

<ul style="list-style-type: none"> • 3 Early eating problems — occasional choking • 2 Dietary consistency changes • 1 Needs supplemental tube feeding • 0 NPO (exclusively parenteral or enteral feeding) 	<ul style="list-style-type: none"> • 1 Provides minimal assistance to caregiver • 0 Unable to perform any aspect of task 	<ul style="list-style-type: none"> • 0 Significant difficulty, considering using mechanical respiratory support
<p>Handwriting</p> <ul style="list-style-type: none"> • 4 Normal • 3 Slow or sloppy: all words are legible • 2 Not all words are legible • 1 Able to grip pen but unable to write • 0 Unable to grip pen 	<p>Dressing and hygiene</p> <ul style="list-style-type: none"> • 4 Normal function • 3 Independent and complete self-care with effort or decreased efficiency • 2 Intermittent assistance or substitute methods • 1 Needs attendant for self-care • 0 Total dependence 	<p>Orthopnea (new)</p> <ul style="list-style-type: none"> • 4 None • 3 Some difficulty sleeping at night due to shortness of breath, does not routinely use more than two pillows • 2 Needs extra pillows in order to sleep (more than two) • 1 Can only sleep sitting up • 0 Unable to sleep
	<p>Turning in bed and adjusting bed clothes</p> <ul style="list-style-type: none"> • 4 Normal • 3 Somewhat slow and clumsy, but no help needed • 2 Can turn alone or adjust sheets, but with great difficulty • 1 Can initiate, but not turn or adjust sheets alone • 0 Helpless 	<p>Respiratory insufficiency (new)</p> <ul style="list-style-type: none"> • 4 None • 3 Intermittent use of BiPAP • 2 Continuous use of BiPAP during the night • 1 Continuous use of BiPAP during the night and day • 0 Invasive mechanical ventilation by intubation or tracheostomy

Clinical Criteria

When a drug is being reviewed for coverage under a member’s medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Qalsody (tofersen)

Initial requests for Qalsody (tofersen) may be approved if the following criteria are met:

- I. Individual has a diagnosis of amyotrophic lateral sclerosis (ALS); **AND**
- II. Individual meets both of the following:
 - A. Weakness associated with ALS; **AND**
 - B. Documentation is provided that genetic test is positive for SOD1 mutation.

Continuation requests for Qalsody (tofersen) may be approved if the following criteria are met:

- I. Individual does not require mechanical ventilation by intubation or tracheostomy.

Qalsody (tofersen) may not be approved when the above criteria are not met and for all other indications.

Approval Duration:

Initiation: 6 months

Continuation: 12 months

Quantity Limits

Qalsody (tofersen) Quantity Limits

Drug	Limit
Qalsody (tofersen) 100 mg/15 mL vial intrathecal solution	15 mL (1 vial) every 4 weeks
Override Criteria	
Initiation of therapy for Qalsody (tofersen): May approve a total of three (3) 100 mg/15 mL doses (3 vials) in the first six weeks of treatment.	

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS

J1304 Injection, tofersen, 1 mg [Qalsody]

ICD-10 Diagnosis

G12.21 Amyotrophic lateral sclerosis

Document History

Reviewed: 11/17/2023

Document History:

- 11/17/2023 – Annual Review: No changes. Coding Reviewed: No changes.
- 04/26/2023 – New Review: Add new clinical criteria document for Qalsody (tofersen). Coding Reviewed: Added HCPCS J3490, J3590. All diagnoses pend. Effective 10/1/2023 Added HCPCS C9157. Effective 1/1/2024 Added HCPCS J1304. Removed HCPCS J3490, J3590, C9157. Added ICD-10-CM G12.21.

References

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: October 3, 2023.
2. Cedarbaum JM, Stambler N, Malta E, et al. The ALSFRS-R: a revised ALS functional rating scale that incorporates assessments of respiratory function. BDNF ALS Study Group (Phase III). *J Neurol Sci*. 1999; 169(1-2):13-21.
3. Miller RG, Jackson CE, Kasarskis EJ, et al. Practice Parameter update: The care of the patient with amyotrophic lateral sclerosis: Drug, nutritional, and respiratory therapies (an evidence-based review). Report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology* Oct 2009, 73 (15) 1218-1226; DOI: 10.1212/WNL.0b013e3181bc0141. Reaffirmed Jan 2023. Accessed October 3, 2023.
4. Miller RG, Jackson CE, Kasarskis EJ, et al. Practice Parameter update: The care of the patient with amyotrophic lateral sclerosis: Multidisciplinary care, symptom management, and cognitive/behavioral impairment (an evidence-based review). Report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology* Oct 2009, 73 (15) 1227-1233; DOI: 10.1212/WNL.0b013e3181bc01a4. Reaffirmed Feb 2023. Accessed October 3, 2023.
5. Miller TM, Cudkowicz ME, Genge A, et al. VALOR and OLE Working Group. Trial of Antisense Oligonucleotide Tofersen for *SOD1* ALS. *N Engl J Med*. 2022;387(12):1099-1110. doi:10.1056/NEJMoa2204705. Available at https://www.nejm.org/doi/suppl/10.1056/NEJMoa2204705/suppl_file/nejmoa2204705_appendix.pdf.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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