

POLICY NAME	Evrysdi (risdiplam)	POLICY #	2791P
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Criteria

Coverage Criteria

- ☐ Diagnosis of Spinal Muscular Atrophy (SMA) types I, II, or III
- ☐ Documentation of 5q SMA double gene mutation, double gene deletion, or compound heterozygote
- ☐ Prescribed by a Geneticist (gene specialist) or provider specializing in the treatment of SMA
- ☐ Documented baseline motor milestone scores according to one of the following age-appropriate assessments:
 - Hammersmith Infant Neurologic Exam (HINE)
 - Modified Hammersmith Functional Motor-Scale
 - Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorders (CHOP-INTEND)
 - Bayley Scales of Infant and Toddler Development
 - Motor Function Measure 32 (MFM32)
- ☐ Chart notes from a recent specialist visit detailing member's present disease progression and respiratory function (patient does not require invasive ventilatory support)
- ☐ Review of chart notes documenting diagnosis and confirming that patient has met all of the requirements for treatment with Evrysdi by both a pharmacist and medical director

Exclusion Criteria – Any of the following prevents coverage

- ☐ Evrysdi will not be covered after treatment with Zolgensma because its use following Zolgensma infusion is currently in clinical trials without confirmed efficacy data and is currently considered experimental/investigational
 - Note: Patients in the clinical trials that received Zolgensma before the age of 2 years were followed up to 5 years post-treatment and did not require additional medications
 - Requests for Evrysdi in members that have previously been treated with Zolgensma will be reviewed by a Medical Director for medical necessity
- ☐ Evrysdi will not be covered in combination with Spinraza because the concomitant use of these two drugs has not been studied and is considered experimental/investigational
 - Requests for Evrysdi in members that have previously been treated with Spinraza will be reviewed by a Medical Director for medical necessity



Replacement of lost, wasted, or discarded doses will not be covered. References

- Health Alliance's standard refill threshold will apply