

## Medical Policy:

### Viltepsso (viltolarsen)

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.321	April 2, 2025	November 11, 2020

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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as “EmblemHealth”), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines 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. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

### Definitions

Viltepsso, an antisense oligonucleotide, binds to exon 53 of dystrophin pre-mRNA resulting in exclusion of this exon during mRNA processing in patients with genetic mutations that are amendable to exon 53 skipping. Exon 53 skipping is intended to allow for production of internally truncated dystrophin protein in patients with genetic mutations amendable to exon 53 skipping.

This indication is approved under accelerated approval based on an increase in dystrophin production in skeletal muscle observed in patients treated with Viltepsso. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

### Length of Authorization

Coverage will be provided for 6 months and may be renewed.

### Dosing Limits [Medical Benefit]

Max Units (per dose and over time) [Medical Benefit]: 80 mg/kg IV once weekly; 925 billable units (9200 mg) every 7 days

## Guideline

### I. INITIAL APPROVAL CRITERIA

#### 1. **Duchenne Muscular Dystrophy**

Viltepso may be considered medically necessary when all of the following conditions are met:

- A. Medication is being prescribed by or in consultation with a neurologist who specializes in treatment of Duchenne muscular dystrophy (DMD); **AND**
- B. Patient has been diagnosed with Duchenne muscular dystrophy (DMD); **AND**
- C. Documentation has been provided confirming mutation of the DMD gene amenable to exon 53 skipping; **AND**
- D. Member must have been on a stable dose of corticosteroids for at least 3 months (unless contraindicated); **AND**
- E. Patient retains meaningful voluntary motor function (e.g., patient is able to speak, manipulate objects using upper extremities, ambulate, etc.); **AND**
- F. Patient is receiving physical and/or occupational therapy; **AND**
- G. Baseline documentation of **ONE** or more of the following:
  - i. Dystrophin level
  - ii. Timed function tests (e.g., 6-minute walk test [6MWT], time to stand [TTSTAND], time to run/walk 10 meters [TTRW], time to climb 4 stairs [TTCLIMB], etc.)
  - iii. Upper limb function (ULM) test
  - iv. North Star Ambulatory Assessment (NSAA) score
  - v. Forced Vital Capacity (FVC) percent predicted
- H. Viltepso is not used concomitantly with other exon skipping therapies for DMD.

### Limitations/Exclusions

- 1. Disease progression while on DRUG.
- 2. Indications not supported by CMS recognized compendia or acceptable peer reviewed literature may be deemed as not approvable and therefore not reimbursable.
- 3. Renal function should be monitored; creatinine may not be a reliable measure of renal function in DMD patients.
- 4. There are no clinical studies demonstrating use in the geriatric population ( $\geq 65$  years of age) as DMD is largely a disease of children and young adults
- 5. Patient is not on concomitant therapy with other DMD-directed antisense oligonucleotides (e.g., eteplirsen, casimersen, golodirsen, etc.)
- 6. Patient is not on concomitant therapy with delandistrogene moxeparvovec-rokl; **AND**
- 7. Patient does not have symptomatic cardiomyopathy; **AND**
- 8. Serum cystatin C, urine dipstick, and urine protein-to-creatinine ratio (UPCR) are measured prior to starting therapy and periodically during treatment.

#### 2. **RENEWAL CRITERIA**

Coverage can be renewed in up to 6-month intervals based upon the following:

- A. Patient continues to meet INITIAL APPROVAL CRITERIA; **AND**
- B. Patient has responded to therapy compared to pretreatment baseline in one or more of the following (not all-inclusive):
  - i. Increase in dystrophin level
  - ii. Improvement in quality of life
  - iii. Stability, improvement, or slowed rate of decline in one or more of the following:
    - a. Timed function tests (e.g., 6-minute walk test [6MWT], time to stand [TTSTAND], time to run/walk 10 meters [TTRW], time to climb 4 stairs [TTCLIMB], etc.)
    - b. Upper limb function (ULM) test

- c. North Star Ambulatory Assessment (NSAA) score
- d. Forced Vital Capacity (FVC) percent predicted
- C. Absence of unacceptable toxicity from the drug has been documented. Examples of unacceptable toxicity include reactions (glomerulonephritis, persistent increase in serum cystatin C, proteinuria, etc.)**AND**
- D. Viltepsso is not used concomitantly with other exon skipping therapies for DMD.

