

**EVRYSDI  
(risdiplam)**

**Pre - PA Allowance**

None

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**Prior-Approval Requirements**

**Age** ≤ 25 years of age

**Diagnosis**

Patient must have the following:

1. Spinal Muscular Atrophy (SMA)

**AND ALL** of the following:

- a. Diagnosis confirmed by genetic testing demonstrating bi-allelic mutations in the survival motor neuron 1 (SMN1) gene with **ONE** of the following:
  - i. Deletion of both copies of the SMN1 gene **OR**
  - ii. Pathogenic variant(s) in both copies of the SMN1 gene
- b. Patient has **ONE** of the following:
  - i. Patient is symptomatic with documentation of a genetic test confirming 2 to 4 copies of the SMN2 gene
  - ii. Patient is asymptomatic with documentation of a genetic test confirming 2 to 3 copies of the SMN2 gene
- c. Patient is not on permanent ventilator dependence
- d. Obtain a baseline motor milestone score from **ONE** the following assessments:
  - i. Hammersmith Infant Neurologic Exam (HINE)
  - ii. Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorders (CHOP-INTEND)
  - iii. Upper Limb Module (ULM)
  - iv. Hammersmith Functional Motor Scale (HFMS) /  
Hammersmith Functional Motor Scale - Expanded (HFMSE)
  - v. Motor Function Measure 32 (MFM32)
  - vi. Revised Upper Limb Module (RULM)
- e. Prescribed by a neurologist, neuromuscular specialist, or pediatrician with expertise in treating SMA
- f. **NOT** used in combination with nusinersen

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- g. Patient has not previously received gene therapy for SMA (see Appendix 1)
- h. Patient is not concurrently enrolled in a clinical trial for an experimental therapy for SMA

**Prior - Approval Limits**

**Quantity** 7 bottles (560 mL) per 84 days **OR**  
84 tablets per 84 days

**Duration** 12 months

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**Prior – Approval *Renewal* Requirements**

**Age** ≤ 25 years of age

**Diagnosis**

Patient must have the following:

- 2. Spinal Muscular Atrophy (SMA)

**AND ALL** of the following:

- a. Clinically meaningful improvement or stabilization in motor milestones from baseline
- b. **NOT** used in combination with nusinersen
- c. Patient has not previously received gene therapy for SMA (see Appendix 1)

**Prior - Approval *Renewal* Limits**

Same as above

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**Appendix 1 - List of Gene Therapies for SMA**

Generic Name	Brand Name
Onasemnogene abeparvovec-xioi	Zolgensma