

Exondys 51® (Eteplirsen) (for Ohio Only)

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[Instructions for Use](#)

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Related Policies
None

Application

This Medical Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

Coverage Rationale

Exondys 51® (eteplirsen) may be covered for the treatment of Duchenne muscular dystrophy (DMD) in patients who meet all of the following criteria:

- For initial therapy, all of the following:
 - 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 51 skipping; and
 - Submission of medical records (e.g., chart notes, laboratory values) confirming that the patient is ambulatory prior to beginning Exondys 51 therapy; and
 - Exondys 51 is prescribed by, or in consultation with, a neurologist with expertise in the treatment of DMD; and
 - Exondys 51 dosing for DMD is in accordance with the United States Food and Drug Administration approved labeling; and
 - Exondys 51 is not used concomitantly with other exon skipping therapies for DMD (e.g., Vyondys 53); and
 - Initial authorization will be for no more than 6 months
- For continuation of therapy, all of the following:
 - Exondys 51 is prescribed by, or in consultation with, a neurologist with expertise in the treatment of DMD; and
 - Submission of medical records (e.g., chart notes, laboratory values) demonstrating that the patient continues to remain ambulatory. This must be measured no earlier than 4 weeks prior to a continuation request; and
 - Exondys 51 dosing for DMD is in accordance with the United States Food and Drug Administration approved labeling; and
 - Exondys 51 is not used concomitantly with other exon skipping therapies for DMD (e.g., Vyondys 53); and
 - Reauthorization will be for no more than 12 months

Exondys 51 will not be covered for other forms of muscular dystrophy.¹

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
J1428	Injection, eteplirsen, 10 mg

Diagnosis Code	Description
G71.01	Duchenne or Becker muscular dystrophy

Background

Duchenne muscular dystrophy (DMD) is an X-linked disease that affects 1 in 3,600 to 6,000 live male 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, leading to loss of ambulation and additional respiratory, orthopedic, and cardiac complications. If left untreated, mean age of death is approximately 19 years of age.³⁻⁴

Exondys 51[®] (eteplirsen) is an antisense oligonucleotide of the phosphorodiamidate morpholino oligomer (PMO) subclass. PMOs are synthetic molecules in which the five-membered ribofuranosyl rings found in natural DNA and RNA are replaced by a six-membered morpholino ring. Each morpholino ring is linked through an uncharged phosphorodiamidate moiety rather than the negatively charged phosphate linkage that is present in natural DNA and RNA. Each phosphorodiamidate morpholino subunit contains one of the heterocyclic bases found in DNA (adenine, cytosine, guanine, or thymine). Eteplirsen contains 30 linked subunits.¹

Eteplirsen is designed to bind to exon 51 of dystrophin pre-mRNA, resulting in exclusion of this exon during mRNA processing in patients with genetic mutations that are amenable to exon 51 skipping. Approximately 13% of DMD patients have out of frame deletion mutations amenable to exon 51 skipping. Exon skipping is intended to allow for production of an internally truncated dystrophin protein.¹

Clinical Evidence

Eteplirsen 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.¹

Kinane et al (2018) evaluated eteplirsen on its impact on the lung function of DMD patients who received treatment in the eteplirsen studies 201 and 202. Studies 201/202 included 12 patients treated with eteplirsen over 5 years.⁹ These studies did not have an active placebo control and relied on a natural history control from the United Dystrophinopathy Project (UDP) and published natural history. The investigators measured forced vital capacity (FVC), maximum expiratory pressure (MEP), and maximum inspiratory pressure (MIP). The experimental patient FVC values were compared to the UDP data, however MEP and MIP were compared to published natural history. Pulmonary function tests (PFTs) were performed by experienced physical therapists who were trained in performing spirometry in compliance with ATS/ERS guidelines. This data was compared to patient-level data from 34 patients who participated in the UDP, whose age range was similar to that of the experimental group. Prospective spirometry data was collected by the UDP in compliance with ATS/ERS guidelines. Only FVC and FVC% predicted were assessed, while MIP and MEP were not. An age-adjusted mixed-effects analysis was used to evaluate the experimental group against the natural history cohort from the UDP. The investigators plotted the datapoints of FVC and FVC%p of the eteplirsen-treated patients and compared to the natural history cohorts. The data showed the slope of the decline in FVC%p was -4.1 for the natural history cohort vs. -2.3 for the eteplirsen-treated group. There were no comparisons of MEP and MIP

between the two groups. The authors suggest, comparing to published literature that the annual decline in MEP%p for eteplirsen-treated patients of 2.6% is comparable to slightly lower than the decline of 2.7% to 3.6% observed in published reports of DMD patients. The annual increase in MIP%p of 0.6% per year compares favorably to what has been observed and published historically (3.8% to 3.9%). The investigators concluded that with eteplirsen treatment, deterioration of respiratory muscle function, based on PFTs, was less than that seen in the UDP group or compared favorably with natural history. The 201/202 studies did not take into consideration intrasubject variability and did not include a placebo group for direct comparison, relying solely on natural history or historical cohort control, which occurred as late as a decade prior (2005) to these studies. Robust clinical information regarding the historical controls was not disclosed, which could include genetics, age, time to first treatment, standard of care, etc. According to the prescribing information, however, the 201/202 studies failed to provide evidence of a clinical benefit of eteplirsen.

