| Field Name | Field Description |
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| Prior Authorization Group Description | **Antisense Oligonucleotides for Duchenne Muscular Dystrophy** |
| Drugs | Exondys 51 (eteplirsen), Vyondys 53 (golodirsen), Viltepso (viltolarsen), Amondys 45 (casimersen) |
| Covered Uses | Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines. |
| Exclusion Criteria | Concomitant use with another antisense oligonucleotide |
| Required Medical Information | See "Other Criteria" |
| Age Restrictions | N/A |
| Prescriber Restrictions | Prescribed by neurologist or provider who specializes in the treatment of DMD |
| Coverage Duration | If all of the criteria are met, the initial request will be approved for 6 months and reauthorization requests will be approved for 12 months. |
| Other Criteria | **Initial Authorization:**<br>• Member has a diagnosis of Duchenne muscular dystrophy (DMD) and lab test was submitted confirming the mutation of dystrophin gene amenable to ONE of the following:<br>o Exon 51 skipping for Exondys 51<br>o Exon 53 skipping for Vyondys 53 or Viltepso<br>o Exon 45 skipping for Amondys 45<br>• Baseline results of motor function tests are provided [e.g. 6-Minute Walk Test (6MWT), Time to Stand Test (TTSTAND), Time to Run/Walk Test (TTRW), North Star Ambulatory Assessment (NSAA), Time to Climb 4 Steps Test (TTCLIMB)]<br>•<br>• ONE of the following applies:<br>o Member has been on a stable dose of corticosteroids for at least 3 months for Viltepso<br>o Member has been on a stable dose of corticosteroids for at least 6 months for Vyondys 53, Exondys 51, or Amondys 45<br>• Attestation of renal function monitoring is provided with request<br>• The request is for an FDA approved dose<br>**Reauthorization**<br>• Has documentation of annual evaluation, including an assessment of motor function ability |

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| Revision/Review Date<br>4/2025 | • Based on the prescriber's assessment the member continues to have clinical benefit<br>• Attestation of renal function monitoring is provided with request<br>• The request is for an FDA approved dose<br><br>**Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.** |