Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Ionafarnib (Zokinvy)

Notes:

• Lonafarnib is only available through Eiger One Care Specialty Pharmacy.

<u>Initiation (new start) criteria</u>: Non-formulary **Ionafarnib (Zokinvy)** will be covered on the prescription drug benefit for <u>12 months</u> when the following criteria are met:

- Prescriber is a Geneticist or a specialist in progeria
- Patient is at least 1 year of age
- Patient has a body surface area of at least 0.39 m²
- Patient is diagnosed with one of the following:
 - a. Hutchinson-Gilford Progeria Syndrome
 - b. Processing deficient progeroid laminopathies with documentation of either:
 - i. Heterozygous LMNA mutation with progerin-like protein accumulation
 - ii. Homozygous or compound heterozygous ZMPSTE24 mutations
- Patient is not receiving treatment with a medication that is a strong or moderate CYP3A inhibitor or inducer, midazolam, lovastatin, simvastatin, or atorvastatin

<u>Criteria for new members entering Kaiser Permanente already taking the medication who</u>
<u>have not been reviewed previously</u>: Non-formulary **lonafarnib (Zokinvy)** will be covered on
the prescription drug benefit for <u>12 months</u> when the following criteria are met:

- Patient is at least 1 year of age
- Patient is diagnosed with one of the following:
 - a. Hutchinson-Gilford Progeria Syndrome
 - b. Processing deficient progeroid laminopathies with either:
 - i. Heterozygous LMNA mutation with progerin-like protein accumulation
 - ii. Homozygous or compound heterozygous ZMPSTE24 mutations
- Patient is not receiving treatment with a medication that is a strong or moderate CYP3A inhibitor or inducer, midazolam, lovastatin, simvastatin, or atorvastatin

<u>Continued use criteria (12 months after initiation)</u>: Non-formulary **lonafarnib (Zokinvy)** will continue to be covered on the prescription drug benefit for <u>12 months</u> when the following criteria are met:

- Prescriber is a Geneticist or a specialist in progeria
- Patient is not receiving treatment with a medication that is a strong or moderate CYP3A inhibitor or inducer, midazolam, lovastatin, simvastatin, or atorvastatin.

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