

Amondys 45 Becomes a Benefit for Medicaid, CHIP Beginning June 1

Background:

Amondys 45 is indicated to treat Duchenne Muscular Dystrophy (DMD) in individuals who have a confirmed mutation of the DMD gene that is amenable to exon 45 skipping.

Key Details:

HHSC will cover Amondys 45 under HCPCS code J3490 from June 1 until June 30, 2021.

Beginning July 1, 2021, HHSC will cover Amondys 45 under CMS-issued HCPCS code C9075.

MCOs may use the below prior authorization criteria as guidance for Amondys 45 for people enrolled in Medicaid and CHIP.

Action:

An initial request for Amondys 45 (Casimersen) must include the following documentation to support medical necessity:

- Genetic testing must confirm that the client's DMD gene is amenable to exon 45 skipping.
- Serum cystatin C, urine dipstick, and urine protein-to-creatinine ratio should be measured prior to initiating therapy.
- Baseline renal function test (i.e., Glomerular Filtration Rate) and urine protein-to-creatinine ratio should be measured before starting treatment.
- Current client weight, including the date the weight was obtained; the weight must be dated no more than 30 days before the request date.

Available testing tools to demonstrate physical function include, but are not limited to:

- Brooke Upper Extremity Scale.
- Baseline 6MWT (6-minute walk test).
- North Star Ambulator Assessment.

Amondys 45 should not be used concomitantly with other exon-skipping therapies for DMD.

A recertification/extension request for Amondys 45 must include documentation of the following:

- Continual renal function monitoring while on Amondys 45 therapy.
- The client's current weight and the date on which the weight was obtained. The weight must be dated no more than 30 days before the request date.

Amondys 45 should not be continued as a treatment for clients who experienced decreasing physical function while on the medication.

Additional Information:

HHSC approved this updated clinical prior authorization for use by MCOs. MCOs do not need to wait for publication in the TMPPM before implementation. MCOs may choose to implement the updated prior authorization criteria requirements but shall not make them more restrictive than the criteria in this update.

Contact:

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Type: Informational

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From: VDP