For initial authorization:

1. Member is less than two years of age;
2. Medication must be prescribed by or in consultation with a neurologist; AND
3. Member has a diagnosis of SMA confirmed by genetic/newborn testing showing any of the following:
   a) Homozygous gene deletion of the survival motor neuron 1 (SMN1) gene (e.g., absence of SMN1 gene)
   b) Homozygous mutation of the SMN1 gene (e.g., biallelic mutation of exon 7)
   c) Compound heterozygous mutation in the SMN1 gene (e.g., deletion of SMN1 exon 7 [allele 1] and mutation of SMN1 [allele 2])
4. Member has 2 to 4 copies of SMN2; AND
5. Member has documentation of ALL of the following in chart notes:
   a)

For reauthorization :

1. Zolgensma will not be reauthorized for continuous use.

CareSource considers Zolgensma (onasemnogene abeparvovec- xioi) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off- Label policy.

DATE	ACTION/DESCRIPTION
05/31/2019	New policy for Zolgensma created.
06/29/2020	J code updated.
05/24/2022	Transferred to a new template. Updated references. Updated age to 2 years old and younger. Updated the copy numbers to 2 to 4 copies of SMN2. Clarified SMA diagnosis. Removed childhood vaccination requ(nati) 3.557 0 Td ( )Tj 0.0(l)-1.1 (66 r2 and)5D 1