



**EXONDYS 51™**  
(eteplirsen) Injection

**BILLING & CODING GUIDE**

[EXONDYS51.com](http://EXONDYS51.com)

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Please see the Important Safety Information on Page 3 and the accompanying full Prescribing Information for EXONDYS 51 (eteplirsen).

## DRUG INFORMATION

**Drug Name:** EXONDYS 51® (eteplirsen)

**US Approval:** Sept. 19, 2016

**Link to full Prescribing Information:** [www.exondys51.com](http://www.exondys51.com)

**Indication:** EXONDYS 51 is indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients who have a confirmed mutation of the *DMD* gene that is amenable to exon 51 skipping. This indication is approved under accelerated approval based on an increase in dystrophin in skeletal muscle observed in some patients treated with EXONDYS 51. A clinical benefit of EXONDYS 51 has not been established. Continued approval for this indication may be contingent upon verification of a clinical benefit in confirmatory trials.

**Important Safety Information:** Hypersensitivity reactions, including rash and urticaria, pyrexia, flushing, cough, dyspnea, bronchospasm, and hypotension, have occurred in patients who were treated with EXONDYS 51. If a hypersensitivity reaction occurs, institute appropriate medical treatment and consider slowing the infusion or interrupting the EXONDYS 51 therapy.

Adverse reactions in DMD patients (N=8) treated with EXONDYS 51 30 or 50 mg/kg/week by intravenous (IV) infusion with an incidence of at least 25% more than placebo (N=4) (Study 1, 24 weeks) were (EXONDYS 51, placebo): balance disorder (38%, 0%), vomiting (38%, 0%) and contact dermatitis (25%, 0%). The most common adverse reactions were balance disorder and vomiting. Because of the small numbers of patients, these represent crude frequencies that may not reflect the frequencies observed in practice. The 50 mg/kg once weekly dosing regimen of EXONDYS 51 is not recommended.

In the 88 patients who received  $\geq 30$  mg/kg/week of EXONDYS 51 for up to 208 weeks in clinical studies, the following events were reported in  $\geq 10\%$  of patients and occurred more frequently than on the same dose in Study 1: vomiting, contusion, excoriation, arthralgia, rash, catheter site pain, and upper respiratory tract infection.

**How Supplied:** EXONDYS 51 injection is supplied in single-dose 2 mL vials containing 100 mg (50 mg/mL) eteplirsen and 10 mL vials containing 500 mg (50 mg/mL) eteplirsen.

## COVERAGE

### Importance of Benefits Verifications

Verifying your patient's insurance benefits prior to initiating therapy is a critical step in determining:

- Payer coverage requirements
- Patient cost-share
- Ordering options

Obtaining correct information can minimize claims processing delays and denials and support patient access.

### Differences Between Buy-and-Bill and Specialty Pharmacy Acquisition

Depending on your patient's insurance, EXONDYS 51 may be acquired through a specialty pharmacy or it may also be purchased and billed by your practice or facility, commonly referred to as "buy and bill."

Many commercial insurers and Medicaid plans allow for ordering specialty drugs like EXONDYS 51 through a specialty pharmacy. Under this approach, the specialty pharmacy bills the patient's insurer for the cost of the drug, contacts the patient or the patient's caregiver to collect any out-of-pocket requirements for the drug, and ships the drug directly to the site of care. The medical professional bills the patient's insurer only for the drug administration service. Review the next section of this guide for a list of specialty pharmacies authorized to supply EXONDYS 51.

Under the buy-and-bill approach, the medical provider purchases EXONDYS 51 and bills the patient's insurance for the cost of the drug and related drug administration procedure. Government payers and some commercial insurers allow medical professionals to order, administer, and bill for physician-administered drugs.

## Prior Authorization (PA) Overview

An insurer may require a PA because the health plan wants more information about your patient's medical history, an explanation of the use for EXONDYS 51, and/or your clinical rationale for the treatment.

Required by some payers and recommended by others, a letter of medical necessity describes patient-specific information in language that can be easily understood by the PA reviewer, who may not be familiar with EXONDYS 51.

If you utilize a specialty pharmacy for ordering, the specialty pharmacy may provide helpful information during your PA submission process.

## PA Best Practices

If your office or facility receives a request for PA for treatment with EXONDYS 51, below are some tips that may be helpful:

- Contact the payer directly to inquire about PA requirements such as the mode of submission (eg, phone, fax, online, letter)
  - Determine if the insurer has a specific PA form; it may be on the payer website
- Draft a patient-specific letter of medical necessity that describes the clinical rationale for treatment with EXONDYS 51 (see following page for additional information)
- Once you submit the PA request, follow up to confirm that the insurer received the information
- Ask the insurer how long it will take for them to review the PA request and to make a decision
- Ask the insurer how you will be informed if the PA is approved or denied
- Follow up to check on the PA request status at regular intervals
- Document the PA approval number and duration; if possible, obtain written confirmation
- If possible, include the PA reference number on the claim form

## Materials for PA Submission

Payers are likely to require medical professionals to submit supporting documentation to accompany a PA.

