



**Medicaid Coverage Policies for
Drugs Used to Treat Duchenne Muscular Dystrophy (DMD)**

| | Drug | HCPCS Code | NDC |
|--------------------------------|--|-------------------|--------------------------------|
| | Exondys 51 (eteplirsen) | J1428 | 60923-0363-02 60923-0284-10 |
| | Viltepso (viltolarsen) | J1429 | 73292-0011-01 |
| | Vyondys 53 (golodirsen) | J1427 | 60923-0465-02 |
| | Amondys 45 (casimersen) | J1426 | 60923-0227-02 |
| Indication | Duchenne muscular dystrophy (DMD) | | |
| ICD10 Diagnosis Codes | G70 | | |
| Availability | Solution for injection 50 mg/mL | | |
| Prior Authorization Status | Requires a prior authorization | | |
| Clinical Criteria for approval | <ul style="list-style-type: none"> • Member has diagnosis of DMD; • Documentation of genetic testing must confirm the DMD gene mutation of the patient is amendable to exon 45, 51, or 53 skipping; • Documentation must confirm a stable dose of corticosteroids prior to starting therapy or a documented reason not to be on corticosteroids • Documentation indicates kidney function testing prior to starting therapy (except for eteplirsen); and • Member is not currently being treated with another exon skipping therapy for DMD | | |