

**EVRYSDI (risdiplam, oral)**

**Diagnosis Considered for Coverage:**

- Spinal muscular atrophy (SMA)

**Coverage Criteria:**

**For diagnosis listed above:**

- Being prescribed by or in consultation with a neurologist, **and**
- Patient has confirmed diagnosis of 5q-autosomal recessive SMA, **and**
- Not being used in combination with Spinraza, **and**
- Dose does not exceed FDA label maximum.

**Coverage Duration:** one year

Effective Date: 11/29/2023