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Effective Date: 02/06/2020

Duchenne Muscular Dystrophy Class Policy

Exondys 51® (eteplirsen)

Vyondys 53™ (golodirsen)

FDA approval: Multiple

HPCS: J1428, C9484 – Exondys 51, J1429 – Vyondys 53

Benefit: Medical

Policy Statement:

- A. Coverage of the requested drug is considered investigational/experimental for all indications due to insufficient evidence of a clinical benefit. BCBSM and BCN are awaiting the results of ongoing clinical trials to provide evidence of a clinical benefit.

***Note: Coverage may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Therapeutic considerations:

- A. **FDA approved indication/Diagnosis**

Drug	Indications
Exondys 51 (eteplirsen)	Exondys 51 is an antisense oligonucleotide (ASO) indicated for the treatment of DMD in patients who have a confirmed mutation of the DMD gene that is amenable to exon 51 skipping
Vyondys 53 (golodirsen)	Indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients having a confirmed mutation of the DMD gene that is amenable to exon 53 skipping

**Please refer to most recent prescribing information.*

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B. Background Information

- a. Exondys 51 received FDA approval on September 19, 2016 for the treatment of Duchenne muscular dystrophy (DMD) in patients who have a confirmed mutation of the dystrophin gene that is amenable to exon 51 skipping. Vyondys 53 was FDA approved on December 12, 2019 for the treatment of Duchenne muscular dystrophy (DMD) in patients who have a confirmed mutation of the dystrophin gene that is amenable to exon 53 skipping. The FDA labeled indications includes a statement that a clinical benefit has not been established and continued approval is contingent upon verification of a clinical benefit in ongoing confirmatory clinical trials. Prior to FDA approval, the Peripheral and Central Nervous System Drugs Advisory Committee of the FDA held a meeting and voted against approval of eteplirsen as treatment for DMD due to lack of substantial evidence of effectiveness.
- b. Exondys 51 and Vyondys 53 were approved under the accelerated approval pathway using a surrogate endpoint of increase in dystrophin in skeletal muscle observed in some patients. There is no evidence the small observed increase in dystrophin results in a clinically meaning benefit. Therefore, establishment of a clinical benefit is needed in on-going clinical trials.
- c. Duchenne muscular dystrophy (DMD) is a rare, life-limiting, progressive childhood disease that affects 1 in 3,500 – 5,000 live male births. It is characterized by progressive muscle weakness and wasting due to the absence of dystrophin protein that causes degeneration of skeletal and cardiac muscle. Affected individuals are unable to run and jump properly due to proximal muscle weakness of the leg and pelvic muscles.
- d. DMD occurs as a result of mutations (mainly deletions) in the dystrophin gene, located on the X-chromosome, which normally functions to generate dystrophin which is a structural protein of muscle cells. Mutations in dystrophin gene lead to an absence of or a defect in dystrophin protein, resulting in the progressive symptoms seen in a DMD patient.
- e. At present, there is no disease-modifying therapy for DMD available for the majority of boys. In addition to surgical and physical therapeutic measures, glucocorticosteroids are used in DMD. Treatment guidelines for DMD support the use of glucocorticosteroids as they are the only medication currently available to slow the decline in muscle strength and function which in turn reduces the risk of scoliosis and stabilizes pulmonary function. Trials show muscle strength is improved when treated with prednisone at a dose of 0.75 mg/kg daily for up to 6 months. The goal of glucocorticoids in an ambulatory patient is the preservation of ambulation and the minimization of later cardiac, respiratory, and orthopedic complications. Continued treatment after the patient becomes non-ambulatory has shown reduction in the risk of progressive scoliosis and stabilization of pulmonary function tests. However, it is important to note that glucocorticosteroids are not able to induce the production of dystrophin-like proteins and therefore do not alter or impact the underlying cause of DMD.
- f. Other available treatments are mainly supportive, such as physiotherapy, wheelchair and other mechanical support (braces), scoliosis surgery, assisted ventilation and treatment of respiratory infections. The DMD treatment guidelines, published in Lancet Neurology, were last updated in 2010 and do not include eteplirsen.

