



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

LONAFARNIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
LONAFARNIB	ZOKINVY	46991		GPI-10 (9946304500)	

**GUIDELINES FOR USE**

1. Is the patient 1 year of age or older **AND** meets the following criterion?
  - The patient has a body surface area (BSA) of 0.39m(2) or above

If yes, continue to #2.

If no, do not approve.

**DENIAL TEXT:** See the denial text at the end of the guideline.

2. Does the patient have a diagnosis of Hutchinson-Gilford progeria syndrome (HGPS)?

If yes, **approve for 12 months by HICL or GPI-10.**

If no, continue to #3.

3. Does the patient have a diagnosis of processing-deficient progeroid laminopathies with **ONE** of the following?
  - Heterozygous LMNA mutation with progerin-like protein accumulation
  - Homozygous or compound heterozygous ZMPSTE24 mutations

If yes, **approve for 12 months by HICL or GPI-10.**

If no, do not approve.

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **LONAFARNIB (Zokinvy)** requires the following rule(s) be met for approval:

- A. You have Hutchinson-Gilford progeria syndrome (HGPS) OR processing-deficient progeroid laminopathies (rare genetic disorders that cause premature aging in children)
- B. You are 1 year of age or older
- C. You have a body surface area (BSA) of 0.39 meters squared or more
- D. **If you have processing-deficient progeroid laminopathies, approval also requires you have ONE of the following:**
  1. Heterozygous LMNA (type of gene) mutation with progerin-like protein accumulation
  2. Homozygous or compound heterozygous ZMPSTE24 (type of gene) mutations

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

**CONTINUED ON NEXT PAGE**



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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Zokinvy.

**REFERENCES**

- Zokinvy [Prescribing Information]. Palo Alto, CA: Eiger BioPharmaceuticals, Inc.; November 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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