



PHARMACY POLICY STATEMENT Indiana Medicaid

DRUG NAME	Exondys 51 (eteplirsen)
BILLING CODE	J1428
BENEFIT TYPE	Carved out to FFS (fee-for-service) benefit
SITE OF SERVICE ALLOWED	N/A
COVERAGE REQUIREMENTS	Please see Indiana Fee-For-Service website

Exondys 51 (eteplirsen) is a product that is carved out from managed care benefits and is included in the Indiana Medicaid Fee-For-Service program. Requests for coverage of this product must be submitted directly to OptumRx for review.

DATE	ACTION/DESCRIPTION
11/29/2016	Last revision of the policy.
10/16/2017	Policy converted into new format. No changes in criteria.
05/01/2018	CareSource coverage removed—product is now carved out.

Effective date: 05/01/2018

Revised date: 05/01/2018