	J1428
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Home
STATUS	Prior Authorization Required

Exondys 51 is an antisense oligonucleotide initially approved by the F F aA (on 5 0 Td[i 0 Tw .159 T0.02016

3. Member is currently stable on corticosteroid for at least 6 months prio
   tolerated or contraindicated; AND
4. Member's body weight within the last 30 days has been submitted.
5. **Dosage allowed/Quantity limit:** 30 mg per kg of body weight once w

If all the above requirements are met, the medication will be approve

For **reauthorization**:

1. Chart notes must show stability or slowed rate of decline of the member's motor function compared to baseline.

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Exondys 51 (eteplirsen) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
11/29/2016	Last revision of the policy.
10/16/2017	Policy converted into new format. No changes in criteria.

05/20/2019	Criteria on member's ambulatory status and independent walking ability added to initial authorization and reauthorization parts of the policy.
06/23/2020	Length of corticosteroid trial specified to be at least 3 months.
01/14/2021	Added prescriber requirement. Simplified ambulatory requirement. Added requirement of stability or slowed rate of decline of motor function in reauth section.
04/06/2021	Increased duration of steroid trial to 6 months.
03/03/2023	Transferred to new template. Removed ambulatory requirement