Examples of types of information/documentation that may be requested:

- Letter of medical necessity, including:
  - Duchenne pathophysiology
  - Description of EXONDYS 51
  - Mechanism of action of EXONDYS 51
  - Dosing schedule for EXONDYS 51
  - Administration of EXONDYS 51
  - Rationale for treatment
  - Summary of patient's treatment
  - Review of historical and current functional assessments
  - Patient's prognosis
  - Concluding remarks, including contact information
- Patient medical history, including chart notes
- Genetic test results confirming that the patient has a mutation of the *DMD* gene that is amenable to exon 51 skipping
- Copy of patient's insurance cards
- EXONDYS 51 US Food and Drug Administration (FDA) approval letter
- EXONDYS 51 Prescribing Information
- Relevant medical articles
- Letters from other members of the patient's care team
- Signed copy of physician's order

## CODING

The following pages contain appropriate codes and additional information necessary for receiving reimbursement for an EXONDYS 51 claim.

### Reporting Use of EXONDYS 51 (eteplirsen) Injection

#### Level II Healthcare Common Procedure Coding System (HCPCS) Codes

The Centers for Medicare & Medicaid Services (CMS) assign product-specific alphanumeric HCPCS Level II codes (eg, J-codes) to identify drugs and biologics.

#### J-Code for EXONDYS 51'

As of January 1, 2018, EXONDYS 51 has been assigned a unique J-code for billing: **J1428** [Injection, eteplirsen, 10 mg].

Coding	Description	Site of Service	Payers
<b>J1428</b>	Injection, eteplirsen, 10 mg	Physician office Hospital outpatient	Medicare, Medicaid, and commercial private payers

This information is provided for your education only. Sarepta does not guarantee coverage or reimbursement by using any particular codes. Individual insurers have the necessary flexibility to classify specific products in accordance with their own policies. Please confirm the appropriate code with the specific insurer (Medicare, Medicaid, or commercial) in whose jurisdiction a claim would be filed.

Please see the Important Safety Information on Page 3 and the accompanying full Prescribing Information for EXONDYS 51 (eteplirsen).

## Billing Units

Claim forms may require you to state the number of J-Code “billing units” used. This refers to the number of units used based on mg of EXONDYS 51 administered. For EXONDYS 51, 1 billing unit corresponds to 10 mg of drug. The following table lists the appropriate number of units per vial based on size of vial.

Description	Vial Quantity (mg)	J-Code Billing Units
EXONDYS 51, 2 mL vial	100 mg	10 units
EXONDYS 51, 10 mL vial	500 mg	50 units

## National Drug Code (NDC)<sup>2</sup>

Many payers (including Medicaid) will require healthcare professionals to report the NDC in an 11-digit format in addition to the J-code when billing for a drug. The table below lists the 10-digit NDCs assigned to EXONDYS 51; the 11-digit format is required for claims submission.

Description	NDC (10-digit format)	NDC (11-digit format)
EXONDYS 51, 100 mg	60923-363-02	60923-0363-02
EXONDYS 51, 500 mg	60923-284-10	60923-0284-10

Please see the Important Safety Information on Page 3 and the accompanying full Prescribing Information for EXONDYS 51 (eteplirsen).



## Reporting Drug Administration Services

### Current Procedural Terminology (CPT®) Codes<sup>1,3</sup>

Drug administration services are typically reported with CPT codes in outpatient sites of care. The following CPT codes may be appropriate for reporting an infusion of EXONDYS 51:

Code	Description	Site of Service
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	Physician office and hospital outpatient
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)	Home health

The administration of EXONDYS 51 may also be reported using a HCPCS code in the home site of care. Modifier -SD may be attached to the home infusion code to indicate services performed by a registered nurse with specialized, highly technical home infusion training.

Code	Description	Site of Service
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Home health

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## Revenue Codes<sup>4</sup>

The following revenue codes may be appropriate when billing EXONDYS 51 and its administration in the hospital outpatient setting:

Code	Description	Appropriate Use
0260	IV therapy, general	May be used by commercial private payers or Medicaid plans for EXONDYS 51
0636	Drugs requiring detailed coding	Required by Medicare for EXONDYS 51
0510	Clinic	May be used by any payer for the IV infusion service

## Diagnosis Coding

### International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) Codes<sup>5</sup>

Select the diagnosis code that most closely describes the reason the patient is being treated. The ICD-10-CM diagnosis code that describes the FDA-approved indication for EXONDYS 51 is:

Code	Description
G71.01	Duchenne or Becker muscular dystrophy

Please see the Important Safety Information on Page 3 and the accompanying full Prescribing Information for EXONDYS 51 (eteplirsen).

