

## Vyondys-53™ (golodirsen) (Intravenous)

---

**Effective Date:** 03/06/2020

**Review Date:** 03/06/2020, 11/02/2020

**Revision date:** 03/06/2020, 11/02/2020

**Scope:** Medicaid, Commercial, Medicare-Medicaid Plan (MMP)

### I. Length of Authorization

Authorization is valid for 6 months and may be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC unit]:

- Vyondys-53 100 mg vial: 35 vials per 7 days

#### B. Max Units (per dose and over time) [HCPCS Unit]:

**Duchenne muscular dystrophy**

- 350 billable units every 7 days

### III. Initial Approval Criteria <sup>1-9</sup>

MMP members who have previously received this medication within the past 365 days are not subject to Step Therapy Requirements.

Coverage is provided in the following conditions:

- Patient is not on concomitant therapy with other DMD-directed antisense oligonucleotides (e.g., eteplirsen, etc.); **AND**
- For patient's new to therapy they must have an inadequate response, or has a contraindication or intolerance, to viltolarsen; **AND**

**Duchenne muscular dystrophy (DMD) † Φ**

---

- Patient must have a confirmed mutation of the *DMD* gene that is amenable to exon 53 skipping; **AND**
- Patient has been on a stable dose of corticosteroids, unless contraindicated or intolerance, for at least 6 months; **AND**
- Patient retains meaningful voluntary motor function (e.g., patient is able to speak, manipulate objects using upper extremities, ambulate, etc.); **AND**
- Patient should be receiving physical and/or occupational therapy; **AND**
- Baseline documentation of one or more of the following:
  - Dystrophin level
  - 6-minute walk test (6MWT) or other timed function tests
  - Upper limb function (ULM) test
  - North Star Ambulatory Assessment (NSAA)
  - Forced Vital Capacity (FVC) percent predicted

† FDA-labeled indication(s), ‡ Compendia recommended indication(s); Ⓢ Orphan Drug

#### IV. **Renewal Criteria** <sup>1</sup>

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: severe hypersensitivity reactions, renal toxicity/proteinuria, etc.; **AND**
- Patient has responded to therapy compared to pretreatment baseline in one or more of the following (not all-inclusive):
  - Increase in dystrophin level
  - Stability, improvement, or slowed rate of decline in 6MWT or other timed function tests
  - Stability, improvement, or slowed rate of decline in ULM test
  - Stability, improvement, or slowed rate of decline in NSAA
  - Stability, improvement, or slowed rate of decline in FVC% predicted
  - Improvement in quality of life

## V. Dosage/Administration

Indication	Dose
Duchenne muscular dystrophy	Administer 30 mg/kg via intravenous infusion once weekly. – Measure glomerular filtration rate prior to initiation.

Store refrigerated at 2°C to 8°C. Do not freeze. Protect from light.

## VI. Billing Code/Availability Information

### HCPCS Code:

- J1429 – Injection, golodirsen, 10 mg; 1 billable unit = 10 mg

### NDC:

- Vyondys-53 100 mg/2 mL single-dose vial: 60923-0465-xx

## VII. References

1. Vyondys 53 [package insert]. Cambridge, MA; Sarepta Therapeutics, Inc.; December 2019. Accessed June 2020.
2. Topaloglu H, Gloss D, Moxley RT 3<sup>rd</sup>, et al. Practice guideline update summary: Corticosteroid treatment of Duchenne muscular dystrophy: Report of the Guideline Development Subcommittee of the American Academy of Neurology. *Neurology*. 2016 Jul 12;87(2):238.
3. 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*; 2010 Jan; 9(1):77-93.
4. Bushby K, Finkel R, Birnkrant DJ, et al. Diagnosis and management of Duchenne muscular dystrophy, part 2: implementation of multidisciplinary care. *Lancet Neurol*; 2010 Jan; 9(2):177-189.
5. Kinane TB, Mayer OH, Duda PW, et al. Long-Term Pulmonary Function in Duchenne Muscular Dystrophy: Comparison of Eteplirsen-Treated Patients to Natural History. *Journal of Neuromuscular Diseases* 5 (2018) 47–58.
6. Muntoni F, Frank D, Sardone V, et al. Golodirsen Induces Exon Skipping Leading to Sarcolemmal Dystrophin Expression in Duchenne Muscular Dystrophy Patients With

Mutations Amenable to Exon 53 Skipping (S22.001). Neurology Apr 2018, 90 (15 Supplement) S22.001

7. Institute for Clinical and Economic Review. Deflazacort, Eteplirsen, and Golodirsen for Duchenne Muscular Dystrophy: Effectiveness and Value. Final Evidence Report. August 15, 2019 [https://icer-review.org/wp-content/uploads/2018/12/ICER\\_DMD-Final-Report\\_081519-1.pdf](https://icer-review.org/wp-content/uploads/2018/12/ICER_DMD-Final-Report_081519-1.pdf). Accessed December 2019.
8. Khan N, Eliopoulos H, et al on behalf of the Eteplirsen Investigators and the CINRG DNHS Investigators. Eteplirsen Treatment Attenuates Respiratory Decline in Ambulatory and Non-Ambulatory Patients with Duchenne Muscular Dystrophy. J. Neuromuscular Dis, vol. 6, no. 2, pp. 213-225, 2019.
9. Frank DE, Schnell FJ, Akana C, et al. Increased dystrophin production with golodirsen in patients with Duchenne muscular dystrophy. Neurology. 2020 May 26;94(21):e2270-e2282. doi: 10.1212/WNL.00000000000009233. Epub 2020 Mar 5

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
G71.01	Duchenne or Becker muscular dystrophy

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Articles (LCAs) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCA/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC