



coordinated care™

# Neuromuscular Agents: Muscular Dystrophy Agents (Vyondys 53)

## WA.PHAR.93 Neuromuscular Agents: Muscular Dystrophy Agents (Vyondys 53)

**Effective Date: July 1, 2020**

**Background:** Golodirsen (Vyondys 53™) is an antisense oligonucleotide 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
J1429	INJECTION GOLODIRSEN 10 MG

### History

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