

Lenmeldy (atidarsagene autotemcel)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Metachromatic leukodystrophy (MLD) is a rare genetic neurodegenerative disorder caused by deficient activity of the enzyme arylsulfatase A (ARSA). This leads to toxic accumulation of sulfatides, causing progressive demyelination and neurologic deterioration. MLD is classified based on age of symptom onset into late infantile (< 30 months), early juvenile (30 months to <7 years), and adult (≥ 17 years) forms. The late infantile and early juvenile subtypes are most common and severe, characterized by rapid motor and cognitive decline, leading to premature death.

Historically, treatment has been limited to supportive care. Hematopoietic stem cell transplantation has been used with some benefit in early juvenile MLD but is associated with significant risks. Lenmeldy (atidarsagene autotemcel) is an autologous hematopoietic stem-cell based gene therapy indicated to treat metachromatic leukodystrophy (MLD) in pediatric patients with presymptomatic late infantile MLD, presymptomatic early juvenile MLD, or early symptomatic early juvenile MLD.

- Lenmeldy (atidarsagene autotemcel) uses a lentiviral vector to introduce a functional copy of the arylsulfatase A (ARSA) gene into the patient's own hematopoietic stem cells ex vivo.
- The genetically modified cells are then infused back into the patient after myeloablative conditioning, allowing sustained production of the deficient ARSA enzyme.
- Lenmeldy is administered as a one-time intravenous infusion at a specialized treatment center.

Definitions

"**Biallelic pathogenic variants**" are disease-causing mutations present in both copies (maternal and paternal) of a gene, in this case the ARSA gene.

"**Early juvenile MLD**" is a subtype of MLD with symptom onset between 30 months and 7 years of age. Disease progresses rapidly once symptoms appear.

"**Early symptomatic early juvenile MLD**" refers to patients with onset of initial MLD-related motor and/or cognitive symptoms between 30 months and 7 years of age, but with relative preservation of function, defined as ability to walk independently (GMFC-MLD level 0-1) and IQ ≥85.

"**GMFC-MLD**" is the Gross Motor Function Classification for MLD, a 6-level scale describing motor function, ranging from 0 (walking normally) to 6 (complete loss of motor function).

"**Late infantile MLD**" is a subtype of MLD characterized by symptom onset before 30 months of age and rapidly progressive disease course.

"**Presymptomatic MLD**" refers to the stage at which a patient has a confirmed MLD diagnosis based on biochemical and genetic testing but has not yet developed overt clinical symptoms.

Medical Necessity Criteria for Initial Authorization

The Plan considers **Lenmeldy (atidarsagene autotemcel)** medically necessary when **ALL** of the following criteria are met:

1. Prescribed by or in consultation with a neurologist or hematologist/oncologist experienced in the treatment of MLD; **AND**
2. The member is 18 years of age or younger; **AND**
3. The member has a diagnosis of metachromatic leukodystrophy (MLD) and evidence of **ALL** of the following:

- a. arylsulfatase A (ARSA) activity below the normal range in peripheral blood mononuclear cells or fibroblasts; **and**
 - b. Molecular genetic testing confirming presence of two disease-causing mutations in the ARSA gene; **and**
 - c. IF a novel ARSA variant(s) is identified, elevated sulfatide levels in a 24-hour urine collection; **AND**
4. The member has **ONE** of the following MLD subtypes:
- a. Pre-symptomatic late-infantile (PSLI) MLD, defined as:
 - i. age at expected disease onset ≤ 30 months; **and**
 - ii. absence of neurological signs/symptoms; **or**
 - b. Pre-symptomatic early-juvenile (PSEJ) MLD, defined as:
 - i. age at expected disease onset > 30 months and < 7 years; **and**
 - ii. absence of neurological signs/symptoms or only abnormal reflexes and/or clonus on exam; **or**
 - c. Early symptomatic early-juvenile (ESEJ) MLD, defined as:
 - i. disease onset > 30 months and < 7 years of age; **and**
 - ii. ability to walk independently (GMFC-MLD level 0 with ataxia or level 1); **and**
 - iii. IQ ≥ 85 on age-appropriate neurocognitive testing; **AND**
5. The member has not previously received treatment with allogeneic hematopoietic stem cell transplantation (HSCT) or gene therapy for MLD; **AND**
6. Lenmeldy (atidarsagene autotemcel) will be administered as a one-time single-dose treatment at a qualified treatment center AND within the minimum and maximum recommended doses based on the member's MLD subtype as specified in the product labeling.

If the above prior authorization criteria are met, Lenmeldy (atidarsagene autotemcel) will be authorized as a one-time single-dose treatment.

Medical Necessity Criteria for Reauthorization

There are no medical necessity criteria for reauthorization of Lenmeldy (atidarsagene autotemcel). Based on its mechanism of action and available evidence, there is no established rationale for reauthorizing Lenmeldy (atidarsagene autotemcel) after the initial one-time infusion. All coverage of Lenmeldy (atidarsagene autotemcel) under this policy is limited to a single, one-time treatment course, in line with the FDA-approved labeling. Reauthorization requests would be considered experimental/investigational and not medically necessary.

Experimental or Investigational / Not Medically Necessary

Lenmeldy (atidarsagene autotemcel) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- Re-administration of Lenmeldy after initial treatment.
- Treatment of late juvenile MLD (symptom onset 7 to <17 years of age).
- Treatment of adult-onset MLD (symptom onset \geq 17 years of age).
- Treatment of MLD caused by pathogenic variants in genes other than ARSA (e.g., PSAP).
- Treatment of other leukodystrophies or lysosomal storage disorders.

Applicable Billing Codes (HCPCS/CPT Codes)

| Service(s) name | |
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| CPT/HCPCS Codes considered medically necessary if criteria are met: | |
| <i>Code</i> | <i>Description</i> |
| 96365 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour |
| 96366 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure) |
| 96413 | Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug |
| 96415 | Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure) |
| C9399 | Unclassified drugs or biologicals |
| J3590 | Unclassified biologics |
| ICD-10 codes considered medically necessary if criteria are met: | |
| <i>Code</i> | <i>Description</i> |
| E75.25 | Metachromatic Leukodystrophy |

References

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Clinical Guideline Revision / History Information

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