

omaveloxolone (SKYCLARYS)

Diagnoses Considered for Coverage:

- Friedrich's ataxia

Coverage Criteria:

For Friedrich's ataxia:

Initial authorization

- Patient is at least 16 years old, **and**
- Prescribed by or in consultation with a neurologist, **and**
- Diagnosis confirmed by genetic testing for mutations in the frataxin gene (FXN), **and**
- Dose does not exceed 150 mg per day.

Coverage Duration: one year

Reauthorization

- Being prescribed by or in consultation with a neurologist, **and**
- Neurologic symptoms have improved or been maintained with Skyclarys treatment, **and**
- Dose does not exceed 150 mg per day.

Coverage Duration: one year

Coverage Duration: See coverage criteria.

References:

1. Prescribing Information. Skyclarys. Reata Pharmaceuticals, Inc. 2023.

Effective Date: 5/31/2023