MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Pharmacy Medical Policy
Antisense Oligonucleotide Medications

Table of Contents

Policy Number: 027

BCBSA Reference Number: None

Related Policies

- N/A

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Patients must have pharmacy benefits under their subscriber certificates.

Prior Authorization Information

<table>
<tr><td colspan="2">☒ Prior Authorization
☐ Step Therapy
☒ Quality Care Dosing</td><td>Pharmacy Operations:
Tel: 1-800-366-7778
Fax: 1-800-583-6289
Policy last updated | 9/2023</td></tr>
<tr><td>Pharmacy (Rx) or Medical (MED) benefit coverage</td><td>☒ Rx
☐ MED</td><td rowspan="2">To request for coverage: Providers may call, fax, or mail the attached form (Formulary Exception/Prior Authorization form) to the address below.
Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043

Individual Consideration: Policy for requests that do not meet clinical criteria of this policy, see section labeled Individual Consideration</td></tr>
<tr><td colspan="2">Policy applies to Commercial Members:
• Managed Care (HMO and POS),
• PPO and Indemnity
• MEDEX with Rx plan
• Managed Major Medical with Custom BCBSMA Formulary
• Comprehensive Managed Major Medical with Custom BCBSMA Formulary
• Managed Blue for Seniors with Custom BCBSMA Formulary</td></tr>
</table>

Please refer to the chart below for the formulary and step status of the medications affected by this policy.

Standard Formulary	
Drug	**Formulary Status**
Amondys 45 ™(casimersen)	PA Required
Exondys 51 ™(eteplirsen)	PA Required
Givlaari ™(givosiran)	PA Required
Qalsody ™**(**tofersen**)**	PA Required
Viltepso ®(viltolarsen)	PA Required
Vyondys 53 ™(golodirsen)	PA Required

We may cover Amondys 45 ™ **(**casimersen**)** for the treatment Duchenne muscular dystrophy (DMD) in patients who have a confirmed mutation of the DMD gene that is amenable to exon 45 skipping when **all** of the following criteria are met:

- Confirmed diagnosis of Duchenne muscular dystrophy (DMD) which will benefit from Exon 45 skipping, **AND**
- Documentation of ambulation without assistance or devices, **AND**
- Concurrent use of glucocorticoids, unless clinically contraindicated, **AND**
- The prescription is written by a board certified / board eligible Neurologist, **AND**
- Dose is limited to FDA approved dosing of 30 mg/kg administered once weekly (weight and calculated dose required)

Reauthorization will require the same criteria above.

If approved the Prior Authorization will be granted for up to six months.

We may cover Exondys 51™ **(**eteplirsen**)** for the treatment Duchenne muscular dystrophy (DMD) in patients who have a confirmed mutation of the DMD gene that is amenable to exon 51 skipping when **all** of the following criteria are met:

- Confirmed diagnosis of Duchenne muscular dystrophy (DMD) which will benefit from Exon 51 skipping, **AND**
- Documentation of ambulation without assistance or devices, **AND**
- Concurrent use of glucocorticoids, unless clinically contraindicated, **AND**
- The prescription is written by a board certified / board eligible Neurologist, **AND**
- Dose is limited to FDA approved dosing of 30 mg/kg administered once weekly (weight and calculated dose required)

Reauthorization will require the same criteria above.

If approved the Prior Authorization will be granted for up to six months.

We may cover Givlaari ™ **(**givosiran**)** for the treatment of adults with acute hepatic porphyria (AHP) when **all** of the following criteria are met:

- Confirmed diagnosis of acute hepatic porphyria (AHP) [including acute intermittent porphyria (AIP), variegate porphyria (VP), aminolaevulinic acid dehydratase deficiency porphyria (ALAD), and hereditary coproporphyria (HCP)], **AND**
- Patient is ≥ 12 years of age, **AND**
- Elevated urinary or plasma porphobilinogen (PBG) or ALA values within the past year, **AND**
- Patient has active disease, with at least 2 documented porphyria attacks within the last 6 months or 1 attack involving CNS, **AND**

- Patient is not anticipating a liver transplantation.

Reauthorization will require the same criteria above.

If approved the first Prior Authorization will be granted for up to six months and continuation approvals will be granted for up to one(1) year.

**Requests based exclusively on the use of samples will not meet coverage criteria for exception. Additional clinical information demonstrating medical necessity of the desired medication must be submitted by the requesting prescriber for review.

We may cover Qalsody ™ **(**tofersen**)** for the treatment of amyotrophic lateral sclerosis (ALS) in adults who have a mutation in the superoxide dismutase 1 (SOD1) gene when **all** of the following criteria are met:

- Confirmed diagnosis of amyotrophic lateral sclerosis (ALS) in adults with a mutation in the superoxide dismutase 1 (SOD1) gene **AND**
- The previous or concurrent use of any form of Riluzole or Radicava (edaravone), **AND**
- Patient is ≥ 18 years of age.

Reauthorization will require the same criteria above.

If approved the Prior Authorization will be granted for up to one (1) year.

**Requests based exclusively on the use of samples will not meet coverage criteria for exception. Additional clinical information demonstrating medical necessity of the desired medication must be submitted by the requesting prescriber for review.

We may cover Vyondys 53 ™ **(**golodirsen**) or** Viltepso ® (viltolarsen) for the treatment Duchenne muscular dystrophy (DMD) in patients who have a confirmed mutation of the DMD gene that is amenable to exon 53 skipping when **all** of the following criteria are met:

- Confirmed diagnosis of Duchenne muscular dystrophy (DMD) which will benefit from Exon 53 skipping, **AND**
- Documentation of ambulation without assistance or devices, **AND**
- Documentation of a recent (within four weeks of request) pre-treatment 6-Minute Walk Time of at least 300 meters while walking independently (e.g., without assist, cane, walker, wheelchair), **AND**
- Concurrent use of glucocorticoids, unless clinically contraindicated, **AND**
- Member has stable pulmonary and Cardiac function, **AND**
- The prescription is written by a board certified / board eligible Neurologist, **AND**
- Member is not concurrently enrolled in a clinical trial to receive an experimental therapy for DMD, **AND**
- Dose is limited to FDA approved dosing of 30 mg/kg administered once weekly (weight and calculated dose required)

Reauthorization will require the same criteria above.

If approved the Prior Authorization will be granted for up to six months.

We do not cover the medications listed above for other conditions not listed above.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS codes:	Code Description
C9071	Injection, viltolarsen (Viltepso), 10 mg
C9399	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)
J0223	Injection, givosiran, 0.5 mg (Givlaari)
J1304	Injection, tofersen, 1 mg (Qalsody)
J1428	Injection, eteplirsen, 10 mg (Exondys 51)
J1429	Injection, golodirsen, 10 mg (Vyondys 53)
J3490	Unclassified drugs
J3590	Unclassified biologics

Other Information
Blue Cross Blue Shield of Massachusetts (BCBSMA*) members (other than Medex®; Blue MedicareRx, Medicare Advantage plans that include prescription drug coverage) will be required to fill their prescriptions for the above medications at one of the providers in our retail specialty pharmacy network, see link below:
Link to Specialty Pharmacy List

Individual Consideration

Our medical policies are written for most people with a given condition. Each policy is based on peer reviewed clinical evidence. We also take into consideration the needs of atypical patient populations and diagnoses.

If the coverage criteria outlined is unlikely to be clinically effective for the prescribed purpose, the health care provider may request an exception to cover the requested medication based on an individual's unique clinical circumstances. This is also referred to as "individual consideration" or an "exception request."

Some reasons why you may need us to make an exception include: therapeutic contraindications; history of adverse effects; expected to be ineffective or likely to cause harm (physical, mental, or adverse reaction).

To facilitate a thorough and prompt review of an exception request, we encourage the provider to include additional supporting clinical documentation with their request. This may include:

- Clinical notes or supporting clinical statements.
- The name and strength of formulary alternatives tried and failed (if alternatives were tried) and specifics regarding the treatment failure, if applicable.
- Clinical literature from reputable peer reviewed journals.
- References from nationally recognized and approved drug compendia such as American Hospital Formulary Service® Drug Information (AHFS-DI), Lexi-Drug, Clinical Pharmacology, Micromedex or Drugdex®; and
- References from consensus documents and/or nationally sanctioned guidelines.

Providers may call, fax or mail relevant clinical information, including clinical references for individual patient consideration, to:

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043
Phone: 1-800-366-7778
Fax: 1-800-583-6289

We may also use prescription claims records to establish prior use of formulary alternatives or to show if step therapy criteria has been met. We will require the provider to share additional information when prescription claims data is either not available or the medication fill history fails to establish use of preferred formulary medications or that step therapy criteria has been met.

