



CLINICAL MEDICATION POLICY	
Policy Name:	Exondys 51 (Eteplirsen)
Policy Number:	MP-037-MD-PA
Approved By:	Medical Management Medical Policy Clinical Pharmacy
Provider Notice Date:	1/1/2017
Original Effective Date:	2/1/2017
Annual Approval Date:	11/23/2017
Revision Date:	NA
Products:	Pennsylvania Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

DISCLAIMER

Gateway HealthSM's (Gateway) medical payment and prior-authorization policy is intended to serve only as a general reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY SUMMARY

Gateway HealthSM may provide coverage under the medical or pharmacy benefits of the Company's Medicaid products for medically necessary Exondys 51 (eteplirsen) intravenous administration in the treatment of Duchenne Muscular Dystrophy (DMD).

*The full version of this medical policy is available on the Gateway provider website at:

<http://gatewayhealthplan.com/MedicalPolicies>