AETNA BETTER HEALTH® Coverage Policy/Guideline				
Name:	Exondys		Page:	1 of 3
Effective Date:	5/1/2026		Last Review Date:	4/8/2026
Applies to:	☒Illinois	☒Florida Kids	☒Maryland	☒Pennsylvania Kids

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Exondys under the patient's prescription drug benefit.

Description:

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.

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Exondys

Policy/Guideline:

Documentation:

Submission of the following information is necessary to initiate the prior authorization review:

- Initial requests:
  - Laboratory confirmation of Duchenne muscular dystrophy (DMD) diagnosis with a DMD gene mutation that is amenable to exon 51 skipping (refer to examples in Appendix).
  - If applicable, medical records confirming a worsening in clinical status since receiving gene replacement therapy.
- Continuation of therapy requests: documentation (e.g., chart notes) of response to therapy.

Provider Specialty:

This medication must be prescribed by or in consultation with a physician who specializes in treatment of Duchenne muscular dystrophy (DMD).

Criteria for Initial Approval:

Duchenne Muscular Dystrophy

Authorization of 6 months may be granted for treatment of DMD when ALL of the following criteria are met:

- Genetic testing was conducted to confirm the diagnosis of DMD and to identify the specific type of DMD gene mutation.
- The DMD gene mutation is amenable to exon 51 skipping (refer to examples in Appendix).
- Treatment with Exondys 51 is initiated before the age of 14.
- Member is able to achieve an average distance of at least 180 meters while walking independently over 6 minutes.
- Member meets one of the following criteria:
  - Member has not previously received gene replacement therapy for DMD (e.g., Elevidys).
  - Member has previously received gene replacement therapy for DMD (e.g., Elevidys) and has experienced a worsening in clinical status since receiving gene replacement therapy (e.g., decline in ambulatory function).
- Member will not exceed a dose of 30 mg/kg once weekly.

Continuation of Therapy:

Note: Members who were previously established on Exondys 51 and subsequently administered gene replacement therapy (e.g., Elevidys) must meet all requirements in the coverage criteria section prior to re-starting Exondys 51.

Authorization of 12 months may be granted for members requesting continuation of therapy when BOTH of the following criteria are met:

- The member has demonstrated a response to therapy as evidenced by remaining ambulatory (e.g., able to walk with or without assistance, not wheelchair dependent).
- The member will not exceed a dose of 30 mg/kg once weekly.

Appendix:

Examples of DMD gene mutations (exon deletions) amenable to exon 51 skipping (not an all-inclusive list):

1. Deletion of exon 50
2. Deletion of exon 52
3. Deletion of exons 45-50
4. Deletion of exons 47-50
5. Deletion of exons 48-50
6. Deletion of exons 49-50

Approval Duration and Quantity Restrictions:

Initial Approval: 6 months

Renewal Approval: 12 months

Quantity Level Limit:

- 100 mg/2 mL (50 mg/mL) single-dose vial: 120 vials (240 mL) per 28 days
- 500 mg/10 mL (50 mg/mL) single-dose vial: 24 vials (240 mL) per 28 days

References:

1. Exondys 51 [package insert]. Cambridge, MA: Sarepta Therapeutics, Inc.; December 2024.
2. Mendell JR, Rodino-Klapac LR, Sahenk Z, et al. Eteplirsen for the treatment of Duchenne muscular dystrophy. Ann Neurol. 2013;74(5):637-47.
3. Cirak S, Arechavala-Gomeza V, Guglieri M, et al. Exon skipping and dystrophin restoration in patients with Duchenne muscular dystrophy after systemic phosphorodiamidate morpholino oligomer treatment: an open-label, phase 2, dose-escalation study. Lancet. 2011;378(9791):595-605.
4. Mendell JR, Goemans N, Lowes LP, et al; Eteplirsen Study Group and Telethon Foundation DMD Italian Network. Longitudinal effect of eteplirsen versus historical control on ambulation in Duchenne muscular dystrophy. Ann Neurol. 2016;79(2):257-271.
5. Randeree L, Eslick GD. Eteplirsen for paediatric patients with Duchenne muscular dystrophy: A pooled-analysis. J Clin Neurosci. 2018;49:1-6.