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# Neuromuscular Agents: Muscular Dystrophy Agents (Exondys51)

## WA.PHAR.86 Neuromuscular Agents: Muscular Dystrophy Agents (Exondys51)

Effective Date: January 1, 2018

### Background:

Exondys 51 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 51 skipping managed and paid by the Health Care Authority for Medicaid members.

***All requests for authorization or payment must be referred to the Health Care Authority.***

### Coding:

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Code	Description
J1428	INJECTION ETEPLIRSEN 10 MG

### History

Date	Action and Summary of Changes
06/24/2020	<ul style="list-style-type: none"><li>New Policy Created</li></ul>