

# Zokinvy (lonafarnib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Zokinvy (lonafarnib)	May be subject to quantity limit

## **APPROVAL CRITERIA**

Requests for Zokinvy (lonafarnib) may be approved if the following criteria are met:

- I. Documentation is provided that individual has a confirmed diagnosis of one of the following:
  - A. Hutchinson-Gilford progeria syndrome (HGPS); **OR**
  - B. Processing deficient progeroid laminopathy with either:
    1. Heterozygous LMNA mutation with progerin-like protein accumulation; **OR**
    2. Homozygous or compound heterozygous ZMPSTE24 mutations;

**AND**

- II. Individual is 12 months of age or older;

**AND**

- III. Documentation is provided that individual has a Body Surface Area (BSA) of at least 0.39 m<sup>2</sup>.

Requests for Zokinvy (lonafarnib) may not be approved for the following:

- I. Individual has a diagnosis of other Progeroid Syndromes or processing-proficient Progeroid Laminopathies; **OR**
- II. Individual is currently taking any of the following medications:
  - A. Strong or moderate CYP3A inhibitor or inducers; **OR**
  - B. Midazolam; **OR**
  - C. Lovastatin, simvastatin, or atorvastatin.

**Key References:**

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: December 22, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. Ullrich NJ, Kieran MW, Miller DT, et al. Neurologic features of Hutchinson-Gilford progeria syndrome after lonafarnib treatment. *Neurology*. 2013;81(5):427-430.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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