Sample Letter of Medical Necessity Template for LENMELDY™ (atidarsagene autotemcel)

[Note: When preparing the actual letter, use professional/physician letterhead.]

This sample letter is for informational purposes only. Use of this information does not constitute medical or legal advice and does not guarantee coverage. It is not intended to be a substitute for, or an influence on, the independent clinical decision of the prescriber. This should be utilized only after a prescribing decision has been made. Please see Important Safety Information on pages 2-4, and full Prescribing Information.

[Date]

[Payer Medical/Pharmacy Director/Contact Name]

[Payer Organization Name]

[Payer Street Address]

[Payer City, State, ZIP Code]

RE: [Patient Name]

Date of Birth: [Patient Date of Birth]

Policy ID/Group Number: [Policy ID/Group Number]

Policyholder: [Policyholder's Name]

Dear **[Payer Medical/Pharmacy Director/Contact Name]**:

I am **[Physician Name, Credentials, Specialty, Hospital/Practice]**. I am writing on behalf of my patient, **[Patient Name]**, to document the medical necessity for treatment with LENMELDY™ (atidarsagene autotemcel) for the diagnosis of early onset* metachromatic leukodystrophy (MLD). This letter provides information about **[Patient Name]**'s medical history, diagnosis, prognosis, and treatment plan with LENMELDY.

*See full indication.

1. Summary of Patient's Medical History

[*You may be required to include the following*:

- *Patient's date of MLD diagnosis including:*
  - *Patient subtype of pre-symptomatic late infantile (PSLI), pre-symptomatic early juvenile (PSEJ), or early-symptomatic early juvenile (ESEJ).*
  - *Appropriate ICD-10-CM code, dates of lab testing, such as genetic test, arylsulfatase A (ARSA) deficiency, and sulfatides urine test, etc.*
- *Patient and family medical history:*
  - *Sibling diagnosis, if applicable, and age/date of onset*
- *Patient's current condition]*

2. Patient-Specific Rationale for Treatment

[*Insert summary statement for treatment rationale, as well as a summary of your professional opinion of the patient's anticipated prognosis or disease progression without treatment with LENMELDY and the importance of a quick treatment decision. You may include supporting clinical studies, peer-reviewed literature, and any relevant information from the LENMELDY Prescribing Information.]*

[Prescriber may choose to include the specific criteria for coverage that the patient meets based

on the patient's health plan, along with other relevant details.]

In summary, LENMELDY is medically necessary for this patient's condition, and it should be covered for my patient without delay. Please call my office at **[Telephone Number]** if I can provide you with any additional information. I look forward to receiving your timely response and approval of this authorization.

Sincerely,

[Physician Name and Participating Provider Number]

INDICATION

LENMELDY™ (atidarsagene autotemcel) 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) metachromatic leukodystrophy (MLD).

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

- **Thrombosis and Thromboembolic Events:**

Treatment with LENMELDY may increase the risk of thrombosis and thromboembolic events. A child with PSEJ MLD died after experiencing a left hemisphere cerebral infarction secondary to a thrombotic event in a large blood vessel approximately 1 year after treatment with LENMELDY. Evaluate the risk factors for thrombosis prior to and after LENMELDY infusion according to best clinical practice. Consider monitoring D-dimer levels after LENMELDY treatment.

- **Encephalitis:**

Treatment with LENMELDY may increase the risk of encephalitis. A child with ESEJ developed a serious event of encephalitis after treatment with LENMELDY. The etiology of this event is unclear but attribution to LENMELDY cannot be ruled out. Treatment with LENMELDY may trigger a relapsing-remitting pattern of disease progression. No other events related to encephalitis have been reported during the clinical development of LENMELDY. Monitor children for signs or symptoms of encephalitis after LENMELDY treatment.