# SAMPLE CODING SCENARIOS BY SITE OF CARE

## Healthcare Provider Office (POS 11)

ICD-10-CM	Procedure Code	Drug Codes
G71.01: Duchenne or Becker muscular dystrophy	96365: Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	J1428: Injection, eteplirsen, 10 mg  AND 60923-0363-02: EXONDYS 51, 100 mg

## Hospital Outpatient (POS 22)

ICD-10-CM	Procedure Code	Drug Codes
G71.01: Duchenne or Becker muscular dystrophy	96365: Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour  AND O510: Clinic	J1428: Injection, eteplirsen, 10 mg  AND 60923-0363-02: EXONDYS 51, 100 mg  AND O636: Drugs requiring detailed coding -or- O260: IV therapy, general

Please see the Important Safety Information on Page 3 and the accompanying full Prescribing Information for EXONDYS 51 (eteplirsen).

## Home Health (POS 12)

ICD-10-CM	Procedure Code	Drug Codes
<p><b>G71.01:</b> Duchenne or Becker muscular dystrophy</p>	<p>CPT 99601: Home infusion/specialty drug administration, per visit (up to 2 hours)</p> <p><b>OR</b></p> <p>S9379: Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</p>	<p>J1428: Injection, eteplirsen, 10 mg</p> <p><b>AND</b></p> <p>60923-0363-02: EXONDYS 51, 100 mg</p>

This information is provided for your education only. Sarepta does not guarantee coverage or reimbursement by using any particular codes. Individual insurers have the necessary flexibility to classify specific products in accordance with their own policies. Please confirm the appropriate code with the specific insurer (Medicare, Medicaid, or commercial) in whose jurisdiction a claim would be filed.



# EXONDYS 51™ (eteplirsen) Injection

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1. Centers for Medicare and Medicaid Services. 2018 Alpha-Numeric HCPCS. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2018-Alpha-Numeric-HCPCS-File-.html>. Accessed October 3, 2018. 2. UnitedHealthcare. National Drug Codes requirement to be enforced for UnitedHealthcare Commercial & UnitedHealthcare Medicare Advantage professional claims, effective Jan. 1, 2017. <https://www.uhcprovider.com/content/dam/provider/docs/public/claims/NDC-Requirement-FAQ.pdf>. Accessed October 3, 2018. 3. American Medical Association. CPT 2016 Professional Edition. Copyright 2015. 4. Centers for Medicare & Medicaid Services. 2016 Revised Revenue Code to Cost Center Crosswalks. <https://www.cms.gov/apps/ama/license.asp?file=/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/2016-Revised-Revenue-Code-to-Cost-Center-Crosswalks.zip>. Accessed October 3, 2018. 5. Centers for Medicare and Medicaid Services. ICD-10-CM 2019 Code Tables and Index. Tabular List of Diseases and Injuries. <https://www.cms.gov/Medicare/Coding/ICD10/2019-ICD-10-CM.html>. Accessed October 3, 2018.

**Please see the Important Safety Information on Page 3 and the accompanying full Prescribing Information for EXONDYS 51 (eteplirsen).**



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## HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use EXONDYS 51® safely and effectively. See full prescribing information for EXONDYS 51.

**EXONDYS 51 (eteplirsen) injection, for intravenous use**  
Initial U.S. Approval: 2016

### RECENT MAJOR CHANGES

Dosage and Administration, Administration Instructions (2.3) 2/2018  
Warnings and Precautions, Hypersensitivity Reactions (5.1) 2/2018

### INDICATIONS AND USAGE

EXONDYS 51 is an antisense oligonucleotide indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients who have a confirmed mutation of the DMD gene that is amenable to exon 51 skipping. This indication is approved under accelerated approval based on an increase in dystrophin in skeletal muscle observed in some patients treated with EXONDYS 51 [see *Clinical Studies* (14)]. A clinical benefit of EXONDYS 51 has not been established. Continued approval for this indication may be contingent upon verification of a clinical benefit in confirmatory trials. (1)

### DOSAGE AND ADMINISTRATION

- 30 milligrams per kilogram of body weight once weekly (2.1)
- Administer as an intravenous infusion over 35 to 60 minutes (2.1, 2.3)
- Dilution required prior to administration (2.2)

### DOSAGE FORMS AND STRENGTHS

Injection:

- 100 mg/2 mL (50 mg/mL) in single-dose vial (3)

- 500 mg/10 mL (50 mg/mL) in single-dose vial (3)

### CONTRAINDICATIONS

None (4)

### WARNINGS AND PRECAUTIONS

- Hypersensitivity Reactions: Hypersensitivity reactions, including pyrexia, flushing, cough, dyspnea, bronchospasm, rash, urticaria, and hypotension, have occurred in patients treated with EXONDYS 51. If hypersensitivity reactions occur, institute appropriate medical treatment and consider slowing the infusion or interrupting the EXONDYS 51 therapy. (2.3, 5.1)

### ADVERSE REACTIONS

The most common adverse reactions (incidence  $\geq$ 35% and higher than placebo) were balance disorder and vomiting (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Sarepta Therapeutics, Inc. at 1-888-SAREPTA (1-888-727-3782) or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

See 17 for PATIENT COUNSELING INFORMATION

Revised: 10/2018

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\*Sections or subsections omitted from the full prescribing information are not listed.

