Reference number(s)
4240-A

Standard Medicare Part B Management Zolgensma

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Zolgensma	onasemnogene abeparvovec-xioi

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications[1]

Zolgensma is 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 administrations of Zolgensma have not been evaluated.
- The use of Zolgensma in patients with advanced SMA (e.g., complete paralysis of limbs, permanent ventilator dependence) has not been evaluated.

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in this criteria should be accompanied by supporting evidence from Medicare approved compendia.

Documentation

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The following documentation must be available, upon request, for all submissions: genetic testing results demonstrating bi-allelic mutations in the survival motor neuron 1 (SMN1) gene.

Coverage Criteria

Spinal muscular atrophy[1]

Authorization of one dose total may be granted for treatment of spinal muscular atrophy when all of the following criteria are met:

- Member has a genetically confirmed diagnosis of SMA, with bi-allelic mutations in the survival motor neuron 1 (SMN1) gene (deletions or point mutations).
- Member is less than 2 years of age.
- If the member is on nusinersen (Spinraza) or risdiplam (Evrysdi), it will be discontinued prior to administration of the requested drug.
- The member has not received Zolgensma previously.

Summary of Evidence

The contents of this policy were created after examining the following resources:

- The prescribing information for Zolgensma.
- The available compendium
    - National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
    - Micromedex DrugDex
    - American Hospital Formulary Service- Drug Information (AHFS-DI)
    - Lexi-Drugs
    - Clinical Pharmacology

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Zolgensma are covered.

Explanation of Rationale

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

References

1. Zolgensma [package insert]. Bannockburn, IL. Novartis Gene Therapies, Inc; February 2025.

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