

**AMONDYS 45
(casimersen)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 20 years of age or younger

Diagnosis

Patient must have the following:

Duchenne muscular dystrophy (DMD)

AND ALL of the following:

1. Confirmed mutation of the DMD gene that is amenable to exon 45 skipping
2. Prescribed by or in consultation with a neurologist specializing in DMD
3. Prescriber agrees to measure serum cystatin C, urine dipstick, and urine protein-to-creatinine ratio prior to initiation of therapy
4. Prescriber agrees to monitor for renal toxicity during treatment
5. Obtain a baseline muscle strength score from **ONE** of the following:
 - a. 6-minute walk test (6MWT)
 - b. North Star ambulatory assessment (NSAA)
 - c. Motor Function Measure (MFM)
6. **NO** concurrent therapy with another exon skipping therapy for DMD (see Appendix 1)

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 20 years of age or younger

Diagnosis

Patient must have the following:

Duchenne muscular dystrophy (DMD)

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AND ALL of the following:

1. Prescriber agrees to monitor for renal toxicity during treatment
2. Patient has had an improvement from baseline in **ONE** of the following:
 - a. 6-minute walk test (6MWT)
 - b. North Star ambulatory assessment (NSAA)
 - c. Motor Function Measure (MFM)
3. **NO** concurrent therapy with another exon skipping therapy for DMD (see Appendix 1)

Prior - Approval *Renewal* Limits

Duration 24 months

**Appendix 1 - List of Exon Skipping Therapies for Duchenne
Muscular Dystrophy (DMD)**

Generic Name	Brand Name
casimersen	Amondys 45
eteplirsen	Exondys 51
golodirsen	Vyondys 53
viltolarsen	Viltepso