Eteplirsen (Exondys 51) Criteria

<table>
<thead>
<tr>
<th>Iowa Medicaid Program:</th>
<th>Prior Authorization</th>
<th>Effective Date:</th>
<th>4/21/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revision Number:</td>
<td></td>
<td>Last Review Date:</td>
<td>4/19/2019</td>
</tr>
<tr>
<td>Reviewed By:</td>
<td>Medicaid Clinical Advisory Committee</td>
<td>Next Review Date:</td>
<td>4/2020</td>
</tr>
<tr>
<td>Approved By:</td>
<td>Medicaid Medical Director</td>
<td>Approved Date:</td>
<td>6/19/2019</td>
</tr>
</tbody>
</table>

Eteplirsen (Exondys 51) is an antisense oligonucleotide 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. The approval of this controversial drug has been accelerated by CMS based on an increase in dystrophin in skeletal muscle observed in some patients. Dystrophin is a rod shaped cytoplasmic protein that connects the cytoskeleton of a muscle fiber to the surrounding extracellular matrix through the cell membrane. A clinical benefit has not been clearly established and continued approval is contingent on verification of clinical improvement in performance trials.

Exon skipping is a form of RNA splicing used to cause cells to “skip” over faulty or misaligned sections of genetic code resulting in a truncated but still functional protein, despite the genetic mutation.

**ALL Criteria must be met:**

1. Member has a confirmed mutation of the DMD gene amenable to exon 51 skipping.
2. Eteplirsen has been initiated in childhood before 14 years of age.
3. Member is able to achieve an average distance of at least 180m while walking independently over six minutes; other timed function tests or strength tests will be considered including tests of pulmonary function.
4. Medication is prescribed by or in consultation with a physician who specializes in treatment of pediatric neurologic disorders.
5. Eteplirsen is dosed based on FDA approved dosing at 30mg/kg/week.
6. Approval of initiation of treatment is for one year as there is evidence that functional improvement requires accumulation of dystrophin in the muscle tissue.
7. Medication administration is performed in a treating physician’s clinic, patient’s home (by appropriate healthcare professional), or hospital.

Continuation of Treatment after one year

1. Continuation of treatment requires documentation of stability of member’s physical capacity to improve or maintain distance walked in six minutes. A decline of 20 percent from baseline distance would indicate little or no meaningful therapeutic effect.
2. Renewal of treatment is based on clinical parameters documenting improvement or stability in capacity identified at the start of treatment.

**CPT codes:**

96365-96358  Covers intravenous infusion.
96401, 96409-96411, 96413-96417  Chemotherapy administration

HCPCS codes
J1428        Eteplirsen, 10 mg
ICD-10 code
G71.0  Duchenne muscular dystrophy

References Used:
Duchenne Muscular dystrophy and dystrophin: pathogenesis and opportunities for
treatment, Nowak, KJ et.al, EMBO Reports, 2004 Sep, 5(9): 872-876

Longitudinal Effect of Eteplirsen versus Historical Control on Ambulation in Duchenne

Development of utilization management criteria may also involve research into other state
Medicaid programs, other payer policies, consultation with experts and review by the
Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced
individually unless they are specifically published and are otherwise applicable to the
criteria at issue.

Change History:

<table>
<thead>
<tr>
<th>Change Date:</th>
<th>Changed By:</th>
<th>Description of Change:</th>
<th>New Version Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/17/18</td>
<td>CAC</td>
<td>Wording</td>
<td>2</td>
</tr>
</tbody>
</table>

C. David Smith, MD