

New Hampshire Medicaid Fee-for-Service Program

Evrysdi™ (risdiplam) Criteria

Approval Date: August 13, 2021

Criteria for Approval

1. Patient must have documentation of a confirmed diagnosis of spinal muscular atrophy (SMA); **AND**
2. Genetic testing is required to demonstrate SMN1 homozygous gene deletion or mutation; **AND**
3. Patient has not received a previous treatment with Zolgensma®; **AND**
4. Patient is not concurrently receiving therapy with Spinraza® (nusinersen); **AND**
5. Provide baseline motor function/milestone assessment using at least one of the following:
 - a. Hammersmith Functional Motor Scale Expanded (HFMSE)
 - b. Hammersmith Infant Neurologic Exam (HINE)
 - c. Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorders (CHOP INTEND)
 - d. Bayley Scales of Infant and Toddler development Third Edition (BSID-III)
 - e. Six-minute walk test (6MWT)
 - f. Upper limb module (ULM) score
 - g. Respiratory function tests
 - h. Patient weight
 - i. Exacerbations requiring hospitalization and/or antibiotic therapy for respiratory infection in the previous year

Criteria for Renewal

1. Absence of unacceptable toxicity or treatment-related adverse event from the drug; **AND**
2. Patient has demonstrated stability or lack of progression in at least one of the following:
 - a. Hammersmith Functional Motor Scale Expanded (HFMSE)
 - b. Hammersmith Infant Neurologic Exam (HINE)

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- c. Children’s Hospital of Philadelphia Infant Test of Neuromuscular Disorders (CHOP INTEND)
- d. Bayley Scales of Infant and Toddler development Third Edition (BSID-III)
- e. Six-minute walk test (6MWT)
- f. Upper limb module (ULM) score
- g. Respiratory function tests
- h. Patient weight
- i. Exacerbations requiring hospitalization and/or antibiotic therapy for respiratory infection in the previous year

Quantity Limit:

- Maintenance: 180 mg (240 mL; 3 bottles) per 30 days

Length of Approval:

- Initial: 6 months
- Renewal: 1 year

Criteria for Denial

Criteria for approval not met.

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date Approved
DUR Board	New	06/08/2021
Commissioner Designee	Approval	08/13/2021