Medical Policy:

Exondys 51™ (eteplirsen)

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.30	April 2, 2025	

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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as "EmblemHealth"), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Duchenne Muscular Dystrophy (DMD) is an inherited disorder that results in a deficiency of dystrophin causing a loss of muscle function and weakness. DMD primarily affects males and is the most common, and severe, form of muscular dystrophy in children. Symptom onset usually occurs between the ages of 3 and 5. It is one of more than thirty forms of muscular dystrophy.

The DMD gene provides instructions for making the protein dystrophin. Dystrophin, a protein that protects muscles from deterioration, is located primarily in skeletal and heart muscle.

Eteplirsen (Exondys 51) is an antisense oligonucleotide, administered via intravenous infusion, designed to bind to exon 51 of dystrophin pre-mRNA. This results in the exclusion of exon 51 during mRNA processing in those members with genetic mutations that are amenable to exon 51 skipping. The exon skipping which occurs as a result of eteplirsen binding is intended to allow for the production of internally truncated dystrophin proteins.

Length of Authorization

Coverage will be for 6 months and may be renewed.

Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:
350 billable units (3500 mg) every 7 days

Guideline

Eteplirsen is considered medically necessary for the treatment of DMD in members who have a confirmed mutation of the DMD gene that is amenable to exon 51 skipping.

I. Initial coverage will be provided for 6 months when **ALL** of the following criteria have been met:

1. **Duchenne Muscular Dystrophy**
    A. Member is diagnosed with DMD and with confirmed mutation of the DMD gene that is amenable to exon 51 skipping; **AND**
    B. Patient has been on a stable dose of corticosteroids, unless contraindicated or intolerance, for at least 6 months; **AND**
    C. Patient retains meaningful voluntary motor function (e.g., patient is able to speak, manipulate objects using upper extremities, ambulate, etc.); **AND**
    D. Patient should be receiving physical and/or occupational therapy; **AND**
    E. Baseline documentation of **ONE or more** of the following:
        i. Dystrophin level
        ii. 6-minute walk test (6MWT) or other timed function tests (e.g., time to stand [TTSTAND], time to run/walk 10 meters [TTRW], time to climb 4 stairs [TTCLIMB])
        iii. Upper limb function (ULM) test
        iv. North Star Ambulatory Assessment (NSAA)
        v. Forced Vital Capacity (FVC) percent predicted

II. Renewal Guideline

Coverage will be provided for 6 months when **ALL** of the following criteria are met:

1. Medication is prescribed by a pediatric neurologist specializing in DMD treatment; **AND**
2. Medication is prescribed at its FDA-approved dosing of 30 mg/kg once per week; **AND**
3. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: severe hypersensitivity reactions, etc.; **AND**
4. Patient has responded to therapy compared to pretreatment baseline in **one or more** of the following (not all-inclusive):
    a. Increase in dystrophin level
    b. Stability, improvement, or slowed rate of decline in 6MWT or other timed function tests (e.g., time to stand [TTSTAND], time to run/walk 10 meters [TTRW], time to climb 4 stairs [TTCLIMB])
    c. Stability, improvement, or slowed rate of decline in ULM test
    d. Stability, improvement, or slowed rate of decline in NSAA
    e. Stability, improvement, or slowed rate of decline in FVC% predicted
    f. Improvement in quality of life

Limitations/Exclusions

1. Patient is not on concomitant therapy with other DMD-directed antisense oligonucleotides (e.g., golodirsen, casimersen, viltolarsen, etc.); **AND**
2. Patient is not on concomitant therapy with delandistrogene moxeparvovec-rokl; **AND**
3. The use of Eteplirsen is considered experimental or investigational for all other uses.

