Amondys 45® (Casimersen) (for New Jersey Only)

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Related Policies

None

Application

This Medical Benefit Drug Policy only applies to the state of New Jersey.

Coverage Rationale

Amondys 45 (casimersen) may be covered for the treatment of Duchenne muscular dystrophy (DMD) in patients who meet all of the following criteria:

Initial Therapy

- Diagnosis of Duchenne muscular dystrophy by, or in consultation with, a neurologist with expertise in the diagnosis of DMD; **and**
- Submission of medical records (e.g., chart notes, laboratory values) confirming the mutation of the DMD gene is amenable to exon 45 skipping; **and**
- Submission of medical records (e.g., chart notes) that provides baseline status of the patient prior to starting therapy (e.g., confirming that the patient is walking without needing an assistive device such as a cane, walker, wheelchair, etc.); **and**
- **One** of the following:
  - Patient has not previously received gene therapy [e.g., Elevidys (delandistrogene moxparvovec-rokl)] for the treatment of DMD; **or**
  - **Both** of the following:
    - Patient has previously received gene therapy [e.g., Elevidys (delandistrogene moxparvovec-rokl)] for the treatment of DMD; **and**
    - Submission of medical records (e.g., chart notes, laboratory values) documenting a clinically meaningful functional decline resulting from loss of muscle strength/motor ability (e.g., loss of a motor milestone) since receiving gene replacement therapy [e.g., Elevidys (delandistrogene moxparvovec-rokl)]

  and
- Amondys 45 is not used concomitantly with other exon skipping therapies for DMD [e.g., Exondys 51 (eteplirsen), Viltepso (viltolarsen), Vyondys 53 (golodirsen)]; **and**
- Prescribed by, or in consultation with, a neurologist with expertise in the treatment of DMD; **and**
- Dosing is in accordance with the United States Food and Drug Administration approved labeling; **and**
- Initial authorization will be for no more than 12 months

Continuation Therapy

- Submission of medical records (e.g., chart notes) confirming that the patient is receiving clinical benefit (e.g., walking without needing an assistive device such as a cane, walker, wheelchair, etc.); **and**
- Amondys 45 is not used concomitantly with other exon skipping therapies for DMD [e.g., Exondys 51 (eteplirsen), Viltepso (viltolarsen), Vyondys 53 (golodirsen)]; **and**
- Prescribed by, or in consultation with, a neurologist with expertise in the treatment of DMD; **and**
- Dosing is in accordance with the United States Food and Drug Administration approved labeling; **and**
- Reauthorization will be for no more than 12 months

Unproven

Amondys 45 is unproven and not medically necessary for the treatment of other forms of muscular dystrophy (e.g., Becker muscular dystrophy).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
J1426	Injection, casimersen, 10 mg

Diagnosis Code	Description
G71.01	Duchenne or Becker muscular dystrophy

Background

Duchenne muscular dystrophy (DMD) is an X-linked recessive disorder that causes a degenerative neuromuscular disease that significantly affects the skeletal and cardiac muscles, resulting in debilitating muscle weakness. The consequences of this condition extend beyond muscle impairment, leading to decreased heart function and a weakened diaphragm that can lead to respiratory and/or cardiac failure. This disorder is one of the most severe and the most common inherited forms of childhood muscular dystrophy, imposing a heavy burden on those affected. Like any other X-linked recessive disease, it occurs most frequently in males, affecting approximately 1 in 3000–5000 live male births. While it can occur in females, it is very rare, affecting 1 in 50,000,000 live female births. DMD occurs as a result of mutations (mainly deletions) in the dystrophin gene. These mutations lead to an absence or a defect of the protein, dystrophin, resulting in progressive muscle degeneration.

Casimersen is an antisense oligonucleotide indicated for the treatment of DMD in patients who have mutations in the exon 45 region of the dystrophin gene. It works by binding to the mutated portion of the dystrophin pre-mRNA, specifically exon 45. Upon binding, casimersen induces splicing of the mutated exon, thereby allowing the production of functional dystrophin protein. Although truncated, the resulting dystrophin gene remains functional.

Clinical Evidence

Casimersen 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 45 skipping.