Policy History

Date	Action
1/2024	Clarified coding information.
9/2023	Updated to include Qalsody ™ to the policy and updated IC to align with 118E MGL § 51A.
7/2023	Reformatted Policy.
7/2021	Updated to add Amondys 45 to the policy.
1/2021	Updated to add Viltepso to the policy
4/2020	Updated to add Vyondys-53 to the Policy.
2/2020	Updated to change the name of the policy and to add Givlaari to the policy.
2/2019	BCBSA National medical policy review. No changes to policy statements. New references added.
10/2018	Clarified coding information.
1/2018	Clarified coding information.
10/2017	Updated to change Walgreens Specialty Name.
7/2017	Updated to add AllCare to Pharmacy Specialty list.
5/2017	Implementation of a new policy including the medication Exondys -51 ™.

References

1. Bushby K, Finkel R, Birnkrant DJ, et al. Diagnosis and management of Duchenne muscular dystrophy, part 1: diagnosis, and pharmacological and psychosocial management. Lancet Neurol. Jan 2010;9(1):77-93. PMID 19945913
2. Center for Disease Control and Prevention. Muscular Dystrohpy: MD STARnet Data and Statistics. 2016; http://www.cdc.gov/ncbddd/musculardystrophy/data.html. Accessed November 12, 2018.
3. Falzarano MS, Scotton C, Passarelli C, Ferlini A. Duchenne muscular dystrophy: from diagnosis to therapy. Molecules. Oct 07 2015;20(10):18168-18184. PMID 26457695
4. Food and Drug Administration. Accelererated Approval Letter to Sarepta Therapeutics: NDA 206488. 2016, September 19; https://www.accessdata.fda.gov/drugsatfda_docs/appletter/2016/206488Orig1s000ltr.pdf. Accessed November 12, 2018.
5. McDonald CM, Henricson EK, Abresch RT, et al. The 6-minute walk test and other endpoints in Duchenne muscular dystrophy: longitudinal natural history observations over 48 weeks from a multicenter study. Muscle Nerve. Sep 2013;48(3):343-356. PMID 23681930
6. Henricson E, Abresch R, Han JJ, et al. The 6-Minute Walk Test and Person-Reported Outcomes in Boys with Duchenne Muscular Dystrophy and Typically Developing Controls: Longitudinal Comparisons and Clinically-Meaningful Changes Over One Year. PLoS Curr. Jul 8 2013;5. PMID 23867975
7. Sarepta Therapeutics Inc. Prescribing Label: EXONDYS 51 (eteplirsen) injection, for intravenous use. 2016; https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/206488lbl.pdf. Accessed November 12, 2018.
8. Mendell JR, Rodino-Klapac LR, Sahenk Z, et al. Eteplirsen for the treatment of Duchenne muscular dystrophy. Ann Neurol. Nov 2013;74(5):637-647. PMID 23907995

