

**Evrysdi (risdiplam)
Effective 05/01/2021**

Plan	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Spinal muscular atrophy is a genetic disorder characterized by weakness and wasting (atrophy) in muscles used for movement (skeletal muscles). It is caused by a loss of specialized nerve cells, called motor neurons that control muscle movement. SMA is caused by an SMN1 gene that is missing or not working properly.

Evrysdi is a survival of motor neuron 2 (SMN2) splicing modifier indicated for the treatment of spinal muscular atrophy (SMA) in patients 2 months of age and older.

Coverage Guidelines

Authorization may be reviewed for members new to AllWays Health Partners who are currently receiving treatment with Evrysdi excluding when the product is obtained as samples or via manufacturer’s patient assistance programs

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. Member has type 1, type 2, or type 3 SMA
2. The member has documented genetic testing confirming 5q SMA homozygous gene mutation, homozygous gene deletion, or compound heterozygote.
3. The member is at least 2 months of age but less than 25 years of age at the initiation of treatment
4. Member is not dependent on either of the following:
 - a. Invasive ventilation or tracheostomy
 - b. Use of non-invasive ventilation beyond naps and nighttime sleep
5. Member meets ONE of the following criteria:

- a. Member has not previously received gene therapy for SMA,
- b. Member has previously received gene therapy for SMA and has experienced a worsening in clinical status since receiving gene therapy as demonstrated by a decline of minimally clinically important difference from highest score achieved on one of the following exams (based on member age and motor ability)
 - i. HINE-2: Decline of at least 2 points on kicking and 1 point on any other milestone (excluding voluntary grasp)
 - ii. HFMSE: Decline of at least 3 points
 - iii. CHOP-INTEND: Decline of at least 4 points
6. Member will not use Evrysdi and Spinraza concomitantly
7. Member's daily dose will not exceed the following:
 - a. Members 2 months to less than 2 years of age: 0.2 mg/kg
 - b. Members 2 years of age and older weighing less than 20 kg: 0.25 mg/kg
 - c. Members 2 years of age and older weighing 20 kg or more: 5 mg

Continuation of Therapy

Reauthorization may be granted when patient meets ALL initial criteria and following criteria:

1. Submission of medical records (e.g., chart notes, laboratory values) of the most recent (less than 1 month prior to continuation request) assessment documenting a positive clinical response from pretreatment baseline to Evrysdi therapy, as demonstrated by at least one of the following assessments:
 - a. HINE-2
 - i. One of the following:
 1. Member exhibited improvement or maintenance of previous improvement of at least a 2 point (or maximal score) increase in ability to kick
 2. Member exhibited improvement or maintenance of previous improvement of at least a 1 point (or maximal score) increase in any other HINE-2 milestone (e.g., head control, rolling, sitting, crawling, standing, or walking) excluding voluntary grasp;
 - ii. One of the following:
 1. Member exhibited improvement or maintenance of previous improvement in more HINE-2 motor milestones than worsening (net positive improvement)
 2. Member achieved and maintained any new motor milestones when they would otherwise be unexpected to do so (e.g., sit or stand unassisted, walk)
 - b. HFMSE
 - i. One of the following:
 1. Member exhibited improvement or maintenance of previous improvement of at least a 3-point increase in score
 2. Member has achieved and maintained any new motor milestone from pretreatment baseline when they would otherwise be unexpected to do so
 - c. CHOP-INTEND
 - i. One of the following:



1. Member exhibited improvement or maintenance of previous improvement of at least a 4-point increase in score
 2. Member has achieved and maintained any new motor milestone from pretreatment baseline when they would otherwise be unexpected to do so
- d. MFM32
- i. Member has experienced an increase in their MFM32 score from baseline and that increase correlates with a clinically significant functional improvement
- e. Member was prescribed Evrysdi due to clinical worsening after receiving gene therapy and there is documentation of stabilization or improvement in clinical status with Evrysdi therapy (e.g., impact on motor milestones).

Limitations

1. Initial approvals and reauthorizations will be for 12 months.
2. The following quantity limits apply:

Evrysdi 0.75mg/mL (80mL)	120mL per 30 days
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References

1. Evrysdi [package insert]. South San Francisco, CA: Genentech, Inc; August 2020.

Review History

3/17/2021 – Created and Reviewed at March P&T. Effective 05/01/2021

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.