



Manual Prior Authorization

MISSISSIPPI DIVISION OF
MEDICAID

Eteplirsen (Exondys 51™) CRITERIA

Diagnosis of Duchenne Muscular Dystrophy (DMD) with mutation amenable to exon 51 skipping; ICD-10 code: _____

Prior authorization requests for Exondys 51™ (eteplirsen) may be approved if the following criteria are met: *(Yes should be checked for each statement):*

Yes No Males < age 14 years

Yes No Patient has a diagnosis of Duchenne muscular dystrophy (DMD) with mutation amenable to exon 51 skipping **confirmed** by genetic testing (attach results of genetic testing); and

Yes No Is prescribed by or in consultation with a physician who specializes in treatment of Duchenne muscular dystrophy; and

Yes No A baseline 6-Minute Walk Test (6MWT) is provided and patient is able to achieve a distance of at least 180 meters while walking independently; and

Yes No Patient is currently stable on an oral corticosteroid* regimen for at least 6 months; and

Yes No Is dosed based on FDA approved dosing: 30 mg/kg once weekly as a 35 to 60 minute intravenous infusion

*The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

When criteria for coverage are met, an initial authorization will be given for 6 months.

Requests for continuation of therapy will be considered at 6 month intervals when the following criteria are met:

Yes No Patient has demonstrated a response to therapy as evidenced by remaining ambulatory (able to walk with or without assistance, not wheelchair dependent); and

Yes No An updated 6 MWT is provided documenting patient is able to achieve a distance of at least 180 meters.