

Elevidys™(delandistrogene moxparvovec-rokl) (for Louisiana Only)

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 [Instructions for Use](#)

Table of Contents	Page
Application.....	1
Coverage Rationale.....	1
Applicable Codes.....	2
Background.....	2
Clinical Evidence.....	2
U.S. Food and Drug Administration.....	3
References.....	4
Policy History/Revision Information.....	4
Instructions for Use.....	4

Application

This Medical Benefit Drug Policy only applies to the state of Louisiana.

Coverage Rationale

Elevidys is proven and medically necessary for the treatment of Duchenne muscular dystrophy (DMD) in patients who meet all of the following criteria:

- Diagnosis of Duchenne muscular dystrophy by, or in consultation with, a pediatric neuromuscular specialist with expertise in the diagnosis of DMD; and
- Submission of medical records (e.g., chart notes, laboratory values) confirming both of the following:
 - A mutation in the DMD gene; and
 - The mutation is not a deletion in exon 8 or exon 9; and
- Patient is aged 4 or 5 years of age; and
- Submission of medical records (e.g., chart notes) confirming that the patient is ambulatory without needing an assistive device (e.g., without side-by-side assist, cane, walker, wheelchair, etc.); and
- Patient does not have an elevated anti-AAVrh74 total binding antibody titer $\geq 1:400$; and
- Patient is on a stable dose equivalent of oral corticosteroids (e.g., prednisone, deflazacort) and will continue prior to and following receipt of Elevidys; and
- Patient will receive an additional prophylactic corticosteroid regimen prior to and following receipt of Elevidys in accordance with the United States Food and Drug Administration (FDA) approved Elevidys labeling; and
- Elevidys is prescribed by, or in consultation with, a pediatric neuromuscular specialist with expertise in the treatment of DMD; and
- Elevidys dosing is in accordance with FDA approved labeling; and
- Patient will not receive exon-skipping therapies for DMD [e.g., Amondys (casimersen), Exondys 51 (eteplirsen), Viltepso (viltolarsen), Vyondys 53 (golodirsen)] concomitantly or following Elevidys treatment; and
- Patient has never received Elevidys treatment in their lifetime; and

- Authorization will be issued for no more than one treatment per lifetime and for no longer than 14 days from approval or until 6 years of age, whichever is first.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

<u>HCPSC Code</u>	<u>Description</u>
<u>C9399</u>	<u>Unclassified drugs or biologicals</u>
<u>J3490</u>	<u>Unclassified drugs</u>
<u>J3590</u>	<u>Unclassified biologics</u>

<u>Diagnosis Code</u>	<u>Description</u>
<u>G71.02</u>	<u>Duchenne or Becker muscular dystrophy</u>

Background

Duchenne muscular dystrophy (DMD) is a rare, progressive, neuromuscular disorder caused by mutations of the dystrophin gene on the x chromosome. The gene regulates the production of the dystrophin protein, which plays an important role in the functioning of muscle cells. The age of onset is usually between 3 and 5 years. DMD is characterized by weakness and wasting of the muscles of the pelvic area followed by the involvement of the shoulder muscles. As the disease progresses, muscle weakness and atrophy spread to affect additional muscles of the body. By the early teenage years, patients will typically require a wheelchair and serious life-threatening complications may ultimately develop including cardiomyopathy and respiratory difficulties. The birth prevalence is estimated to be 1 in every 3,500 live male births. DMD mainly affects males and in rare cases may affect females. Although disease severity and life expectancy vary, patients often succumb to the disease in their 20s or 30s because of heart and/or respiratory failure.¹⁻⁴

Elevidys is a recombinant gene therapy designed to deliver into the body a gene that leads to production of Elevidys micro-dystrophin, a shortened protein (138 kDa, compared to the 427 kDa dystrophin protein of normal muscle cells) that contains selected domains of the dystrophin protein present in normal muscle cells.¹⁻⁴

Clinical Evidence

Proven

The accelerated approval of Elevidys was primarily based on data from Study 1 and Study 2.^{1,3-4}

Study 1 is an ongoing multi-center two-part study including a: (1) 48-week, randomized, double-blind, placebo-controlled period; and (2) 48-week period that began following completion of Part 1. Patients who received placebo during Part 1 were treated with Elevidys, and patients treated with Elevidys during Part 1 received placebo. The study population consisted of 41 male ambulatory DMD patients aged 4 through 7 years with either a confirmed frameshift mutation, or a premature stop codon mutation between exons 18 to 58 in the DMD gene. All subjects were on a stable dose of corticosteroids for at least 12 weeks prior to SRP-9001 infusion and had a baseline anti-AAVrh74 total binding antibody titers <1:100 as determined by clinical trial ELISA. The day prior to treatment, the subject's background dose of corticosteroid for DMD was increased to at least 1 mg/kg

of a corticosteroid (prednisone equivalent) daily and continued at this level for at least 60 days after the infusion, unless earlier tapering was clinically indicated.

The primary objectives were to evaluate expression of Elevidys micro-dystrophin in skeletal muscle, and to evaluate the effect of Elevidys on the North Star Ambulatory Assessment (NSAA) total score. The table below summarizes the Elevidys micro-dystrophin expression results for patients who received 1.33×10^{14} vector genomes/kilogram (vg/kg) Elevidys. The change in NSAA total score was assessed from baseline to week 48 after infusion of Elevidys or placebo. The difference between the Elevidys and placebo groups was not statistically significant ($p = 0.37$). The least squares (LS) mean changes in NSAA total score from baseline to week 48 was 1.7 (standard error [SE]: 0.6) points for the Elevidys group and 0.9 (SE: 0.6) points for the placebo group. Exploratory subgroup analyses showed that for patients aged 4 through 5 years, the LS mean changes (SE) in NSAA total score from baseline to week 48 were 4.3 (0.7) points for the Elevidys group, and 1.9 (0.7) points for the placebo group, a numerical advantage for Elevidys. For patients aged 6 through 7 years, the LS mean changes (SE) in NSAA total score from baseline to week 48 were -0.2 (0.7) points for the Elevidys group and 0.5 (0.7) points for the placebo group, a numerical disadvantage for Elevidys. The secondary endpoints in Part 1 include change from baseline to Week 48 in 100-meter timed test, time to ascend 4 steps, time to rise from the floor, and 10-meter timed test. Elevidys group did not show improvement in change from baseline to Week 48 for any of the secondary endpoints compared to the placebo. As the primary functional endpoint, NSAA total score change from baseline to Week 48, failed, the secondary endpoints in this study were not formally tested and the analyses of secondary endpoints can only serve as exploratory.

In Part 2, subjects in the Part 1 placebo group received SRP-9001 and had a mean increase from Part 2 baseline to Week 48 in NSAA total score of 1.3 (standard deviation [SD]: 2.7). For subjects who received SRP-9001 in Part 1, the mean NSAA total score change from Part 2 baseline to Week 48 is 0.1 (SD: 6.6). However, exploratory analysis of the group by age range shows that at Part 2 Week 48, the mean NSAA total score change from Part 2 baseline was 0.4 (SD 2.4) for the 4-5 years old subgroup while the mean NSAA total score declined by 4.3 (SD 5.1) from Part 2 baseline for the 6-7 years old subgroup.

Study 2 is an ongoing, open-label study which includes a cohort of 20 ambulatory male DMD patients aged 4 through 7 years. All 20 patients have a confirmed frameshift mutation, canonical splice site mutation, or premature stop codon mutation in the DMD gene. All subjects were on a stable dose of corticosteroids for at least 12 weeks prior to Elevidys infusion and throughout the first year of the study and had a baseline anti-AAVrh74 total binding antibody titers <1:100 as determined by clinical trial ELISA (only patients with baseline anti-AAVrh74 total binding antibody titers <1:400 are eligible for enrollment). The table below summarizes the Elevidys micro-dystrophin expression results for patients who received 1.33×10^{14} vector genomes/kilogram (vg/kg) Elevidys. At Week 52 post-Elevidys infusion, a mean change from baseline in NSAA total score of 4.0 (SD: 3.5) was observed.

<u>Western blot (% of Elevidys micro-dystrophin compared to control)</u>	<u>Study 1 (Week 12) Part 1 (N = 6)</u>	<u>Study 1 (Week 12) Part 2 (N = 21)</u>	<u>Study 2 (Week 12) Cohort 1 (N = 20)</u>
<u>Mean change from baseline (SD)</u>	<u>43.4 (48.6)</u>	<u>40.7 (32.3)</u>	<u>54.2 (42.6)</u>
<u>Median change from baseline (Min, Max)</u>	<u>24.3 (1.6, 116.3)</u>	<u>40.8 (0.0, 92.0)</u>	<u>50.6 (4.8, 153.9)</u>

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Elevidys (delandistrogene moxeparvovec-rokl) is an adeno-associated virus vector-based gene therapy indicated for the treatment of ambulatory pediatric patients aged 4 through 5 years with Duchenne muscular dystrophy (DMD) with a confirmed mutation in the DMD gene.¹

References

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Policy History/Revision Information

Date	Summary of Changes
TBD	New program.

Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Benefit Drug Policies are intended to be used in connection with the independent

professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Archived Policy Versions

<u>Effective Date</u>	<u>Policy Number</u>	<u>Policy Title</u>

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