

# Delandistrogene moxeparvovec (Elevidys)

Non-Formulary **delandistrogene moxeparvovec (Elevidys)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

**Initiation (new start) criteria, criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously, and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:**

- Prescribed by a Neurology or Genetics provider
- Patient has a definitive diagnosis of Duchene muscular dystrophy (DMD) based on documented clinical findings and prior genetic testing
- Patient is a male
- Patient is age 4 through 5 years old
- Patient is ambulatory
- Patient has anti-AAVrh74 total binding antibody titers <1:400
- Patient does not have any deletion in exon 8 and/or exon 9 in the DMD gene
- Patient is not receiving exon-skipping therapy, or must discontinue at least 1-week before initiation of Elevidys
- Patient has not used other DMD gene therapy
- Patient has not previously used Elevidys. Repeat dosing has not been studied and is not recommended
- Patient has been reviewed by the Kaiser Permanente Interregional Consultative Physician Panel, with recommendation to use medication