

<u>Field Name</u>	<u>Field Description</u>
<u>Prior Authorization Group Description</u>	<u>Kebilidi (eladocagene exuparvovec-tneq)</u>
<u>Drugs</u>	<u>Kebilidi (eladocagene exuparvovec-tneq)</u>
<u>Covered Uses</u>	<u>Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.</u>
<u>Exclusion Criteria</u>	<u>Previous treatment with gene therapy</u>
<u>Required Medical Information</u>	<u>See “Other Criteria”</u>
<u>Age Restrictions</u>	<u>N/A</u>
<u>Prescriber Restrictions</u>	<u>Prescriber must be a geneticist or neurologist.</u>
<u>Coverage Duration</u>	<u>If all the criteria are met, the request will be approved for one treatment per lifetime (4 infusions).</u>
<u>Other Criteria</u>	<p><b><u>**Drug is being requested through the member’s medical benefit**</u></b></p> <p><b><u>Initial Authorization:</u></b></p> <ul style="list-style-type: none"> <li>• <b><u>Medication is prescribed at an FDA approved dose</u></b></li> <li>• <b><u>Documentation of genetically confirmed diagnosis of aromatic L-amino acid decarboxylase (AADC) deficiency evidenced by biallelic mutations in the <i>DDC</i> gene (copy of genetic test submitted with request)</u></b></li> <li>• <b><u>Documentation of skull maturity confirmed by neuroimaging</u></b></li> <li>• <b><u>Patient has classic clinical characteristics (e.g. oculogyric crises, hypotonia, developmental delay) of AADC deficiency that are not well-managed by symptomatic control drugs (i.e. dopamine agonists, monoamine oxidase inhibitor, pyridoxine, etc.)</u></b></li> </ul> <p><b><u>If all of the above criteria are not met, the request is referred to a Medical Director/Clinical Reviewer for medical necessity review.</u></b></p>
<u>Review/Revision Date: 4/2025</u>	