The efficacy of casimersen has been evaluated in an ongoing 96-week, phase III, double-blind, placebo controlled, randomized ESSENCE trial in ambulatory DMD patients with out-of-frame deletion mutations amenable to exon 45. The trial included male patients in the age range of 6–13 who can ambulate (defined by a mean 6 min walk test of ≥ 300 m and ≤ 450 m), have stable pulmonary function (percent predicted forced vital capacity greater than 50%), and who were on a stable corticosteroid dose for a duration of 6 months or greater prior to the start of the trial. Patients on other DMD treatments, undergoing treatment with gene therapy, clinically significant illness, or major surgery within the past 3 months were excluded from the trial. Eligible participants underwent a double-blind 12-week dose titration where they were randomized 2:1 to weekly casimersen infusions or placebo. The casimersen infusions were titrated using escalating doses

of 4, 10, 20, and 30 mg/kg, and patients spent two weeks at each dose. An open-label extension period lasting 132 weeks followed, where all 12 initial participants were enrolled and received casimersen. Twelve males meeting the criteria participated in total, with eight assigned to the casimersen group and the remaining four assigned to the placebo during the double-blind portion of the trial. Of the initial 12, 11 completed the open-label extension period. The primary end point was a 6 minute walk test change from baseline at 96 weeks. The secondary end point for the trial was a 6 minute walk test change from baseline at week 144, dystrophin protein change from baseline at weeks 48 and 96, change in forced vital capacity from baseline at weeks 96 and 144, as well as other ambulation assessments like the ability to rise from a seated position independently and time to loss of ambulation assessed by the North Star ambulatory assessment score.

The interim results from this trial via Western blot analysis showed increased mean dystrophin levels, which was measured as a percentage of normal. It increased from 0.93% normal at baseline to 1.74% normal at week 48 among patients treated with IV casimersen 30 mg/kg once weekly (mean change from baseline, 0.81; $p < 0.001$) compared with a change from 0.54% normal to 0.76% normal among placebo recipients (mean change from baseline, 0.22; $p = 0.09$). The mean change from baseline shows a between-group difference of 0.59 ($p = 0.004$). All casimersen recipients displayed an increase in exon 45 skipping (100% response rate). A positive correlation between exon 45 skipping and dystrophin production was noted (Spearman rank correlation, 0.627; $p < 0.001$).

Casimersen has not been studied in DMD that is not amenable to exon 45 skipping, or in other forms of muscular dystrophy (e.g., Becker muscular dystrophy).

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Amondys 45 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 45 skipping. This indication is approved under accelerated approval based on an increase in dystrophin in skeletal muscle observed in patients treated with Amondys 45. Continued approval for this indication may be contingent upon verification of a clinical benefit in confirmatory trials.

References

1. Amondys 45 [package insert]. Cambridge, MA: Sarepta Therapeutics, Inc,; July 2024.
2. Wagner KR, Kuntz NL, Koenig E, et al. Safety, tolerability, and pharmacokinetics of casimersen in patients with Duchenne muscular dystrophy amenable to exon 45 skipping: A randomized, double-blind, placebo-controlled, dose-titration trial. *Muscle Nerve*. 2021;64(3):285-292.
3. Study of SRP-4045 and SRP-4053 in DMD Patients (ESSENCE) https://clinicaltrials.gov/ct2/show/NCT02500381?term=golodirsen&cond=Duchenne+Muscular+Dystrophy&rank=3. Accessed February 2025.
4. Assefa M, Gepfert A, Zaheer M, Hum JM, Skinner BW. Casimersen (AMONDYS 45™): An Antisense Oligonucleotide for Duchenne Muscular Dystrophy. *Biomedicines*. 2024;12(4):912.

Policy History/Revision Information

Date	Summary of Changes
07/01/2025	**Coverage Rationale** • Revised coverage criteria for initial therapy; added criterion requiring **one** of the following: o The patient has not previously received gene therapy [e.g., Elevidys (delandistrogene moxparvovec-rokl)] for the treatment of Duchenne muscular dystrophy (DMD) o **Both** of the following: § Patient has previously received gene therapy [e.g., Elevidys (delandistrogene moxparvovec-rokl)] for the treatment of DMD § Submission of medical records (e.g., chart notes, laboratory values) documenting a clinically meaningful functional decline resulting from loss of muscle strength/motor ability (e.g., loss of a motor milestone) since receiving gene replacement therapy [e.g., Elevidys (delandistrogene moxparvovec-rokl)] **Supporting Information** • Archived previous policy version CS2025D0105J

Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Medical Benefit Drug Policies 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.