

**Policy: MBP 293.0**

**Section: Medical Benefit Pharmaceutical Policy**

**Subject: Qalsody (tofersen)**

### **I. Policy:**

Qalsody (tofersen)

### **II. Purpose/Objective:**

To provide a policy of coverage regarding Qalsody (tofersen)

### **III. Responsibility:**

- A. Medical Directors
- B. Medical Management
- C. Pharmacy Department

### **IV. Required Definitions**

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. the department requiring/authoring the policy.
4. Devised – the date the policy was implemented.
5. Revised – the date of every revision to the policy, including typographical and grammatical changes.
6. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

### **V. Additional Definitions**

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards good medical treatment practiced by the general medical community;
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient

### **Medicaid Business Segment**

Medically Necessary — A service, item, procedure, or level of care compensable under the Medical Assistance program that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- i. Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- ii. Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- iii. Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

**DESCRIPTION:**

Qalsody (tofersen) is an anti-sense oligonucleotide that induces ribonuclease H-mediated degradation of superoxide dismutase 1 (SOD1) mRNA, resulting in SOD1 protein synthesis reduction.

**CRITERIA FOR USE: Requires Prior Authorization by Medical Director or Designee**

Qalsody (tofersen) will be considered medically necessary for all lines of business when ALL of the following criteria are met:

- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation of a consultation with a neurologist, neuromuscular specialist, or physician specializing in the treatment of amyotrophic lateral sclerosis (ALS) **AND**
- Medical record documentation of a diagnosis of amyotrophic lateral sclerosis (ALS) with a confirmed mutation in the superoxide dismutase 1 (SOD1) gene **AND**
- Medical record documentation of a prescribed dose and administration that is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature

**AUTHORIZATION DURATION:** Initial approval will be for **12 months** or less if the reviewing provider feels it is medically appropriate. Subsequent approvals will be for **12 months** or less if the reviewing provider feels it is medically appropriate and will require the following criteria:

- Medical record documentation that member is tolerating and compliant with prescribed Qalsody regimen **AND**
- Medical record documentation of regular physician follow-up

Note: For Medicaid (GHP Family), any requests for services that do not meet criteria set in the PARP will be evaluated on a case-by-case basis.

**LINE OF BUSINESS:**

**Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy.**

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 7/18/23

**Revised:**

**Reviewed:**