## Applicable Procedure Codes

Code	Description
J1427	Injection, viltolarsen, 10 mg; 1 billable unit = 10 mg

## Applicable NDCs

Code	Description
73292-0011-01	Viltepsso single-dose vials containing 250 mg/5 mL (50 mg/mL)

## ICD-10 Diagnoses

Code	Description
G71.01	Duchenne or Becker muscular dystrophy

## Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	4/2/2025	Annual Review: Updated dosing limits Updated limitations/exclusions to include: Patient is not on concomitant therapy with delandistrogene moxeparvovec-rokl; AND Patient does not have symptomatic cardiomyopathy; <b>AND</b> Serum cystatin C, urine dipstick, and urine protein-to-creatinine ratio (UPCR) are measured prior to starting therapy and periodically during treatment;
EmblemHealth & ConnectiCare	1/2/2024	Annual Review: Updated dosing limits Initial Criteria: Added: Patient retains meaningful voluntary motor function (e.g., patient is able to speak, manipulate objects using upper extremities, ambulate, etc.); AND Patient is receiving physical and/or occupational therapy; AND Baseline documentation of one or more of the following: Dystrophin level, Timed function tests (e.g., 6-minute walk test [6MWT], time to stand [TTSTAND], time to run/walk 10 meters [TTRW], time to climb 4 stairs [TTCLIMB], etc.), Upper limb function (ULM) test, North Star Ambulatory Assessment (NSAA) score, Forced Vital Capacity (FVC) percent predicted” Removed: “Medical records have been provided documenting member’s baseline muscle strength score while walking independently (e.g., without assist, cane, walker, wheelchair, etc.) prior to beginning Viltepsso therapy by ONE of the following ambulatory functional tests: 6-minute walk test (6MWT), North Star ambulatory assessment (NSAA), Gower’s test, Other appropriate test for DMD assessment; AND” Updated Limitations/Exclusions <u>Renewal Criteria</u>

		<p>Added: "Patient continues to meet INITIAL APPROVAL CRITERIA; AND"  Removed:"Updated documentation (recent progress notes documenting overall disease status and ambulatory status) has been provided showing that member has demonstrated a response to therapy as evidenced by remaining ambulatory (e.g. able to walk with or without assistance, not wheelchair dependent); AND"  Added: "Patient has responded to therapy compared to pretreatment baseline in one or more of the following (not all-inclusive): Increase in dystrophin level, Improvement in quality of life, Stability, improvement, or slowed rate of decline in one or more of the following: Timed function tests (e.g., 6-minute walk test [6MWT], time to stand [TTSTAND], time to run/walk 10 meters [TTRW], time to climb 4 stairs [TTCLIMB], etc.) , Upper limb function (ULM) test, North Star Ambulatory Assessment (NSAA) score, Forced Vital Capacity (FVC) percent predicted"  Removed: "Member has had an improvement from baseline in ONE of the following: 6-minute walk test (6MWT), North Star ambulatory assessment (NSAA), Gower's test, Other appropriate test for DMD assessment; AND"  Updated Jcode, removed C9071, replaced with J1427</p>
EmblemHealth & ConnectiCare	4/11/2023	Annual Revision: no criteria changes
EmblemHealth & ConnectiCare	1/18/20203	Transfer to New Template
EmblemHealth & ConnectiCare	1/1/2021	Updated C-code 9071
EmblemHealth & ConnectiCare	11/11/20	New Medical Policy

## References

1. Product Information: VILTEPSO™ intravenous injection, viltolarsen intravenous injection. NS Pharma Inc (per manufacturer), Paramus, NJ, 2020.
2. CureDuchenne. "Duchenne Population Potentially Amenable to Exon Skipping." <https://www.cureduchenne.org/wp-content/uploads/2016/11/Duchenne-Population-Potentially-Amenable-to-Exon-Skipping-11.10.16.pdf>
3. Kole R, Krieg AM. Exon skipping therapy for Duchenne muscular dystrophy. Adv Drug Deliv Rev. 2015; 87:104-107.
4. Landfeldt E, Lindgren P, Bell C, et al. The burden of Duchenne muscular dystrophy. Neurology. 2014; 83:529-536.
5. National Organization for Rare Disorders—Rare Disease Database. Danbury (CT): NORD. Duchenne Muscular Dystrophy. 2018 [cited 2019 Jan 25]. Available from: <https://rarediseases.org/rare-diseases/duchenne-muscular-dystrophy/>