Applicable Procedure Codes

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Code	Description
J1428	Injection, eteplirsen, 10 mg (Eff. 01/01/2018)

Applicable NDCs

Code	Description
60923-0284-01	Exondys 51 500mg/10mL
60923-0363-02	Exondys 51 100mg/2mL

ICD-10 Diagnoses

Code	Description
G71.01	Duchenne or Becker muscular dystrophy

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	4/2/2025	Annual Review: Addition to limitations/exclusions - Patient is not on concomitant therapy with delandistrogene moxeparvovec-rokl.
EmblemHealth & ConnectiCare	3/4/2024	Annual Review: Added length of authorization and dosing limit headers Added to Limitations and Exclusions: Patient is not on concomitant therapy with other DMD-directed antisense oligonucleotides (e.g., golodirsen, casimersen, viltolarsen, etc.);
EmblemHealth & ConnectiCare	7/03/2023	Annual Review: Length of Authorization: updated from 4 weeks to 6 months DMD Initial Criteria: Removed "Member is ≥ 7 years of age 1. Member is able to independently walk a mean distance of ≥ 300 meters in the 6-minute walk test 2. Member is ambulatory without assistance or devices (e.g. cane, walker, wheelchair) 3. Member is currently receiving treatment with glucocorticoids and **one** of the following conditions has been met and documented (**a or b**): a. Member has received glucocorticoids for at least 24 weeks **AND**, according to the prescribing physician, the member has experienced **at least one** of the following significant intolerable adverse effects (i, ii, iii, or iv) i. Cushingoid appearance ii. Central (truncal) obesity iii. Undesirable weight gain (defined as ≥ 10% of body weight gain increase over a 6-month period) iv. Diabetes and/or hypertension that is difficult to manage according to the prescribing physician b. According to the prescribing physician, the member has experienced a severe behavioral adverse effect while on glucocorticoid therapy that has (or would) require a dose reduction 4. Member has stable pulmonary function and cardiac function 5. Member has a FVC of ≥ 30% or Brooke Score of ≤ 5 6. Documentation of baseline blood urea nitrogen (BUN)/serum creatinine (SCR) ratio demonstrating normal kidney function 7. Documentation of baseline urinalysis demonstrating absence of proteinuria 8. Member has had an adequate trial of Emflaza (deflazacort)

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		9. Medication is prescribed by a pediatric neurologist specializing in DMD treatment 10. Medication is prescribed at its FDA-approved dosing of 30 mg/kg once per week" Added "2. Patient has been on a stable dose of corticosteroids, unless contraindicated or intolerance, for at least 6 months; AND 3. Patient retains meaningful voluntary motor function (e.g., patient is able to speak, manipulate objects using upper extremities, ambulate, etc.); AND 4. Patient should be receiving physical and/or occupational therapy; AND 5. Baseline documentation of one or more of the following: o Dystrophin level o 6-minute walk test (6MWT) or other timed function tests (e.g., time to stand [TTSTAND], time to run/walk 10 meters [TTRW], time to climb 4 stairs [TTCLIMB]) o Upper limb function (ULM) test o North Star Ambulatory Assessment (NSAA) o Forced Vital Capacity (FVC) percent predicted" DMD Renewal Criteria: Updated length of authorization from 24 weeks to 6 months. Removed **"**Member remains ambulatory without assistance or devices (e.g. cane, walker, wheelchair) (documentation required) 4. Member's pulmonary and cardiac function has remained stable 5. Member continues to receive treatment with glucocorticoids" Added: 3. "Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include 4. the following: severe hypersensitivity reactions, etc.; AND 5. Patient has responded to therapy compared to pretreatment baseline in one or more of the following (not all-inclusive): o Increase in dystrophin level o Stability, improvement, or slowed rate of decline in 6MWT or other timed function tests (e.g., time to stand [TTSTAND], time to run/walk 10 meters [TTRW], time to climb 4 stairs [TTCLIMB]) o Stability, improvement, or slowed rate of decline in ULM test o Stability, improvement, or slowed rate of decline in NSAA o Stability, improvement, or slowed rate of decline in FVC% predicted o Improvement in quality of life" Removed code: G71.0 added code G71.01
EmblemHealth & ConnectiCare	6/7/2022	Transferred policy to new template
EmblemHealth & ConnectiCare	9/8/17	Added Eteplirsen coverage for members diagnosed with DMD who meet criteria above.

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