Delandistrogene Moxeparvovec (Elevidys) – PA Criteria

HCPC: J1413

Delandistrogene Moxeparvovec (Elevidys) is an adeno-associated gene therapy indicated for the treatment of Duchenne muscular dystrophy (DMD). It is covered by South Dakota Medicaid following prior authorization when the patient meets the following criteria:

** All requests under this policy require SD medical director review in addition to meeting specified criteria below **`

- **Initial Therapy (must meet all):**
  - Therapy is prescribed by with a neurologist who specializes in the treatment of DMD and/or other neuromuscular disorders
  - Individual has a diagnosis of DMD confirmed by genetic testing
  - Individual does not have any deletion in exon 8 and/or exon 9 DMD gene
  - Individual is ambulatory (e.g. is not dependent on assistive devices and is not wheelchair dependent) and has a North Star Ambulatory Assessment (NSAA) score documented at baseline
  - Individual is 4-7 years of age
  - Individual meets one of the following regarding DMD antisense oligonucleotides
    - Individual is not currently taking any DMD antisense oligonucleotides
    - DMD antisense oligonucleotide therapy will be discontinued prior to Elevidys infusion
  - Baseline labs are completed and anti-AAVrh74is not ≥1:400
  - Individual has not received Elevidys therapy in the past
  - Approval duration: one dose
- **Continuation of Therapy:** not authorized