9. Ruff S. Sarepta Presentations for the April 25, 2016 Meeting of the Peripheral and Central Nervous System Drugs Advisory Committee 2016; https://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/PeripheralandCentralNervousSystemDrugsAdvisoryCommittee/UCM500822.pdf. Accessed November 12, 2018.
10. Woodcock J, Dunn B. FDA Presentations for the April 25, 2016 Meeting of the Peripheral and Central Nervous System Drugs Advisory Committee. 2016; https://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/PeripheralandCentralNervousSystemDrugsAdvisoryCommittee/UCM500821.pdf. Accessed November 12, 2018.
11. Center for Drug Evaluation and Research. Application Number: 206488orig1s000. Summary Review. 2016; http://www.accessdata.fda.gov/drugsatfda_docs/nda/2016/206488_summary%20review_Redacted.pdf. Accessed November 7, 2017.
12. Mendell JR, Goemans N, Lowes LP, et al. Longitudinal effect of eteplirsen versus historical control on ambulation in Duchenne muscular dystrophy. Ann Neurol. Feb 2016;79(2):257-271. PMID 26573217
13. Food and Drug Administration. FDA Briefing Document: Peripheral and Central Nervous System Drugs Advisory Committee Meeting, April 25, 2016. NDA 206488. Eteplirsen. 2016; http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/PeripheralandCentralNervousSystemDrugsAdvisoryCommittee/UCM497063.pdf. Accessed November 12, 2018.
14. Kesselheim AS, Avorn J. Approving a problematic muscular dystrophy drug: implications for FDA policy. JAMA. Dec 13 2016;316(22):2357-2358. PMID 27775756
15. Business Wire. Sarepta Therapeutics Announces FDA Request for Dystrophin Data Prior to Making a Decision on Eteplirsen NDA. 2016, June 6; http://www.businesswire.com/news/home/20160606006534/en/Sarepta-Therapeutics-Announces-FDA-Request-Dystrophin-Data. Accessed November 12, 2018.
16. Sarepta Therapeutics. Confirmatory Study of Eteplirsen in DMD Patients (PROMOVI). 2014; https://www.clinicaltrials.gov/ct2/show/NCT02255552?term=NCT02255552&rank=1. Accessed November 12, 2018.
17. Kinane TB, Mayer OH, Duda PW, Lowes LP, Moody SL, Mendell JR. Long-Term Pulmonary Function in Duchenne Muscular Dystrophy: Comparison of Eteplirsen-Treated Patients to Natural History. J Neuromuscul Dis. 2018;5(1):47-58. PMID 29278896
18. Randeree L, Eslick GD. Eteplirsen for paediatric patients with Duchenne muscular dystrophy: A pooled-analysis. J Clin Neurosci. Mar 2018;49:1-6. PMID 29254734
19. Bushby K, Finkel R, Birnkrant DJ, et al. Diagnosis and management of Duchenne muscular dystrophy, part 2: implementation of multidisciplinary care. Lancet Neurol. Feb 2010;9(2):177-189. PMID 19945914
20. Birnkrant DJ, Bushby K, Bann CM, et al. Diagnosis and management of Duchenne muscular dystrophy, part 3: primary care, emergency management, psychosocial care, and transitions of care across the lifespan. Lancet Neurol. May 2018;17(5):445-455. PMID 29398641
21. Birnkrant DJ, Bushby K, Bann CM, et al. Diagnosis and management of Duchenne muscular dystrophy, part 2: respiratory, cardiac, bone health, and orthopaedic management. Lancet Neurol. Apr 2018;17(4):347-361. PMID 29395990
22. Birnkrant DJ, Bushby K, Bann CM, et al. Diagnosis and management of Duchenne muscular dystrophy, part 1: diagnosis, and neuromuscular, rehabilitation, endocrine, and gastrointestinal and nutritional management. Lancet Neurol. Mar 2018;17(3):251-267. PMID 29395989
23. Feingold B, Mahle WT, Auerbach S, et al. Management of cardiac involvement associated with neuromuscular diseases: a scientific statement from the American Heart Association. Circulation. Sep 26 2017;136(13):e200-e231. PMID 28838934
24. Gloss D, Moxley RT, 3rd, Ashwal S, Oskoui M. Practice guideline update summary: Corticosteroid treatment of Duchenne muscular dystrophy: Report of the Guideline Development Subcommittee of the American Academy of Neurology. Neurology. Feb 2 2016;86(5):465-472. PMID 26833937
25. Exondys 51® [package insert]. Cambridge, MA: Sarepta Therapeutics, Inc.; Oct 2018.
26. Givlaari™ [package insert]. Cambridge, MA: Alnylam Pharmaceuticals, Inc.; Dec 2019.
27. Alnylam Pharmaceuticals. ENVISION: A Phase 3 Randomized, Double-blind, Placebo-Controlled Multicenter Study with an Open-label Extension to Evaluate the Efficacy and Safety of Givosiran in Patients With Acute Hepatic Porphyrias. NCT03338816 accessed 1/9/2020. https://www.clinicaltrials.gov/ct2/results?cond=&term=NCT03338816. Accessed January 09, 2020.
28. Vyondys 53 ® [package insert]. Cambridge, MA: Sarepta Therapeutics, Inc.; Dec 2019.
29. Amondys 45 ® [package insert]. Cambridge, MA: Sarepta Therapeutics, Inc.; Feb 2021.
30. Qalsody ™ [package insert]. Cambridge, MA: Biogen MA Inc.; April 2023.

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:
http://www.bluecrossma.org/medical-policies/sites/g/files/csphws2091/files/acquiadam-assets/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf