



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

P&T Date: 06/11/2026

Lenmeldy™ (atidarsagene autotemcel)

HCPCS: J3391

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. Coverage of the requested drug is provided when all the following are met:
 - a. FDA approved indication
 - b. FDA approved age
 - c. Confirmation of diagnosis by serum assay showing a deficiency in arylsulfatase A (ARSA) enzyme activity and genetic testing showing biallelic mutations in the ARSA gene
 - d. Must not have received a human leukocyte antigen (HLA)-matched sibling donor hematopoietic cell transplantation (HSCT)
 - e. Must not have received prior treatment with any gene therapy for metachromatic leukodystrophy (MLD) or are being considered for treatment with any other gene therapy for MLD
 - f. The requesting physician attests to providing clinical outcome information within the appropriate provider portal as requested by BCBSM
 - g. Trial and failure, intolerance, or a contraindication to the preferred products as specified in the BCBSM/BCN medical utilization management drug list
- B. Quantity Limitations, Authorization Period and Renewal Criteria
 - a. Quantity Limits: Align with FDA recommended dosing
 - b. Authorization Period: 3 months with the allowance of only one dose per lifetime
 - c. Renewal Criteria: Not applicable as no further authorization will be provided

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- MLD is an autosomal recessive lysosomal storage disorder caused by biallelic mutations on the ASRA gene. It is characterized by dysfunction of the enzyme arylsulfatase A. Deficient arylsulfatase A activity leads to accumulation of sulfatides and the destruction of myelin sheath of the nerves of the central and peripheral nervous systems. Symptoms vary but include difficulty speaking, seizures, trouble walking, and behavioral and personality changes.
- There are three MLD subtypes.
 - Late-infantile MLD accounts for over half of the MLD cases and occurs within the first 3 years of life. It is characterized by normal development the first 6 - 18 months of life followed by a progressive regression that shows first in motor skills, perhaps never learning to walk or showing deterioration of balance. The regression will rapidly affect speech, overall mobility, and basic cognitive skills. It is the most severe form of MLD with patients typically progressing to a vegetative state and dying in less than 5 years.
 - Juvenile MLD is less common and occurs in 20% - 30% of people with MLD. It is characterized by normal development with an onset between ages 4 - 14. Onset usually starts with either motor or cognitive symptoms, typically not both. With the motor progression, the first signs are often changes in gait. Cognitive progression often begins with unexplainable behavioral outbursts accompanied by lack of memory of recent events, inability to follow simple sequences, and a decline in social skills. These skills will continue to decline, along with loss of continence control, over a period of 4 - 8 years. The regression is slower than in the late infantile form, but the pattern is similar. A life expectancy of 6 - 8 years following diagnosis is typical.
 - Adult MLD is characterized by normal development through puberty with symptoms presenting at a later age, generally from the twenties through the forties. Similar to the juvenile cognitive form, the initial signs of adult onset are often changes in cognitive abilities and personality. The affected individual may show poor school or work performance, anxiety, bewilderment, loss of alertness, disorganization, poor judgment, and/or declining memory. Cognition, speech, and balance/mobility skills will regress along with a loss of continence over a period of years. There is very little published data about the prognosis of adult onset MLD. The regression is slower than in the juvenile form, but the pattern is similar.
- The diagnosis of MLD should be suspected in patients with progressive neurologic decline, MRI evidence of a leukodystrophy, and a deficiency of arylsulfatase A enzyme. The diagnosis of MLD is with suggestive findings and confirmation with biallelic ARSA gene pathogenic variants. Other tests that can be used to diagnose include identification of increased urinary excretion of sulfatides and a nerve or brain biopsy showing metachromatic lipid deposits in the nervous system tissue.
- Lenmeldy is an autologous hematopoietic stem cell-based gene therapy indicated for the treatment of children with pre-symptomatic late infantile (PSLI), pre-symptomatic early juvenile (PSEJ) or early symptomatic early juvenile (ESEJ) MLD. Prior to Lenmeldy's approval, allogeneic hematopoietic cell transplantation (HSCT) was considered the first-line treatment option offered for eligible patients with a matched donor and none or early MLD disease involvement. HSCT appears to treat central nervous system manifestations of MLD but not peripheral neuropathy. Long-term follow-up suggests continued progression in the periphery. In a 2023 systematic review, disease progression at 10 years involving decreased motor function or loss of language occurred in 40% of patients with juvenile onset who received HSCT compared with 68% of patients with juvenile onset who did not receive HSCT.
- There is no data to support use of Lenmeldy following HSCT or prior use of another MLD gene therapy.
- A provider portal is used to capture clinical outcome information for patients on select high-cost treatments, such as gene and cellular therapies. If a patient meets medical necessity as defined by this policy and is approved for

treatment, the requesting physician must attest to providing clinical outcome information within the appropriate provider portal at the requested cadence.

References:

1. Lenmeldy [prescribing information]. Boston, MA: Orchard Therapeutics North America; March 2024.
2. Clinicaltrials.gov. Gene therapy for metachromatic leukodystrophy (MLD) (NCT01560182). Available at: <https://classic.clinicaltrials.gov/ct2/show/NCT01560182>. Accessed on March 20, 2024.
3. Sessa M, Lorioli L, Fumagalli F, et al. Lentiviral haemopoietic stem-cell gene therapy in early-onset metachromatic leukodystrophy: an ad-hoc analysis of a non-randomised, open-label, phase 1/2 trial. *Lancet*. 2016 Jul 30; 388 (10043): 476 - 87.
4. Fumagalli F, Calbi V, Sora MGN, et al. Lentiviral haematopoietic stem-cell gene therapy for early-onset metachromatic leukodystrophy: long-term results from a non-randomised, open-label, phase 1/2 trial and expanded access. *Lancet*. 2022 Jan 22; 399 (10322): 372 - 83.
5. Clinicaltrials.gov. OTL-200 in patients with late juvenile metachromatic leukodystrophy (MLD) (NCT04283227). Available at: <https://classic.clinicaltrials.gov/ct2/show/NCT04283227>. Accessed on March 20, 2024.
6. National Organization for Rare Disorders. Metachromatic leukodystrophy. 2022 March 22. Available at: <https://rarediseases.org/rare-diseases/metachromatic-leukodystrophy/#symptoms>. Accessed on March 20, 2024.
7. Solders M, Martin DA, Andersson C, et al. Hematopoietic SCT: a useful treatment for late metachromatic leukodystrophy. *Bone Marrow Transplant*. 2014 Aug; 49 (8): 1046 - 51.
8. de Hosson LD, van de Warrenburg BP, Preijers FW, et al. Adult metachromatic leukodystrophy treated by allo-SCT and a review of the literature. *Bone Marrow Transplant*. 2011 Aug; 46 (8): 1071 - 6.
9. Boucher AA, Miller W, Shanley R, et al. Long-term outcomes after allogeneic hematopoietic stem cell transplantation for metachromatic leukodystrophy: the largest single-institution cohort report. *Orphanet J Rare Dis*. 2015 Aug 7; 10: 94.
10. Groeschel S, Kühl JS, Bley AE, et al. Long-term outcome of allogeneic hematopoietic stem cell transplantation in patients with juvenile metachromatic leukodystrophy compared with nontransplanted control patients. *JAMA Neurol*. 2016 Sept; 73 (9): 1133 - 40.

Policy History												
#	Date	Change Description										
1.4	Effective Date: 06/11/2026	Updated to include the provider portal statement										
1.3	Effective Date: 06/05/2025	Annual review of criteria was performed, no changes were made										
1.2	Effective Date: 06/06/2024	New policy - this criteria replaces previously approved preliminary criteria										
1.1	Effective Date: 03/28/2024	UM medical management system update for BCBS and BCN <table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	No	BCNA	No
Line of Business	PA Required in Medical Management System (Yes/No)											
BCBS	Yes											
BCN	Yes											
MAPPO	No											
BCNA	No											
1.0	Effective Date: 12/14/2023	Preliminary Drug Review <table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>No</td></tr><tr><td>BCN</td><td>No</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	No	BCN	No	MAPPO	No	BCNA	No
Line of Business	PA Required in Medical Management System (Yes/No)											
BCBS	No											
BCN	No											
MAPPO	No											
BCNA	No											

* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.

Blue Cross Blue Shield/Blue Care Network of Michigan

Medication Authorization Request Form



This form is to be used by participating physicians to obtain coverage for **drugs covered under the medical benefit**. For commercial members only, please complete this form and submit via fax to 1-877-325-5979. If you have any questions regarding this process, please contact BCBSM Provider Relations and Servicing or the Medical Drug Helpdesk at 1-800-437-3803 for assistance.

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

PATIENT INFORMATION	PHYSICIAN INFORMATION
Name	Name
ID Number	Specialty
D.O.B. ☐ Male ☐ Female	Address
Diagnosis	City /State/Zip
Drug Name	Phone/Fax: P: () - F: () -
Dose and Quantity	NPI
Directions	Contact Person
Date of Service(s)	Contact Person Phone / Ext.

STEP 1: DISEASE STATE INFORMATION

- Is this request for: ☐ Initiation ☐ Continuation Date patient started therapy: _____
- Administered by patient or a medical professional? ☐ patient (self) ☐ health care professional (physician, nurse, etc.)
- Site of administration? ☐ Provider office/Home infusion ☐ Other: _____
☐ Hospital outpatient facility (go to #4) Reason for Hospital Outpatient administration: _____
☐ Hospital inpatient facility for Car-T therapy only (for example: Kymriah, Yescarta, or Tecartus) (go to #5)
- Please specify location of administration if hospital outpatient infusion: _____
- Please specify location of administration if hospital inpatient infusion: _____
- Please provide the NPI number for the place of administration: _____
- Initiation AND Continuation of therapy:**
 - What is the patient's diagnosis? _____
 - What other medication has the patient received for their condition? Please list _____
 - Please describe the response to previous therapies: _____
 - Will the patient be receiving any other treatment for the listed condition while on this medication? Please list: _____
 - Please list any labs values important for diagnosing or monitoring this patient's condition: _____
- Continuation of therapy:**
 - Has the patient progressed while on this medication? ☐ yes ☐ no
 - How has the patient's condition changed while on this medication?

☐ Improved: Please describe: _____
 ☐ Stable: please describe: _____
 ☐ Worsened; Please describe: _____
 ☐ Other; Please describe: _____

Chart notes are required for the processing of all requests. Please add any other supporting medical information necessary for our review (required)

Coverage will not be provided if the prescribing physician's signature and date are not reflected on this document.

☐ Request for expedited review: I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's Name	Physician Signature	Date
Step 2: Checklist	☐ Form Completely Filled Out ☐ Provide chart notes	☐ Attach test results
Step 3: Submit	By Fax: BCBSM Specialty Pharmacy Mailbox 1-877-325-5979	By Mail: BCBSM Specialty Pharmacy Program P.O. Box 312320, Detroit, MI 48231-2320

Confidentiality notice: This transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of this document is strictly prohibited. If you have received this in error, please notify the sender to arrange for the return of this document.

7/26/2018, 9/18/2018; 1/31/2020; 3/17/2020; 8/9/2021