

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2021 P 1328-2
Program	Prior Authorization/Notification
Medication	Evrysdi™ (risdiplam)
P&T Approval Date	9/2020, 9/2021
Effective Date	12/1/2021; Oxford only: N/A

1. Background:

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.

2. Coverage Criteria:

A. Initial Authorization

1. Evrysdi will be approved based on **all** of the following criteria:

a. Diagnosis of spinal muscular atrophy (SMA)

-AND-

b. Patient is 2 months of age or older

-AND-

c. Patient is not receiving concomitant chronic survival motor neuron (SMN) modifying therapy [e.g., Spinraza (nusinersen)]

-AND-

d. Patient has not previously received gene replacement therapy for the treatment of SMA [e.g., Zolgensma (onasemnogene abeparvovec-xioi)]

Authorization will be issued for 12 months.

B. Reauthorization

1. Evrysdi will be approved based on **all** of the following criteria:

a. Documentation of positive clinical response to Evrysdi therapy

-AND-

b. Patient is not receiving concomitant chronic survival motor neuron (SMN)

modifying therapy [e.g., Spinraza (nusinersen)]

-AND-

- c. Patient has not previously received gene replacement therapy for the treatment of SMA [e.g., Zolgensma (onasemnogene abeparvovec-xioi)]

Authorization will be issued for 12 months.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Medical Necessity and/or Supply limits may be in place.

4. References:

1. Evrysdi [package insert]. South San Francisco, CA: Genentech, Inc; April 2021.

Program	Prior Authorization/Notification – Evrysdi (risdiplam)
Change Control	
9/2020	New program
9/2021	Annual review with no changes to clinical coverage criteria. Updated reference.