# FULL PRESCRIBING INFORMATION

## 1 INDICATIONS AND USAGE

EXONDYS 51 is indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients who have a confirmed mutation of the DMD gene that is amenable to exon 51 skipping. This indication is approved under accelerated approval based on an increase in dystrophin in skeletal muscle observed in some patients treated with EXONDYS 51 [see *Clinical Studies (14)*]. A clinical benefit of EXONDYS 51 has not been established. Continued approval for this indication may be contingent upon verification of a clinical benefit in confirmatory trials.

## 2 DOSAGE AND ADMINISTRATION

### 2.1 Dosing Information

The recommended dose of EXONDYS 51 is 30 milligrams per kilogram administered once weekly as a 35 to 60 minute intravenous infusion.

If a dose of EXONDYS 51 is missed, it may be administered as soon as possible after the scheduled time.

### 2.2 Preparation Instructions

EXONDYS 51 is supplied in single-dose vials as a preservative-free concentrated solution that requires dilution prior to administration. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Use aseptic technique.

- a. Calculate the total dose of EXONDYS 51 to be administered based on the patient's weight and the recommended dose of 30 milligrams per kilogram. Determine the volume of EXONDYS 51 needed and the correct number of vials to supply the full calculated dose.
- b. Allow vials to warm to room temperature. Mix the contents of each vial by gently inverting 2 or 3 times. Do not shake.
- c. Visually inspect each vial of EXONDYS 51. EXONDYS 51 is a clear, colorless solution that may have some opalescence. Do not use if the solution in the vials is discolored or particulate matter is present.
- d. With a syringe fitted with a 21-gauge or smaller non-coring needle, withdraw the calculated volume of EXONDYS 51 from the appropriate number of vials.
- e. Dilute the withdrawn EXONDYS 51 in 0.9% Sodium Chloride Injection, USP, to make a total volume of 100-150 mL. Visually inspect the diluted solution for particulates.
- f. EXONDYS 51 contains no preservatives and should be administered immediately after dilution. Complete infusion of diluted EXONDYS 51 solution within 4 hours of

dilution. If immediate use is not possible, the diluted solution may be stored for up to 24 hours at 2°C to 8°C (36°F to 46°F). Do not freeze. Discard unused EXONDYS 51.

### **2.3 Administration Instructions**

Application of a topical anesthetic cream to the infusion site prior to administration of EXONDYS 51 may be considered.

EXONDYS 51 is administered via intravenous infusion. Flush the intravenous access line with 0.9% Sodium Chloride Injection, USP, prior to and after infusion.

Infuse the diluted EXONDYS 51 solution over 35 to 60 minutes. Do not mix other medications with EXONDYS 51 or infuse other medications concomitantly via the same intravenous access line.

If a hypersensitivity reaction occurs, consider slowing the infusion or interrupting the EXONDYS 51 therapy [*see Warnings and Precautions (5.1) and Adverse Reactions (6.1)*].

## **3 DOSAGE FORMS AND STRENGTHS**

EXONDYS 51 is a clear and colorless solution that may have some opalescence, and is available as follows:

- Injection: 100 mg/2 mL (50 mg/mL) solution in a single-dose vial
- Injection: 500 mg/10 mL (50 mg/mL) solution in a single-dose vial

## **4 CONTRAINDICATIONS**

None.

## **5 WARNINGS AND PRECAUTIONS**

### **5.1 Hypersensitivity Reactions**

Hypersensitivity reactions, including rash and urticaria, pyrexia, flushing, cough, dyspnea, bronchospasm, and hypotension, have occurred in patients who were treated with EXONDYS 51. If a hypersensitivity reaction occurs, institute appropriate medical treatment and consider slowing the infusion or interrupting the EXONDYS 51 therapy [*see Dosage and Administration (2.3)*].



## 6 ADVERSE REACTIONS

### 6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

In the EXONDYS 51 clinical development program, 107 patients received at least one intravenous dose of EXONDYS 51, ranging between 0.5 mg/kg (0.017 times the recommended dosage) and 50 mg/kg (1.7 times the recommended dosage). All patients were male and had genetically confirmed Duchenne muscular dystrophy. Age at study entry was 4 to 19 years. Most (89%) patients were Caucasian.

EXONDYS 51 was studied in a double-blind, placebo-controlled study for 24 weeks (Study 1), followed by an open label extension (Study 2). In Study 1, 12 patients were randomized to receive weekly intravenous infusions of EXONDYS 51 (n=8) or placebo (n=4) for 24 weeks. All 12 patients continued in Study 2 and received open-label EXONDYS 51 weekly for up to 208 weeks.

In Study 1, 4 patients received placebo, 4 patients received EXONDYS 51 30 mg/kg, and 4 patients received EXONDYS 51 50 mg/kg (1.7 times the recommended dosage). In Study 2, 6 patients received EXONDYS 51 30 mg/kg/week and 6 patients received EXONDYS 51 50 mg/kg/week [see *Clinical Studies (14)*].