Cross References	
Drug Review	P&T Committee Meeting
Exondys 51™ (eteplirsen)	02/09/2017
Vyondys 53™ (golodirsen)	02/06/2020

C. Efficacy

**Please refer to most recent prescribing information.*

D. Medication Safety Considerations

Black Box Warning: No

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**Please refer to most recent prescribing information.*

E. Dosing and administration

- a. Exondys 51: 30 mg/kg/week
- b. Vyondys 53: 30 mg/kg/week

**Please refer to most recent prescribing information.*

F. How supplied

- a. Exondys 51: 100 mg/2 mL and 500 mg/10 mL single dose vials
- b. Vyondys 53: 100 mg/2 mL single dose vials

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Policy History		
#	Date	Change Description
1.7	Effective Date: 06/01/2020	PA added to MAPPO and BCNA for Vyondys 53 and Exondys 51
1.6	Effective Date: 02/06/2020	Added Vyondys 53 and copied over all updated information from the Exondys 51 policy to the DMD policy
1.5	Effective Date: 02/01/2020	PA added to BCBS for Vyondys 53
1.4	Effective Date: 01/02/2020	PA added to BCN for Vyondys 53
1.3	Effective Date: 05/09/2019	Annual Reivew of Medical Policy
1.2	Effective Date: 05/03/2018	Annual Drug Review; new publications and long-term continuation data reviewed/added
1.1	Effective Date: 04/01/2017	PA added to BCBS for Exondys 51
1.0	Effective Date: 02/09/2017	New Coverage Guidelines. PA added to BCN for Exondys 51

* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.

Blue Cross Blue Shield/Blue Care Network of Michigan
Medication Authorization Request Form
Exondys 51® (eteplirsen) HCPCS CODE: J1428, C9484



This form is to be used by participating physicians to obtain coverage for Exondys 51. For commercial members only, please complete this form and submit via fax to 1-877-325-5979. If you have any questions regarding this process, please contact BCBSM Provider Relations and Servicing or the Medical Drug Helpdesk at 1-800-437-3803 for assistance.

PATIENT INFORMATION	PHYSICIAN INFORMATION
Name	Name
ID Number	Specialty
D.O.B. ☐ Male ☐ Female	Address
Pt weight (in kg) Date recorded: _____	
Diagnosis	City /State/Zip
Drug Name	Phone/Fax: P: () - F: () -
Dose and Quantity	NPI
Directions	Contact Person
Date of Service(s)	Contact Person Phone / Ext.

STEP 1: DISEASE STATE INFORMATION

- Is this request for initiation or renewal of therapy? ☐ Initiation ☐ Renewal ☐ **Original Start Date:** _____
- Is the patient being seen by a specialist? ☐ Pulmonologist ☐ Cardiologist ☐ Neurologist
☐ Other: _____
- Site of administration? ☐ Provider office/Home infusion ☐ Other: _____
☐ Hospital outpatient facility (go to #4) *Reason for Hospital Outpatient:* _____
- Please specify location of administration if hospital outpatient infusion? _____
- What is the patient's weight in Kg _____ Date recorded: _____
- Initiation AND Continuation of therapy:**
 - Please check the patient's diagnosis: ☐ Duchenne muscular dystrophy
☐ Becker muscular dystrophy ☐ other: _____
 - Has the patient been diagnosed with Duchenne muscular dystrophy through genetic testing?
☐ Yes ☐ No
 - What genetic mutation does the patient have? _____ (Genetics testing results must be attached)
- Has the patient been enrolled in a clinical trial? ☐ Yes: Name of clinical trial _____ ☐ No
- Continuation request:** Exondys 51 start date _____
 - Has the patient had documented beneficial clinical response to Exondys 51? ☐ yes ☐ no
 Comment _____
- Chart notes are required for the processing of all requests. Please add any other supporting medical information necessary for our review*

Coverage will not be provided if the prescribing physician's signature and date are not reflected on this document.

☐ Request for expedited review: I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's Name	Physician Signature	Date
Step 2: Checklist	☐ Form Completely Filled Out ☐ Attached Chart Notes	☐ Weight (specify lb or kg) , BSA
Step 3: Submit	By Fax: BCBSM Specialty Pharmacy Mailbox 1-877-325-5979	By Mail: BCBSM Specialty Pharmacy Program P.O. Box 312320, Detroit, MI 48231-2320

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12/27/2016;11/29/2017;10/11/2018

