



MASSACHUSETTS

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

Pharmacy Medical Policy Duchenne muscular dystrophy (DMD) Medications

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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. Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAth which can be found on the BCBSMA provider website or directly on the web at <https://provider.express-path.com>. Patients must have pharmacy benefits under their subscriber certificates.

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

Standard Formulary	
Drug	Formulary Status
Exondys 51™	PA Required

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)
- 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.

**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 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
J1428	Injection, eteplirsen, 10 mg

The following ICD Diagnosis Codes are considered medically necessary when submitted with the HCPCS code above if medical necessity criteria are met:

ICD-10 Diagnosis Codes

ICD-10-CM diagnosis codes:	Code Description
G71.01	Duchenne or Becker muscular dystrophy

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

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

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

Managed Care Authorization Information

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization.
Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider website or directly on the web at <https://provider.express-path.com>

PPO and Indemnity Authorization Information

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization.
Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider website or directly on the web at <https://provider.express-path.com>

Policy History

Date	Action
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™.

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To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

http://www.bluecrossma.com/common/en_US/medical_policies/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf