



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: June 7, 2018

N.L.: 05-0618

Supersedes: N.L.: 13-1117

Index: Benefits

TO: ALL CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM
COUNTY ADMINISTRATORS, MEDICAL CONSULTANTS, AND
INTEGRATED SYSTEMS OF CARE DIVISION STAFF

SUBJECT: ETEPLIRSEN (EXONDYS 51™) - REVISED

The purpose of this Numbered Letter (N.L.) is to modify CCS¹ Program policy regarding the authorization of Eteplirsen (Exondys 51™), as a treatment for Duchenne muscular dystrophy (DMD), for CCS Program clients with confirmed mutation of the dystrophin gene amenable to exon 51 skipping.

BACKGROUND

DMD is a genetic disorder causing progressive muscle deterioration and weakness. This deterioration is caused by the absence or deficient levels of dystrophin protein, which maintains intact muscle cells. DMD primarily affects skeletal, diaphragm, and heart muscle. DMD occurs in about 1 in 3,600 male infants worldwide and about 13 percent of DMD patients have the genetic mutation of the dystrophin gene amenable to exon 51 skipping. Occurrence in females is rare. Symptoms typically appear between the ages of three and five years and progressively worsen over time. Affected individuals gradually lose their ability to perform daily activities and are usually wheelchair bound by adolescence and ventilator dependent by their 20s or 30s.

Eteplirsen is the first treatment for DMD approved in the United States that targets dystrophin deficiency; it received accelerated approval, September 19, 2016, by the U.S. Food and Drug Administration (FDA). It is approved as a once weekly intravenous infusion of 30 milligrams per kilogram for the treatment of DMD in patients who have a confirmed mutation in the DMD gene that is amenable to exon 51 skipping (please see Sarepta product insert about Eteplirsen for detailed prescribing information.)²

¹ Muscular dystrophy is not a GHPP eligible condition

² Since eteplirsen is under accelerated approval, continued approval for this indication may be contingent upon verification of a clinical benefit in confirmatory trials

I. POLICY

A. Effective the date of this letter, Eteplirsen is a CCS Program benefit when the following criteria are met:

1. Client meets CCS Program residential and financial eligibility criteria
2. Client has documented DMD with dystrophin gene mutation, amenable to exon 51 skipping, documented by genetic test(s)³

Note: clients with gene variants amenable to exon 51 skipping can produce functional, although truncated, dystrophin protein in the presence of Eteplirsen.

3. Client is at least two years of age
4. Care is under the supervision and monitoring of a CCS Program paneled neurologist or physical medicine and rehabilitation specialist at a Neuromuscular Medicine Special Care Center (SCC) or neurology clinic
5. CCS Program Neuromuscular Medicine SCC or Neurology Center has provided the following information (using the attached Eteplirsen (Exondys 51™) Request Form):
 - a. Documentation of percent forced vital capacity (FVC) \geq 30 percent and;
or
 - b. Brooke Score \leq 5 (e.g. some useful hand function present for use of adaptive technology);
 - c. Baseline 6MWT (6-minute walk test);
6. Request is for the FDA approved dosage only;
7. Completed Eteplirsen (Exondys 51™) Request Form is submitted; and
8. Client is on a corticosteroid or has documented reason not to be on this medication.

³ See Enclosure 2: Exon Deletions Potentially Amendable to Exon 51 Skipping

- B. Eteplirsen shall be reauthorized when the following criteria are met:
1. Client has not had significant decline in neuromotor function or forced vital capacity while on Eteplirsen.
 2. Client has not experienced significant adverse effects attributable to Eteplirsen.

