

**ZOKINVY
(lonafarnib)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 12 months of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Hutchinson-Gilford Progeria Syndrome (HGPS)
2. Processing-deficient Progeroid Laminopathies with **ONE** of the following:
 - a. Heterozygous *LMNA* mutation with progerin-like protein accumulation
 - b. Homozygous or compound heterozygous *ZMPSTE24* mutations

AND ALL of the following:

- a. Body surface area (BSA) ≥ 0.39 m²
- b. Prescriber agrees to monitor **ALL** of the following:
 - Electrolytes
 - Complete blood counts (CBC)
 - Liver function tests (LFTs)
 - Renal function
 - Ophthalmological evaluations
- c. Females of reproductive potential **only**: patient will be advised to use appropriate effective contraception during treatment with Zokinvy

Prior - Approval Limits

Quantity 360 capsules per 90 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above