

Section:Prescription DrugsEffective Date:October 1, 2024Subsection:Neuromuscular AgentsOriginal Policy Date:October 7, 2016Subject:Exondys 51Page:1 of 6Last Review Date:September 6, 2024

Exondys 51

Description

Exondys 51 (eteplirsen)

Background

Exondys 51 (eteplirsen) is indicated for patients with a diagnosis of Duchenne muscular dystrophy (DMD) who have a confirmed mutation of the DMD gene that is amenable to exon 51 skipping. DMD is a genetic disorder characterized by progressive muscle degeneration and weakness. DMD is caused by an exon mutation in a gene that codes for dystrophin, a protein that helps keep muscle intact. Exons are the sections of DNA that contain instructions for creating proteins; if an exon is mutated, a functional protein cannot be produced. Exondys 51 is designed to "skip over" a mutated exon and enable the synthesis of a shortened, functional form of dystrophin protein (1).

Regulatory Status

FDA-approved indication: 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 (1).

Monitoring motor changes in patients with DMD requires functional evaluation along with measurement of muscle strength. The need for a reliable outcome measure in diseases of rapid deterioration such as DMD has led to the use of motor functional tests. In a large, multicenter, international clinical trial, the six minute walk test (6MWT) proved to be feasible and highly reliable. Also used are the Motor Function Measure (MFM) and North Star Ambulatory Assessment (NSAA) to help predict loss of ambulation 1 year before its occurrence in order to

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allow time to adapt rehabilitation, change the patient's environment, and consider acquisition of assistive aids or the use of medications (2-4).

Related policies

Agamree, Amondys 45, Duvyzat, Elevidys, Emflaza, Viltepso, Vyondys 53

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Exondys 51 may be considered medically necessary if the conditions indicated below are met.

Exondys 51 may be considered investigational for all other indications.

Prior-Approval Requirements

Age 20 years of age or younger

Diagnosis

Patient must have ALL of the following:

- 1. Duchenne muscular dystrophy
 - a. Confirmed mutation of the DMD gene that is amenable to exon 51 skipping
 - b. Prescribed by or in consultation with a neurologist specializing in DMD
 - c. Patient will be advised to monitor for hypersensitivity reactions
 - d. Obtain a baseline muscle strength score from **ONE** of the following:
 - i. 6-minute walk test (6MWT)
 - ii. North Star ambulatory assessment (NSAA)
 - iii. Motor Function Measure (MFM)
 - e. **NO** concurrent therapy with another exon skipping therapy for DMD (see Appendix 1)

Prior – Approval Renewal Requirements

Age 20 years of age or younger

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Diagnosis

Patient must have **ALL** of the following:

- 1. Duchenne muscular dystrophy
 - a. Patient has had an improvement from baseline in ONE of the following:
 - i. 6-minute walk test (6MWT)
 - ii. North Star ambulatory assessment (NSAA)
 - iii. Motor Function Measure (MFM)
 - b. Patient will be advised to monitor for hypersensitivity reactions
 - c. **NO** concurrent therapy with another exon skipping therapy for DMD (see Appendix 1)

Policy Guidelines

Pre - PA Allowance

Prior - Approval Limits

Duration 12 months

Prior – Approval Renewal Limits

Duration 24 months

Rationale

Summary

Exondys 51 (eteplirsen) 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. Dystrophin levels should be measured at baseline to evaluate pretreatment dystrophin-positive fibers and sometime during therapy to evaluate the effect of Exondys 51 dose (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Exondys 51 while maintaining optimal therapeutic outcomes.

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References

- 1. Exondys 51 [package insert]. Cambridge, MA: Sarepta Therapeutics, Inc.; January 2022.
- Mcdonald C, Henricson E, et al. The 6-Minute Walk test and Other Clinical Endpoints in Duchenne Muscular Dystrophy: Reliability, Concurrent Validity, and Minimal Clinically Important Differences from a Multicenter Study. Muscle Nerve. 2013 Sep; 48(3): 357-368.
- Mcdonald C, Henricson E, et al. The 6-Minute Walk test and Other Endpoints in Duchenne Muscular Dystrophy: Longitudinal Natural History Observations Over 48 weeks from a Multicenter Study. Muscle Nerve. 2013 Sep; 48(3): 343-356.
- 4. Vuillerot C, Girardot F, et al. Monitoring changes and predicting loss of ambulation in Duchenne muscular dystrophy with the Motor Function Measure. *Developmental Medicine & Child Neurology* 2010, 52: 60–65.

Policy History	
Date	Action
October 2016	Addition to PA
December 2016	Annual review
March 2017	Annual editorial review
	Addition of obtain a baseline dystrophin level and patient has had an improvement from baseline in dystrophin levels
	Addition of obtain a baseline muscle strength score from one of the following: 6-minute walk distance (6MWD), North Star ambulatory
	assessment, or Motor Function Measure; and the patient has had an improvement from baseline from one of the scoring tools
	Addition of prescribed by or in consultation with a neurologist specializing in DMD
	Addition of the age 20 years of age or younger requirement
July 2017	Annual review
February 2018	Removal of the dystrophin level requirements
June 2018	Annual review and reference update
September 2019	Annual review and reference update
June 2020	Annual review and reference update
December 2020	Annual review and reference update. Per FEP, addition of requirement of no concurrent therapy with another exon skipping therapy for DMD
March 2021	Annual review
June 2021	Annual editorial review. Updated Appendix 1.

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March 2022 March 2023 December 20	Changed policy number to 5.75.014cember 2023Annual review. Per SME, added requirements to monitor for		
March 2024 June 2024 September 20 Keywords	June 2024Annual reviewSeptember 2024Annual editorial review		

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 6, 2024 and is effective on October 1, 2024.

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Appendix 1 - List of Exon Skipping Therapies for Duchenne Muscular Dystrophy (DMD)

Generic Name	Brand Name
casimersen	Amondys 45
eteplirsen	Exondys 51
golodirsen	Vyondys 53
viltolarsen	Viltepso