II. POLICY ADMINISTRATION

- A. Eteplirsen (Exondys 51™) requires separate authorization;
- B. Requesting CCS Program providers must submit a CCS Program Service Authorization Request (SAR) to their county CCS program office or Special Populations Authorization Unit along with the required documentation from the CCS Program approved SCC: a copy of the prescription, genetic laboratory test result with specific mutation, recent clinical progress note, and a copy of the Eteplirsen (Exondys 51™) Request Form.
- C. Effective January 1, 2018, J1428 is the approved HCPCS code for Eteplirsen.
- Authorization of this code is required for physician or clinic administered Eteplirsen. J1428 should be authorized for dates of service beginning with January 1, 2018. **One unit of J1428 = 10mg of Eteplirsen.** The approved dosage is 30mg/kg. Review [This Computes #329](#) for coding a HCPCS on a SAR.
- D. All eteplirsen requests shall be reviewed by a CCS Program Medical Director or designee before authorization.
- E. Independent County CCS Program office shall pend and then forward the SAR request and the Eteplirsen (Exondys 51™) Request Form to the DHCS ISCD Special Populations Authorization Unit by fax at (916) 440-5768 or e-mail at [CCS Operations@dhcs.ca.gov](mailto:CCS_Operations@dhcs.ca.gov).
- F. Authorization shall be for up to one year, or until program eligibility-end-date.
- G. CCS Program clients with percent FVC < 30 percent and Brooke score of six will not be granted SAR authorizations because at the time of this N.L., there is insufficient evidence of efficacy in that population.
- H. After one year of treatment, review and continuing authorizations will be done by the county CCS Program or State CCS Authorization Unit.
- I. Exceptions will be reviewed on a case-by-case basis by the State CCS Program Medical Director or designee.

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If you have any questions regarding this N.L., please contact Dr. Jill Abramson by telephone at (916) 327-2108 or via e-mail at Jill.Abramson@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Christine King-Broomfield for

Sarah Eberhardt-Rios, Chief
Integrated Systems of Care Division

Enclosures: 1. Eteplirsen (Exondys 51) Request Form
 2. Exon Deletions Potentially Amenable to Exon 51 Skipping

Exon Deletions Potentially Amenable To Exon 51 Skipping

3-50	4-50	5-50	6-50	9-50					
10-50	11-50	13-50	14-50	15-50	16-50	17-50	19-50		
21-50	23-50	24-50	25-50	26-50	24-50	28-50	29-50		
30-50	31-50	32-50	33-50	34-50	35-50	36-50	37-50	38-50	39-50
40-50	41-50	42-50	43-50	45-50	47-50	48-50	49-50		
50	52	52-58	52-61	52-63	52-64	52-66	52-76	52-77	

This list contains documented as well as theoretical mutations potentially amenable to Exon 51 skipping. Not all deletions have been studied and this list may not be complete

Adopted from: Fletcher S. et al. Mol Ther. 2010; 18(6): 1218-1223 [doi: 10.1038/mt.2010.45]

Eteplirsen (Exondys 51) Request Form

Full Name		CCS Case #		Date Completed	
County		Age		Exon 51 Skip Amenable Mutation (Yes/No)	
I. Clinical Baseline					
a. BMI/Weight					
b. FVC (Forced Vital Capacity) %			Date Completed		
c. Brooke score			Date Completed		
d. 6MWT (6-minute walk test)			Date Completed		
e. Urinalysis shows absence of proteinuria (Y/N)			Date Completed		
f. BUN			Date Completed		
g. Creatinine			Date Completed		
h. Notes					
i. Form Completed By (Name/Title)		j. Special Care Facility Name		k. Date Completed	
II. Request For Reauthorization After Exondys 51 Trial					
a. FVC %			Date Completed		
b. 6MWT			Date Completed		
c. List drug changes after start of Exondys 51					
d. Urinalysis shows absence of proteinuria (Y/N)			Date Completed		
e. BUN			Date Completed		
f. Creatinine			Date Completed		
g. Any adverse reactions with Exondys 51					
h. Additional Details					
i. Form Completed By (Name/Title)		j. Special Care Facility Name		k. Date Completed	
To be completed by CCS staff					
Approved <input type="checkbox"/>		Denied <input type="checkbox"/>		Reason for Denial: _____ Date: _____	
Reviewed By (ISCD staff)					