

On behalf of The ALS Association and all those living with amyotrophic lateral sclerosis (ALS) and their families, we respectfully request that Blue Cross Blue Shield (BCBS) reconsider its draft policy regarding coverage of tofersen (Qalsody™). **Specifically, we ask that BCBS reverse its draft policy which calls for the denial of Qalsody for all people living with ALS.** Failure to do so will result in the reduction of quality and quantity of life – an avoidable and unacceptable outcome.

Amyotrophic lateral sclerosis (ALS) is a progressive neurodegenerative disease that affects nerve cells in the brain and spinal cord. Over the course of the disease, people lose the ability to move, to speak, and eventually, to breathe. On average, it takes about a year before a final ALS diagnosis is made. The disease is always fatal, usually within five years of diagnosis. There is no cure.

While most cases of ALS are sporadic with no clearly associated risk factors and no family history of the disease, approximately 2% of ALS cases are caused by mutations in the *SOD1* gene. That means there fewer than 500 patients with *SOD1*-ALS in the United States based on FDA estimates. The most common *SOD1* gene mutations in North America are associated with younger age of onset and shorter survival. In other words, *SOD1*-ALS is a particularly rare and aggressive form of an already rare and devastating disease.

Tofersen was developed to specifically target the RNA produced from mutated *SOD1* genes to stop the production of toxic *SOD1* proteins that cause ALS. In the phase 3 VALOR trial, tofersen was shown to reduce levels of the SOD1 protein in cerebral spinal fluid by 35% as early as eight weeks after participants began receiving the therapy. By 12-16 weeks, tofersen reduced bloodstream levels of NfL, a biomarker of neuron damage and neurodegeneration, by 50%.

These biological changes were subsequently reflected in functional scale measures. After 52 weeks of treatment, participants who had been taking tofersen since the start of the double-blind study showed a reduction in decline on ALSRS-R, measures of respiratory function (as measured by slow vital capacity), muscle strength (as measured by the handheld dynamometry megascore), and patient-reported outcome measures of quality of life (such as ASLAQ-5 and EQ-5D-5L) compared to those who started treatment 6 months later during the open-label extension.

For a disease like *SOD1*-ALS where deterioration and decline is inevitable, these trends cannot be discounted and could have a meaningful impact on people's lives. Which is why when asked to consider tofersen's effectiveness during the March 22, 2023, meeting of the FDA's Peripheral and Central Nervous System Drugs Advisory Committee, committee member David Weisman, M.D., said: *"Does it work in 6 months? And the answer's clearly no, but does the total trial data set tell us that it works after 6 months? I know that there are problems with that, but I really want to say yes when we're looking at all of the data."*

These results clearly show that seeing the clinical benefits of tofersen take time – which is something people with *SOD1*-ALS do not have in abundance. Therefore, **BCBS's decision to wait for additional confirmatory evidence of clinical benefit and deny access to tofersen for**



OUR VISION: Create a world without ALS.

OUR MISSION: To discover treatments and a cure for ALS, and to serve, advocate for, and empower people affected by ALS to live their lives to the fullest.

HOME OFFICE • 1300 Wilson Boulevard, Suite 600, Arlington, VA 22209 • PHONE 202.407.8580 FAX 202.464.8869 • als.org

those living with SOD1-ALS today – despite the drug being approved by the FDA – is effectively reducing their quantity and quality of life.

We strongly encourage BCBS to take the following actions:

- Provide immediate coverage for Qalsody that is consistent with the FDA-approved indication and labeling, including in combination where appropriate.
- Avoid unnecessary delays in access to Qalsody caused by prior authorization, tiered/fail first/step therapy, or other deliberate and unnecessary barriers to access.

It is important that BCBS recognizes that anything that slows or stops the underlying disease-causing process is a huge step forward for people living with ALS and their families as well as the urgency of receiving such treatments. Qalsody has both biological and clinical benefit. As such, it **should be accessible to all people living with ALS caused by a mutation in the SOD1 gene.**

We ask that you **respond to this request in writing as soon as possible and no later than Friday, September 15, 2023.**

Additionally, we request an opportunity to speak with BCBS further regarding this and any future decisions that could impact people living with ALS. Thank you in advance for your time and attention to the matter.

Respectfully,

Melanie Lendnal

Melanie Lendnal, Esq.
Senior Vice President, Policy & Advocacy
The ALS Association