Amondys 45® (casimersen intravenous infusion)

When requesting Amondys 45® (casimersen IV infusion), the individual requiring treatment must be diagnosed with the following FDA-approved indications or approved compendial uses and meet the specific coverage guidelines and applicable safety criteria for the covered indications.

**FDA-approved indication**

- Amondys 45 is indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients who have a confirmed mutation of the DMD gene that is amenable to exon 45 skipping. This indication is approved under the accelerated approval based on an increase in dystrophin in skeletal muscle observed in some patients treated with Amondys 45. Continued approval for this indication may be contingent upon verification of a clinical benefit in confirmatory trials.

**Coverage Guidelines**

The prescribing information for Amondys 45 states that a clinical benefit has not been established. Due to the lack of clinical efficacy data, approval is not recommended for Amondys 45.

**References**