Zokinvy (Lonafarnib)  
Effective 07/01/2021

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| 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
Zokinvy (Lonafarnib) is a farnesyltransferase inhibitor to prevent farnesylation and subsequent accumulation of progerin and progerin-like proteins in the inner nuclear membrane in patients ≥ 12 months of age to reduce the risk of the risk of mortality in HGPS. Zokinvy is also indicated for the treatment of processing-deficient progeroid laminopathies with either heterozygous LMNA mutation with progerin-like protein accumulation, or homozygous or compound heterozygous ZMPSTE24 mutations.

Coverage Guidelines
Authorization may be granted for members new to AllWays Health Partners who are currently receiving treatment with Zokinvy, 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:

Hutchinson-Gilford Progeria Syndrome
1. The member has a diagnosis of Hutchinson-Gilford Progeria Syndrome has been confirmed with genetic testing indicating the patient has LMNA mutation.
2. The member is 12 months of age or older
3. The member has a body surface area (BSA) of 0.39 m² or above

Processing Deficient Progeroid Laminopathy with Progerin-Like Protein Accumulation
1. The member has a diagnosis of Processing Deficient Progeroid Laminopathy has been confirmed with genetic testing indicating the patient has heterozygous LMNA mutation.
2. The member is 12 months of age or older
3. The member has a BSA of 0.39 m² or above

**Processing Deficient Progeroid Laminopathy without Progerin-Like Protein Accumulation**

1. The member has a diagnosis of Processing Deficient Progeroid Laminopathy has been confirmed with genetic testing indicating the patient has homozygous or compound heterozygous ZMPSTE24 mutations
2. The member is 12 months of age or older
3. The member has a BSA of 0.39 m² or above

**Continuation of Therapy**

Reauthorization may be granted for members when ALL initial authorization criteria are met.

**Limitations**

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

   | Zokinvy 50mg and 75mg capsules | 120 capsules per 30 days |

**References**


**Review History**

05/19/2021 – Created and Reviewed at May P&T. Effective 07/01/2021.

**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.