Adverse reactions that occurred in 2 or more patients who received EXONDYS 51 and were more frequent than in the placebo group in Study 1 are presented in Table 1 (the 30 and 50 mg/kg groups are pooled). Because of the small numbers of patients, these represent crude frequencies that may not reflect the frequencies observed in practice. The 50 mg/kg once weekly dosing regimen of EXONDYS 51 is not recommended [see *Dosage and Administration (2.1)*].

The most common adverse reactions were balance disorder and vomiting.

**Table 1. Adverse Reactions in DMD Patients Treated with 30 or 50 mg/kg/week<sup>1</sup> EXONDYS 51 with Incidence at Least 25% More than Placebo (Study 1)**

Adverse Reactions	EXONDYS 51 (N=8)		Placebo (N=4)	
		%		%
Balance disorder		38		0
Vomiting		38		0
Contact dermatitis		25		0

<sup>1</sup> 50 mg/kg/week = 1.7 times the recommended dosage

In the 88 patients who received  $\geq 30$  mg/kg/week of EXONDYS 51 for up to 208 weeks in clinical studies, the following events were reported in  $\geq 10\%$  of patients and occurred more frequently than on the same dose in Study 1: vomiting, contusion, excoriation, arthralgia, rash, catheter site pain, and upper respiratory tract infection.

Hypersensitivity reactions have occurred in patients treated with EXONDYS 51 [see *Warnings and Precautions (5.1)*].

## **8 USE IN SPECIFIC POPULATIONS**

### **8.1 Pregnancy**

#### Risk Summary

There are no human or animal data available to assess the use of EXONDYS 51 during pregnancy. In the U.S. general population, major birth defects occur in 2 to 4% and miscarriage occurs in 15 to 20% of clinically recognized pregnancies.

### **8.2 Lactation**

#### Risk Summary

There are no human or animal data to assess the effect of EXONDYS 51 on milk production, the presence of eteplirsen in milk, or the effects of EXONDYS 51 on the breastfed infant.

The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for EXONDYS 51 and any potential adverse effects on the breastfed infant from EXONDYS 51 or from the underlying maternal condition.

### **8.4 Pediatric Use**

EXONDYS 51 is indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients who have a confirmed mutation of the DMD gene that is amenable to exon 51 skipping, including pediatric patients [*see Clinical Studies (14)*].

Intravenous administration of eteplirsen (0, 100, 300, or 900 mg/kg) to juvenile male rats once weekly for 10 weeks beginning on postnatal day 14 resulted in renal tubular necrosis at the highest dose tested and decreased bone densitometry parameters (mineral density, mineral content, area) at all doses. The kidney findings were associated with clinical pathology changes (increased serum urea nitrogen and creatinine, decreased urine creatinine clearance). No effects were observed on the male reproductive system, neurobehavioral development, or immune function. An overall no-effect dose was not identified. Plasma eteplirsen exposure (AUC) at the lowest dose tested (100 mg/kg) was similar to that in humans at the recommended human dose (30 mg/kg).

### **8.5 Geriatric Use**

DMD is largely a disease of children and young adults; therefore, there is no geriatric experience with EXONDYS 51.

### **8.6 Patients with Renal Impairment**

Renal clearance of eteplirsen is reduced in non-DMD adults with renal impairment based on estimated creatinine clearance [*see Clinical Pharmacology (12.3)*]. However, because of the effect of reduced skeletal muscle mass on creatinine measurements in DMD patients, no specific dosage adjustment can be recommended for DMD patients with renal impairment.

