ○ Documented normal neurological evaluation within the last 6 months
	OR
	• The individual has been diagnosed with MLD between 30 months and 6 years of age
	AND
	• The individual currently has a **Gross Motor Function Classification (GMFC-MLD)** level of 0 with ataxia or 1
	AND
	• The individual currently has an intelligence quotient (IQ) of 85 or greater on age-appropriate neurodevelopmental testing
	AND
	• Lenmeldy (atidarsagene autotemcel) is being prescribed by or in consultation with a neurologist or a prescriber who specializes in MLD
	AND
	• The individual has not previously received treatment with a gene therapy
	AND

Drug	Medical Necessity
	• The individual has not previously received treatment with a hematopoietic stem cell transplant **AND** • Lenmeldy (atidarsagene autotemcel) will be administered as a one-time infusion

Drug	Investigational
Lenmeldy (atidarsagene autotemcel)	**All other uses of Lenmeldy (atidarsagene autotemcel) for conditions not outlined in this policy are considered investigational.** **Repeat treatment of Lenmeldy (atidarsagene autotemcel) is considered investigational.**

Length of Approval	
Approval	**Criteria**
Initial authorization	**Lenmeldy (atidarsagene autotemcel) may be approved as a one-time infusion.**
Re-authorization criteria	**Repeat treatment of Lenmeldy (atidarsagene autotemcel) is considered investigational.**

Documentation Requirements
The individual's medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following: • Office visit notes that contain the diagnosis, relevant history, genetic testing, physical evaluation, and medication history

Coding

Code	Description
CPT	
HCPCS	

Code	Description
J3590	Unclassified biologics (use to report Lenmeldy)

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

Gross Motor Function Classification in Metachromatic Leukodystrophy (GMFC-MLD)[1]

GMFC-MLD Level	
Level 0	Walking without support with quality of performance normal for age
Level 1	Walking without support but with reduced quality of performance, i.e. instability when standing or walking
Level 2	Walking with support. Walking without support not possible (fewer than five steps)
Level 3	Sitting without support and locomotion such as crawling or rolling. Walking with or without support not possible
Level 4	Sitting without support but no locomotion OR sitting without support not possible, but locomotion such as crawling or rolling
Level 5	No locomotion nor sitting without support, but head control is possible
Level 6	Loss of any locomotion as well as loss of any head and trunk control

Consideration of Age

The ages stated in this policy for which Lenmeldy (atidarsagene autotemcel) is considered medically necessary,y is based on the FDA labeling for this drug.

Benefit Application

Lenmeldy (atidarsagene autotemcel) is managed through the medical benefit.

Evidence Review

Lenmeldy (atidarsagene autotemcel)

Metachromatic leukodystrophy (MLD) is a genetic condition that affects approximately 2500 individuals in the US and is caused by the accumulation of sulfatides, leading to myelin sheath destruction in the nerves of the central and peripheral nervous systems. Symptoms vary but include difficulty speaking, seizures, trouble walking, and behavioral and personality changes. Prior to the approval of Lenmeldy, the only treatment options for MLD were supportive care and stem cell transplant for pre-symptomatic or minimally symptomatic children. Lenmeldy is an ex vivo autologous hematopoietic stem cell gene therapy that uses a lentiviral vector (LVV) encoding the ARSA gene. The stem cells are collected from the individual, modified by adding a functional copy of the ARSA gene, and then transplanted back into the individual, where they engraft within the bone marrow. Lenmeldy is intended to be a one-time treatment, administered following conditioning with busulfan. The approval of Lenmeldy was supported by safety and efficacy data from a total of 39 children with PSLI, PSEJ, and ESEJ MLD who received the drug in two single-arm, open-label clinical trials and in an expanded access program (EAP). Data from children who received Lenmeldy were compared with data from 49 untreated natural history controls. For PSLI MLD, 14 treated children and 24 natural history children had sufficient follow-up to determine survival at 6 years from birth. At this time point, all individuals treated with Lenmeldy were alive, and 10 natural history children had died (42%). In addition, children with PSEJ MLD who received Lenmeldy showed slowing of motor and cognitive disease, and children with ESEJ MLD who received Lenmeldy showed slowing of cognitive disease. The most common side effects of Lenmeldy include fever and low white blood cell count, mouth sores, respiratory infections, rash, medical line infections, viral infections, fever, gastrointestinal infections, and enlarged liver. Treatment with Lenmeldy may be associated with the formation of blood clots or encephalitis. There is a potential risk of blood cancer associated with this treatment; however, no cases have been observed in individuals treated with Lenmeldy.

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History

Date	Comments
08/01/24	New policy, approved July 9, 2024. Added coverage criteria for Lenmeldy (atidarsagene autotemcel). Added drug name Lenmeldy to unlisted HCPCS code J3590.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.

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Washington residents: You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx.

Alaska residents: Contact the Alaska Division of Insurance via email at insurance@alaska.gov, or by phone at 907-269-7900 or 1-800-INSURAK (in-state, outside Anchorage).

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471 (TTY：711）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 800-722-1471 (TTY: 711).

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 800-722-1471 (TTY: 711).

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PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 800-722-1471 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-722-1471 (телетайп: 711).

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ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው፡ 711).

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توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.