curative

Zokinvy Prior Authorization Drug List A

Drug(s) Applied:	**Zokinvy** (lonafarnib)

Criteria:
Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

I. Initial Therapy Criteria
- **A. Hutchinson-Gilford progeria syndrome (HGPS)** as indicated by chart notes within past 120 days
  1. Genetic testing has confirmed a pathogenic variant in the LMNA gene that results in production of progerin (medical record required) **and**
  2. Patient has a body surface area (BSA) of greater than or equal to 0.39m^2 **and**
  3. Patient's age is 12 months or older **and**
  4. Chart notes indicate that the member's current functional status and anticipated life expectancy are sufficient to safely tolerate the requested therapy and derive clinically meaningful benefit, establishing that the treatment is not medically futile (e.g., not on hospice or palliative care) **and**
  5. Prescriber is a specialist in the area of the patient's diagnosis (e.g., cardiology, geneticist) **and**
  6. Chart notes and/or prescriber do not provide documentation of concurrent use of strong CYP3A inhibitors, strong or moderate CYP3A inducers, midazolam, lovastatin, simvastatin, or atorvastatin, or prescriber has documented that the benefits outweigh the risk despite having a contraindication

Approval Duration: 4 months

II. Continued Therapy Criteria
- **A. Hutchinson-Gilford progeria syndrome (HGPS)** as indicated by chart notes within past 12 months
  1. Patient meets the initial therapy criteria above **and**
  2. Patient has a body surface area (BSA) of greater than or equal to 0.39m^2 **and**
  3. Patient's age is 12 months or older **and**
  4. Claims data or provider attestation confirms the patient is adherent to the prescribed regimen (defined as greater than or equal to 80% proportion of days covered) **and**
  5. Chart notes indicate that the member's current functional status and anticipated

life expectancy are sufficient to safely tolerate the requested therapy and derive clinically meaningful benefit, establishing that the treatment is not medically futile (e.g., not on hospice or palliative care) **and**

6. Prescriber is a specialist in the area of the patient's diagnosis (e.g., cardiology, geneticist) **and**
7. Chart notes and/or prescriber do not provide documentation of concurrent use of strong CYP3A inhibitors, strong or moderate CYP3A inducers, midazolam, lovastatin, simvastatin, or atorvastatin, or prescriber has documented that the benefits outweigh the risk despite having a contraindication

Approval Duration: 12 months

References:

1. Zokinvy prescribing information. Eiger BioPharmaceuticals, Inc. November 2020.

Policy Owned by: Curative PBM team