## 10 OVERDOSAGE

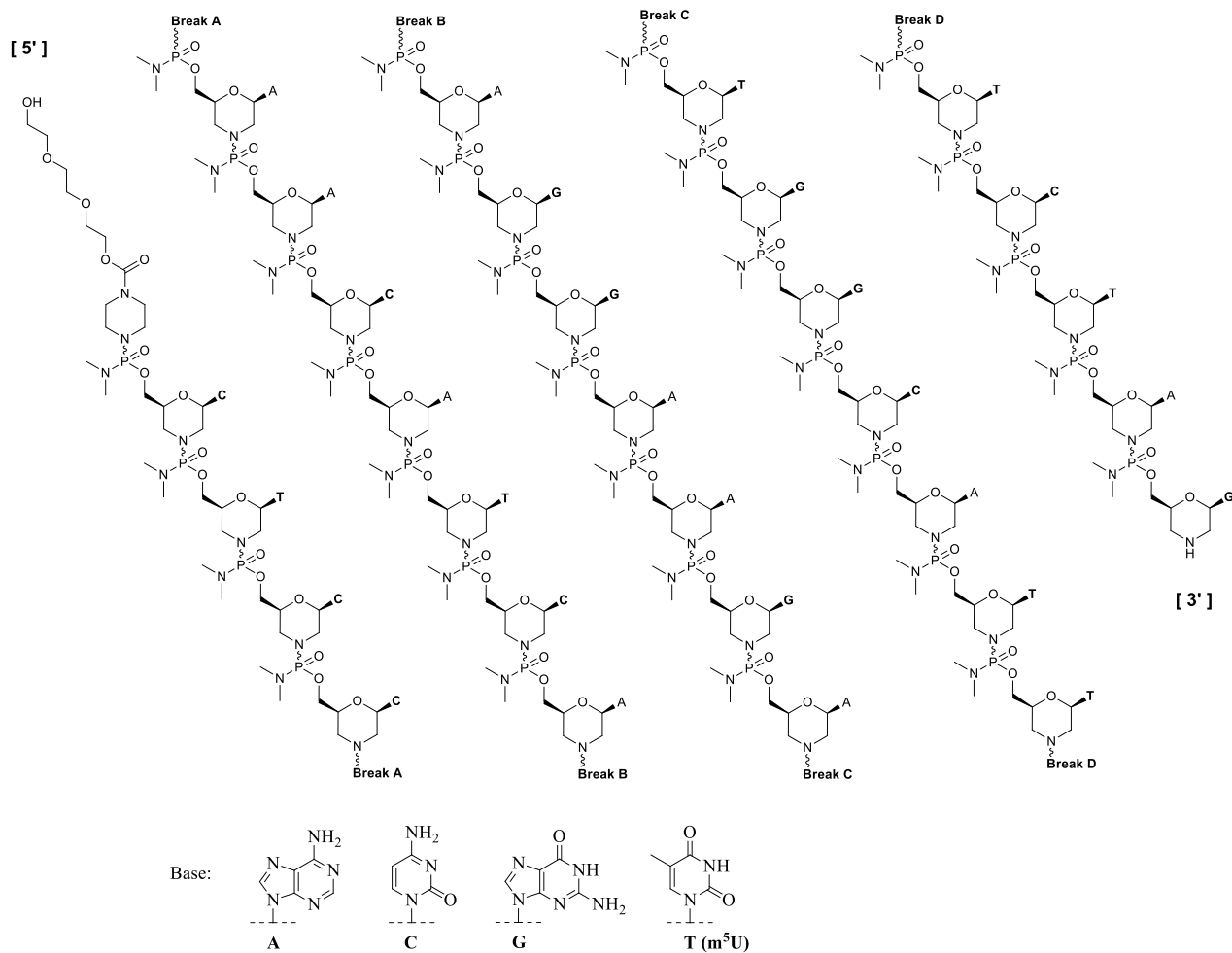
There is no experience with overdose of EXONDYS 51.

## 11 DESCRIPTION

EXONDYS 51 (eteplirsen) injection is a sterile, aqueous, preservative-free, concentrated solution for dilution prior to intravenous administration. EXONDYS 51 is clear and colorless, and may have some opalescence. EXONDYS 51 is supplied in single dose vials containing 100 mg or 500 mg eteplirsen (50 mg/mL). EXONDYS 51 is formulated as an isotonic, phosphate buffered saline solution with an osmolality of 260 to 320 mOsm and a pH of 7.5. Each milliliter of EXONDYS 51 contains 50 mg eteplirsen; 0.2 mg potassium chloride, 0.2 mg potassium phosphate monobasic, 8 mg sodium chloride, and 1.14 mg sodium phosphate dibasic, anhydrous, in water for injection. The product may contain hydrochloric acid or sodium hydroxide to adjust pH.

Eteplirsen is an antisense oligonucleotide of the phosphorodiamidate morpholino oligomer (PMO) subclass. PMOs are synthetic molecules in which the five-membered ribofuranosyl rings found in natural DNA and RNA are replaced by a six-membered morpholino ring. Each morpholino ring is linked through an uncharged phosphorodiamidate moiety rather than the negatively charged phosphate linkage that is present in natural DNA and RNA. Each phosphorodiamidate morpholino subunit contains one of the heterocyclic bases found in DNA (adenine, cytosine, guanine, or thymine). Eteplirsen contains 30 linked subunits. The molecular formula of eteplirsen is  $C_{364}H_{569}N_{177}O_{122}P_{30}$  and the molecular weight is 10305.7 daltons.

The structure and base sequence of eteplirsen are:



The sequence of bases from the 5' end to the 3' end is:  
CTCCAACATCAAGGAAGATGGCATTCTAG

## 12 CLINICAL PHARMACOLOGY

### 12.1 Mechanism of Action

Eteplirsen is designed to bind to exon 51 of dystrophin pre-mRNA, resulting in exclusion of this exon during mRNA processing in patients with genetic mutations that are amenable to exon 51 skipping. Exon skipping is intended to allow for production of an internally truncated dystrophin protein, which was evaluated in Study 2 and Study 3 [see *Clinical Studies (14)*].

### 12.2 Pharmacodynamics

All EXONDYS 51-treated patients evaluated (n=36) were found to produce messenger ribonucleic acid (mRNA) for a truncated dystrophin protein by reverse transcription polymerase chain reaction.

