

PHARMACY POLICY STATEMENT

BILLING CODE	Must use valid NDC
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
STATUS	Prior Authorization Required

Zokinvy is an oral farnesyltransferase inhibitor initially approved by the FDA in 2020. It is used for the treatment of certain mutations in processing-deficient Progeroid Laminopathies and to reduce the risk of mortality in Hutchinson-Gilford Progeria Syndrome. These are rare and fatal diseases of premature aging. Cardiovascular complications are the primary cause of mortality. Zokinvy is the first FDA approved disease-modifying treatment for these patients. Farnesyltransferase inhibition prevents farnesylation and subsequent accumulation of aberrant progerin and progerin-like proteins in the inner nuclear membrane.

Zokinvy (lonafarnib) will be considered for coverage when the following criteria are met:

² twice daily. After 4 months, increase to 150 mg/m² twice daily. Round all total doses to nearest 25 mg increment.

If all the above requirements are met, the medication will be approved for 12 months.

For _____:

- Member is tolerating therapy and is taking an appropriate dose.

If all the above requirements are met, the medication will be approved for an additional 12 months.

For _____ authorization:

- Member is at least 12 months of age; AND
- Member has a body surface area (BSA) of 0.39 m² or greater; AND