Mendell et al (2013) evaluated eteplirsen for the treatment of DMD in a small (n = 12), randomized, multi-center, double-blind, placebo-controlled study, receiving weekly infusions of either placebo, eteplirsen 30 mg/kg or eteplirsen 50 mg/kg for 24 weeks.^{1,6} Following the 24-week study, placebo/delayed patients switched to an open-label extension treatment (Mendell 2016) with either dosing of eteplirsen regimen. Outcome measures assessed the primary outcome of eteplirsen-induced dystrophin production, as well as the 6-minute walk test (6MWT, reported as 6-minute walk distance, 6MWD). Patients had a mean age of 9.4 years, and a mean 6MWD at baseline of 363 meters, and were on a stable dose of corticosteroids for at least 6 months. The patients participating in the extension study were compared to an external natural history control group. At 180 weeks of treatment, eleven patients underwent a muscle biopsy to analyze for dystrophin protein. The average dystrophin protein level after 180 weeks of treatment was 0.93% of the dystrophin level in healthy subjects. At week 24, the 30 mg/kg eteplirsen patients were biopsied, and percentage of dystrophin-positive fibers increased to 23% of normal vs. placebo (p ≤ 0.002). At week 48, there was a 52% and 43% increase (in the 30 and 50 mg/kg/wk cohorts, respectively), which suggests that dystrophin increases with longer treatment. Restoration of function dystrophin was confirmed by detection of sarcoglycans and neuronal nitric oxide synthase at the sarcolemma. Ambulation-evaluable eteplirsen-treated patients experienced a 67.3-meter benefit compared to placebo patients (p ≤ 0.001). The investigators concluded that eteplirsen restored dystrophin in the 30 and 50 mg/kg/wk cohorts, and in subsequently treated placebo subjects. According to the prescribing information, however, this study failed to provide evidence of a clinical benefit of eteplirsen.

Eteplirsen has not been studied in DMD that is not amenable to exon 51 skipping, nor in other forms of muscular dystrophy (e.g., Becker muscular dystrophy).¹

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.

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.¹

References

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5. Gold Standard, Inc. Exondys 51. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed February 4, 2023.

6. Mendell JR, Rodino-Klapac LR, Sahenk Z, et al. Eteplirsen for the treatment of Duchenne muscular dystrophy. *Ann Neurol*. 2013 Nov;74(5):637-47.
7. Sarepta Therapeutics. Confirmatory Study of Eteplirsen in DMD Patients (PROMOVI). In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2017 Jan 27]. Available from: <https://clinicaltrials.gov/ct2/show/NCT02255552?term=confirmation+study+eteplirsen&draw=2&rank=3>. NLM Identifier: NCT 02255552.
8. Mendell JR, Goemans N, Lowes LP, et al. Longitudinal effect of eteplirsen versus historical control on ambulation in Duchenne muscular dystrophy. *Ann Neurol*. 2016 Feb;79(2):257-71.
9. Kinane TB, Mayer OH, Duda PW, et al. Long-Term Pulmonary Function in Duchenne Muscular Dystrophy: Comparison of Eteplirsen-Treated Patients to Natural History. *J Neuromuscul Dis*. 2018;5(1):47-58.

Policy History/Revision Information

Date	Summary of Changes
06/01/2023	<p>Template Update</p> <ul style="list-style-type: none"> ● Created state-specific policy version <p>Coverage Rationale</p> <ul style="list-style-type: none"> ● Revised coverage criteria: <ul style="list-style-type: none"> Initial Therapy <ul style="list-style-type: none"> ○ Replaced criterion requiring: <ul style="list-style-type: none"> ▪ “Submission of medical records (e.g., chart notes, laboratory values) confirming that the patient <i>has a 6-Minute Walk Time (6MWT) ≥ 300 meters while walking independently (e.g., without side-by-side assist, cane, walker, wheelchair, etc.)</i> prior to beginning Exondys 51 therapy” with “submission of medical records (e.g., chart notes, laboratory values) confirming that the patient <i>is ambulatory</i> prior to beginning Exondys 51 therapy” ▪ “Initial authorization will be for no more than 8 weeks” with “initial authorization will be for no more than 6 months” Continuation of Therapy <ul style="list-style-type: none"> ○ Replaced criterion requiring: <ul style="list-style-type: none"> ▪ “Submission of medical records (e.g., chart notes) demonstrating that the patient continues to have <i>a 6-Minute Walk Time (6MWT) ≥ 300 meters while walking independently (e.g., without side-by-side assist, cane, walker, wheelchair, etc.)</i>” with “submission of medical records (e.g., chart notes) demonstrating that the patient continues to <i>remain ambulatory</i>” ▪ “Reauthorization will be for no more than 6 months” with “reauthorization will be for no more than 12 months” <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated <i>Background</i> section to reflect the most current information ● Archived previous policy version CS2022D0058K

Instructions for Use

This Medical Benefit Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state (Ohio Administrative Code [OAC]), or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state (OAC), or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state (OAC), or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state (OAC), or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical 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. The 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.