In Study 2, the average dystrophin protein level in muscle tissue after 180 weeks of treatment with EXONDYS 51 was 0.93% of normal (i.e., 0.93% of the dystrophin level in healthy

subjects). Because of insufficient information on dystrophin protein levels before treatment with EXONDYS 51 in Study 1, it is not possible to estimate dystrophin production in response to EXONDYS 51 in Study 1.

In Study 3, the average dystrophin protein level was 0.16% of normal before treatment, and 0.44% of normal after 48 weeks of treatment with EXONDYS 51 [see *Clinical Studies (14)*]. The median increase in truncated dystrophin in Study 3 was 0.1% [see *Clinical Studies (14)*].

### **12.3 Pharmacokinetics**

Following single or multiple intravenous infusions of EXONDYS 51 in male pediatric DMD patients, plasma concentration-time profiles of eteplirsen were generally similar and showed multi-phasic decline. The majority of drug elimination occurred within 24 hours. Approximate dose-proportionality and linearity in PK properties were observed following multiple-dose studies (0.5 mg/kg/week [0.017 times the recommended dosage] to 50 mg/kg/week [1.7 times the recommended dosage]). There was no significant drug accumulation following weekly dosing across this dose range. The inter-subject variability for eteplirsen  $C_{max}$  and AUC range from 20 to 55%.

Following single or multiple intravenous infusions of EXONDYS 51, the peak plasma concentrations ( $C_{max}$ ) of eteplirsen occurred near the end of infusion (i.e., 1.1 to 1.2 hours across a dose range of 0.5 mg/kg/week to 50 mg/kg/week).

#### Distribution

*In vitro* investigation suggested that plasma protein binding of eteplirsen in human ranges between 6 to 17%. The mean apparent volume of distribution ( $V_{ss}$ ) of eteplirsen was 600 mL/kg following weekly intravenous infusion of EXONDYS 51 at 30 mg/kg.

Twenty-four hours after the end of the infusion, mean concentrations of eteplirsen were 0.07% of  $C_{max}$ . Accumulation of eteplirsen during once weekly dosing has not been observed.

#### Elimination

The total clearance of eteplirsen was 339 mL/hr/kg following 12 weeks of therapy with 30 mg/kg/week.

#### Metabolism

Eteplirsen did not appear to be metabolized by hepatic microsomes of any species tested, including humans.

#### Excretion

Renal clearance of eteplirsen accounts for approximately two-thirds of the administered dose within 24 hours of intravenous administration. Elimination half-life ( $t_{1/2}$ ) of eteplirsen was 3 to 4 hours.

## Specific Populations

### *Age:*

The pharmacokinetics of eteplirsen have been evaluated in male pediatric DMD patients. There is no experience with the use of EXONDYS 51 in patients 65 years of age or older.

### *Sex:*

Sex effects have not been evaluated; EXONDYS 51 has not been studied in female patients.

### *Race:*

Potential impact of race is not known because 89% of the patients in studies were Caucasians.

### *Patients with Renal Impairment:*

The effect of renal impairment on the pharmacokinetics of eteplirsen was evaluated in non-DMD subjects aged 51 to 75 years with mild (n=8, creatinine clearance  $\geq 60$  mL/min and  $< 90$  mL/min) or moderate (n=8, creatinine clearance  $\geq 30$  mL/min and  $< 60$  mL/min) renal impairment and matched healthy subjects (n=9, creatinine clearance  $> 90$  mL/min). Subjects received a single 30 mg/kg intravenous dose of eteplirsen.

Subjects with mild and moderate renal impairment showed higher eteplirsen exposure compared to subjects with normal renal function. In subjects with mild and moderate renal impairment, exposure (AUC) increased approximately 1.4-fold and 2.4-fold, respectively. The effect of severe renal impairment or end-stage renal disease on eteplirsen pharmacokinetics and safety has not been studied.

Estimated creatinine clearance values derived from the Cockcroft-Gault equation and the threshold definitions for mild, moderate, and severe renal impairment in otherwise healthy adults would not be generalizable to patients with DMD. Therefore, no specific dosage adjustment can be recommended for patients with renal impairment.

### *Patients with Hepatic Impairment:*

EXONDYS 51 has not been studied in patients with hepatic impairment.

## Drug Interaction Studies

*In vitro* data showed that eteplirsen did not significantly inhibit CYP1A2, CYP2B6, CYP2C8, CYP2C9, CYP2C19, CYP2D6, or CYP3A4/5. Eteplirsen did not induce CYP2B6 or CYP3A4, and induction of CYP1A2 was substantially less than the prototypical inducer, omeprazole. Eteplirsen was not a substrate nor did it have any major inhibitory potential for any of the key human transporters tested (OAT1, OAT3, OCT1, OCT2, OATP1B1, OATP1B3, P-gp, BCRP, MRP2 and BSEP). Based on *in vitro* data on plasma protein binding, CYP or drug transporter interactions, and microsomal metabolism, eteplirsen is expected to have a low potential for drug-drug interactions in humans.

## 13 NONCLINICAL TOXICOLOGY

### 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

#### Carcinogenesis

Carcinogenicity studies have not been conducted with eteplirsen.

