

Amondys 45 (Casimersen)

Drug names

1. Amondys 45
2. Casimersen

Description

Amondys 45 (casimersen) is used to treat Duchenne muscular dystrophy in adults and children who have a certain gene mutation.

It is administered by intravenous (IV) infusion.

Commercial

A Pharmacy Clinical Guideline, *Amondys 45 (casimersen)*, is on [Magellan Rx Management](#).

- **Requires prior authorization through Magellan.** Refer to *Review Criteria*.
 - **DOS prior to 8.1.21:** Refer to the [New-to-Market Medical Pharmacy Products](#) policy.
 - **Important:** Check policy for limits or exclusions.
 - **ER or inpatient hospital POS:** PA is not required.
 - **Providers:** Certain providers are excluded. Refer to [Magellan Rx Prior Authorization](#).
- Covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

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Amondys 45 (Casimersen), Continued

Government Programs

Refer to the table below.

Plan	Coverage
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none"> Refer to Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none"> Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits. Medicare is the primary payer. Follows Medicare guidelines. If no Medicare eligibility, Medicaid applies. Refer to Medicaid below.
AccessAbility Enhanced (SNBC SNP), DUAL (MSHO)	<ul style="list-style-type: none"> A Pharmacy Clinical Guideline, <i>Amondys 45 (casimersen)</i>, is on Magellan Rx Management. Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>. <ul style="list-style-type: none"> DOS prior to 8.1.21: Refer to the New-to-Market Medical Pharmacy Products policy. Important: Check policy for limits or exclusions. ER or inpatient POS: PA is not required. Providers: Certain providers are excluded. Refer to Magellan Rx Prior Authorization. Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits. Medica is the only payer.

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Amondys 45 (Casimersen), Continued

Government Programs, continued

Plan	Coverage
Advantage	<ul style="list-style-type: none"> • A Pharmacy Clinical Guideline, <i>Amondys 45 (casimersen)</i>, is on Magellan Rx Management. • Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>. <ul style="list-style-type: none"> – DOS prior to 8.1.21: Refer to the New-to-Market Medical Pharmacy Products policy. – Important: Check policy for limits or exclusions. – ER or inpatient POS: PA is not required. – Providers: Certain providers are excluded. Refer to Magellan Rx Prior Authorization. • Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. <ul style="list-style-type: none"> – Administration: Covered based on place of service. Quote office visit or Home IV Therapy benefits. Check EOC for primary or specialist cost sharing. – Drug (J-code): Covered under <i>Part B Prescription Drugs</i> in the EOC. • Medica is the only payer.

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Amondys 45 (Casimersen), Continued

Government Programs, continued

Plan	Coverage
Advantage PartnerCare (I-SNP)	<ul style="list-style-type: none"> • A Pharmacy Clinical Guideline, <i>Amondys 45 (casimersen)</i>, is on Magellan Rx Management. • Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>. <ul style="list-style-type: none"> – DOS prior to 8.1.21: Refer to the New-to-Market Medical Pharmacy Products policy. – Important: Check policy for limits or exclusions. – ER or inpatient POS: PA is not required. – Providers: Certain providers are excluded. Refer to Magellan Rx Prior Authorization. • Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. <ul style="list-style-type: none"> – Administration: Covered based on place of service. Quote office visit or Home IV Therapy benefits. Check EOC; copays depend on place of service. – Drug (J-code): Covered under <i>Part B Prescription Drugs</i> in the EOC. • Medica is the only payer.
Medicaid (SPP)	<ul style="list-style-type: none"> • A Pharmacy Clinical Guideline, <i>Amondys 45 (casimersen)</i>, is on Magellan Rx Management. • Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>. <ul style="list-style-type: none"> – DOS prior to 8.1.21: Refer to the New-to-Market Medical Pharmacy Products policy. – Important: Check policy for limits or exclusions. – ER or inpatient POS: PA is not required. – Providers: Certain providers are excluded. Refer to Magellan Rx Prior Authorization. • Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.

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Amondys 45 (Casimersen), Continued

Government Programs, continued

Plan	Coverage
Prime	<ul style="list-style-type: none"> Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. <ul style="list-style-type: none"> Administration: Covered based on place of service. Quote office visit or Home IV Therapy benefits. Check EOC for primary or specialist cost sharing. Drug (J-code): Covered under <i>Part B Prescription Drugs</i> in the EOC. Follows Medicare guidelines. Reminder: Members can use non-Medica Service Area providers. Refer to Out-of-MSA Benefits.
Select, Signature	<ul style="list-style-type: none"> Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits. Medicare supplement. Medicare is the primary payer. Follows Medicare guidelines.

Individual and Family Business (IFB)

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 - Important:** Check policy for limits or exclusions.
 - ER or inpatient hospital POS:** PA is not required.
 - Providers:** Certain providers are excluded. Refer to [Magellan Rx Prior Authorization](#).
- Covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

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Amondys 45 (Casimersen), Continued

Medica Health Plan Solutions (MHPS)

Coverage depends on the employer.

Employer	Coverage
Mayo Medical Plan	<ul style="list-style-type: none"> • DOS prior to 10.1.21: Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits. • Effective 10.1.21: A Pharmacy Clinical Guideline, <i>Amondys-45 (casimersen)</i>, is on Magellan Rx Management. • Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>. <ul style="list-style-type: none"> – Important: Check policy for limits or exclusions. – ER or inpatient hospital POS: PA is not required. – Providers: All providers, including Mayo Clinic providers, require PA. – Medicare supplement: PA does not apply. • Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.
All others	<ul style="list-style-type: none"> • A Pharmacy Clinical Guideline, <i>Amondys 45 (casimersen)</i>, is on Magellan Rx Management. • Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>. <ul style="list-style-type: none"> – DOS prior to 8.1.21: Refer to the New-to-Market Medical Pharmacy Products policy. – Important: Check policy for limits or exclusions. – ER or inpatient POS: PA is not required. – Providers: Certain providers are excluded. Refer to Magellan Rx Prior Authorization. • Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.

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Amondys 45 (Casimersen), Continued

Document history

The document history for the past 12 months is outlined below. See Iris/KN for the complete document history.

Date	Description
9.22.21	MHPS – MMP – Added eff 10.1.21, policy and PA applies.
8.5.21	New A-Z sheet.

Applicability

Business Segments		
<input checked="" type="checkbox"/> All <input type="checkbox"/> AHP <input type="checkbox"/> COM- (All) <input type="checkbox"/> GOVT- (All) <input type="checkbox"/> IFB <input type="checkbox"/> MHPS <input type="checkbox"/> PSC		
Specific Clients/Products		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Other:		
Platform or System		
<input type="checkbox"/> All <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Other:		
Departments		
<input checked="" type="checkbox"/> Call Center <input type="checkbox"/> Multiple: <input type="checkbox"/> Other:		
Approved By	Document Owner	Date
A-Z Review team	KNTWs	8.5.21