Reference number(s)
4233-A

STANDARD MEDICARE PART B MANAGEMENT

EXONDYS 51 (eteplirsen)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication
Exondys 51 is indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients who have a confirmed mutation of the DMD gene that is amenable to exon 51 skipping.

This indication is approved under accelerated approval based on an increase in dystrophin in skeletal muscle observed in some patients treated with Exondys 51. Continued approval for this indication may be contingent upon verification of a clinical benefit in confirmatory trials.

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. DOCUMENTATION

The following documentation must be available, upon request, for all submissions:
A. Initial requests: laboratory confirmation of Duchenne muscular dystrophy (DMD) diagnosis with a DMD gene mutation that is amenable to exon 51 skipping (refer to examples in Appendix).
B. Continuation of therapy requests: documentation (e.g., chart notes) of response to therapy.

III. PRESCRIBER SPECIALTIES

This medication must be prescribed by or in consultation with a physician who specializes in the treatment of Duchenne muscular dystrophy (DMD).

IV. CRITERIA FOR INITIAL APPROVAL

Duchenne Muscular Dystrophy
Authorization of 6 months may be granted for treatment of DMD when all of the following criteria are met:
A. Genetic testing was conducted to confirm the diagnosis of DMD and to identify the specific type of DMD gene mutation.
B. The DMD gene mutation is amenable to exon 51 skipping (refer to examples in Appendix).
C. Treatment with Exondys 51 is initiated before the age of 14.

D. Member is able to achieve an average distance of at least 180 meters while walking independently over 6 minutes.
E. Member will not exceed a dose of 30 mg/kg once weekly.

V. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 12 months may be granted when all of the following criteria are met:
A. The member is currently receiving therapy with Exondys 51.
B. Exondys 51 is being used to treat an indication enumerated in Section IV.
C. The member is receiving benefit from therapy as evidenced by remaining ambulatory (e.g., able to walk with or without assistance, not wheelchair dependent).
D. The member will not exceed a dose of 30 mg/kg once weekly.

VI. APPENDIX

Examples of DMD gene mutations (exon deletions) amenable to exon 51 skipping (not an all-inclusive list):

1. Deletion of exon 50
2. Deletion of exon 52
3. Deletion of exons 45-50
4. Deletion of exons 47-50
5. Deletion of exons 48-50
6. Deletion of exons 49-50

VII. SUMMARY OF EVIDENCE

The contents of this policy were created after examining the following resources:
1. The prescribing information for Exondys 51.
2. The available compendium
    a. National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
    b. Micromedex DrugDex
    c. American Hospital Formulary Service- Drug Information (AHFS-DI)
    d. Lexi-Drugs
    e. Clinical Pharmacology

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Exondys 51 are covered.

VIII. EXPLANATION OF RATIONALE

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

IX. REFERENCES

1. Exondys 51 [package insert]. Cambridge, MA: Sarepta Therapeutics, Inc.; January 2022.
2. Mendell JR, Rodino-Klapac LR, Sahenk Z, et al. Eteplirsen for the treatment of Duchenne muscular dystrophy. *Ann Neurol*. 2013;74(5):637-47.
3. Cirak S, Arechavala-Gomeza V, Guglieri M, et al. Exon skipping and dystrophin restoration in patients with Duchenne muscular dystrophy after systemic phosphorodiamidate morpholino oligomer treatment: an open-label, phase 2, dose-escalation study. *Lancet*. 2011;378(9791):595-605.
4. Mendell JR, Goemans N, Lowes LP, et al; Eteplirsen Study Group and Telethon Foundation DMD Italian Network. Longitudinal effect of eteplirsen versus historical control on ambulation in Duchenne muscular dystrophy. Ann Neurol. 2016;79(2):257-271.
5. Randeree L, Eslick GD. Eteplirsen for paediatric patients with Duchenne muscular dystrophy: A pooled-analysis. J Clin Neurosci. 2018;49:1-6.