#### Mutagenesis

Eteplirsen was negative in *in vitro* (bacterial reverse mutation and chromosomal aberration in CHO cells) and *in vivo* (mouse bone marrow micronucleus) assays.

#### Impairment of Fertility

Fertility studies in animals were not conducted with eteplirsen. No effects on the male reproductive system were observed following intravenous administration of eteplirsen (0, 5, 40, or 320 mg/kg) to male monkeys once weekly for 39 weeks. Plasma eteplirsen exposure (AUC) in monkeys at the highest dose tested was 20 times that in humans at recommended human dose (30 mg/kg).

## 14 CLINICAL STUDIES

EXONDYS 51 was evaluated in three clinical studies in patients who have a confirmed mutation of the DMD gene that is amenable to exon 51 skipping.

In Study 1, patients were randomized to receive weekly infusions of EXONDYS 51 (30 mg/kg, n=4); EXONDYS 51 (50 mg/kg, n=4), or placebo (n=4) for 24 weeks. The primary endpoint was dystrophin production; a clinical outcome measure, the 6-minute walk test (6MWT), was also assessed. The 6MWT measures the distance that a patient can walk on a flat, hard surface in a period of 6 minutes. Patients had a mean age of 9.4 years, a mean 6-minute walk distance (6MWD) at baseline of 363 meters, and were on a stable dose of corticosteroids for at least 6 months. There was no significant difference in change in 6MWD between patients treated with EXONDYS 51 and those treated with placebo.

All 12 patients who participated in Study 1 continued treatment with open-label EXONDYS 51 weekly for an additional 4 years in Study 2. The 4 patients who had been randomized to placebo were re-randomized 1:1 to EXONDYS 51 30 or 50 mg/kg/week such that there were 6 patients on each dose. Patients who participated in Study 2 were compared to an external control group. The primary clinical efficacy outcome measure was the 6MWT. Eleven patients in Study 2 had a muscle biopsy after 180 weeks of treatment with EXONDYS 51, which was analyzed for dystrophin protein level by Western blot. Study 2 failed to provide evidence of a clinical benefit of EXONDYS 51 compared to the external control group. The average dystrophin protein level after 180 weeks of treatment with EXONDYS 51 was 0.93% of the dystrophin level in healthy subjects. Because of insufficient information on dystrophin protein levels before treatment with EXONDYS 51 in Study 1, it is not possible to estimate dystrophin production in response to EXONDYS 51 in Study 1.

In Study 3, 13 patients were treated with open-label EXONDYS 51 (30 mg/kg) weekly for 48 weeks and had a muscle biopsy at baseline and after 48 weeks of treatment. Patients had a mean age of 8.9 years and were on a stable dose of corticosteroids for at least 6 months. Dystrophin

levels in muscle tissue were assessed by Western blot. In the 12 patients with evaluable results, the pre-treatment dystrophin level was  $0.16\% \pm 0.12\%$  (mean  $\pm$  standard deviation) of the dystrophin level in a healthy subject and  $0.44\% \pm 0.43\%$  after 48 weeks of treatment with EXONDYS 51 ( $p < 0.05$ ). The median increase after 48 weeks was 0.1%.

Individual patient dystrophin levels from Study 3 are shown in Table 2.

**Table 2. Western Blot Results: EXONDYS 51-Treated (Week 48) vs Pre-treatment Baseline (% Normal Dystrophin) (Study 301)**

Patient Number	Baseline % normal dystrophin	Week 48 % normal dystrophin	Change from Baseline % normal dystrophin
1	0.13	0.26	0.13
2	0.35	0.36	0.01
3	0.06	0.37	0.31
4	0.04	0.10	0.06
5	0.17	1.02	0.85
6	0.37	0.30	-0.07
7	0.17	0.42	0.25
8	0.24	1.57	1.33
9	0.11	0.12	0.01
10	0.05	0.47	0.43
11	0.02	0.09	0.07
12	0.18	0.21	0.03
Mean	0.16	0.44	0.28; $p=0.008$

## 16 HOW SUPPLIED/STORAGE AND HANDLING

### 16.1 How Supplied

EXONDYS 51 injection is supplied in single-dose vials. The solution is clear and colorless, and may have some opalescence.

- Single-dose vials containing 100 mg/2 mL (50 mg/mL) eteplirsen NDC 60923-363-02
- Single-dose vials containing 500 mg/10 mL (50 mg/mL) eteplirsen NDC 60923-284-10



## **16.2 Storage and Handling**

Store EXONDYS 51 at 2°C to 8°C (36°F to 46°F). Do not freeze. Protect from light and store EXONDYS 51 in the original carton until ready for use.

## **17 PATIENT COUNSELING INFORMATION**

### Hypersensitivity Reactions

Advise patients and/or caregivers that symptoms of hypersensitivity, including bronchospasm and hypotension, can occur with EXONDYS 51. Instruct them to seek immediate medical care should they experience signs and symptoms of hypersensitivity [*see Warnings and Precautions (5.1)*].

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