- **Serious Infection:**

In the period between start of conditioning and within 1 year after LENMELDY treatment, severe Grade 3 infections occurred in 39% of all children (21% bacterial, 5% viral, 5% bacterial and viral or bacterial and fungal, and 8% unspecified). Grade 3 febrile neutropenia developed within 1 month after LENMELDY infusion in 82% of children. In the event of febrile neutropenia, monitor for signs and symptoms of infection and manage with broad-spectrum antibiotics, fluids, and other supportive care as medically indicated. Monitor children for signs and symptoms of infection after myeloablative conditioning and LENMELDY infusion and treat appropriately. Administer prophylactic antimicrobials according to best clinical practice.

• **Veno-Occlusive Disease:**

Three children (8%) treated in clinical trials of LENMELDY developed veno-occlusive disease (VOD) with one Grade 4 SAE and two Grade 3 AEs. None of these three events met Hy's Law criteria. Monitor children for signs and symptoms of VOD including liver function tests in all children during the first month after LENMELDY infusion. Consider prophylaxis for VOD with an anti-thrombotic such as defibrotide or ursodeoxycholic acid based on risk factors for VOD and best clinical practice.

• **Delayed Platelet Engraftment (DPE):**

DPE has been observed with LENMELDY treatment. Bleeding risk is increased prior to platelet engraftment and may continue after engraftment in children with prolonged thrombocytopenia. In clinical trials of LENMELDY, 4 (10%) children had delayed platelet engraftment after day 60 (range day 67-109), with 3 children requiring platelet transfusions until engraftment occurred. Patients should be informed of the risk of bleeding until platelet recovery has been achieved. Monitor patients for thrombocytopenia and bleeding until platelet engraftment and recovery are achieved.

• **Neutrophil Engraftment Failure:**

There is a potential risk of neutrophil engraftment failure after treatment with LENMELDY. Monitor neutrophil counts until engraftment has been achieved. If neutrophil engraftment failure occurs in a child treated with LENMELDY, provide rescue treatment with the unmanipulated back-up collection of $CD34^+$ cells.

• **Insertional Oncogenesis:**

There is a potential risk of LVV-mediated insertional oncogenesis after treatment with LENMELDY. Children treated with LENMELDY may develop hematologic malignancies and should be monitored lifelong. Monitor for hematologic malignancies with a complete blood count (with differential) annually and integration site analysis as warranted for at least 15 years after treatment with LENMELDY. In the event that a malignancy occurs, contact Orchard Therapeutics at 1-888-878-0185 for reporting and to obtain instructions on collection of samples for testing.

• **Hypersensitivity Reactions:**

The dimethyl sulfoxide (DMSO) in LENMELDY may cause hypersensitivity reactions, including anaphylaxis which is potentially life-threatening and requires immediate intervention. Hypersensitivity including anaphylaxis can occur in children with and without prior exposure to DSMO. Monitor for hypersensitivity reactions during infusion and after infusion.

• **Anti-Retroviral Use:**

Children should not take prophylactic HIV anti-retroviral medications for at least one month prior to mobilization, or for the expected duration of time needed for the elimination of the medications. Anti-retroviral medications may interfere with the manufacturing of LENMELDY. If a child requires antiretrovirals for HIV prophylaxis, initiation of LENMELDY treatment should be delayed until

confirmation of a negative test for HIV.

• Interference With Serology Testing:

Due to the likelihood of a false-positive test for HIV, children who have received LENMELDY should not be screened for HIV infection using a PCR-based assay.

USE IN SPECIFIC POPULATIONS

Females and Males of Reproductive Potential

Pregnancy Testing
As a precautionary measure, a negative serum pregnancy test must be confirmed prior to the start of mobilization, and reconfirmed prior to conditioning procedures, and before administration of LENMELDY in females of childbearing potential.

Contraception

Consult the Prescribing Information of the mobilization and conditioning agents for information on the need for effective contraception. Males capable of fathering a child and females of childbearing age should use an effective method of contraception from start of mobilization through at least 6 months after administration of LENMELDY.

Infertility
There are no data on the effects of LENMELDY on fertility.

Data are available on the risk of infertility with myeloablative conditioning. In clinical trials of LENMELDY, seven children (50% of females) developed ovarian failure. Advise children of the option to cryopreserve semen or ova before treatment, if appropriate.

Please see full Prescribing Information.