Givlaari (givosiran)

Override(s)	Approval Duration
Prior Authorization	Initial Requests: 6 months Maintenance Requests: 12 months

Medications
Givlaari (givosiran)

APPROVAL CRITERIA

Requests for initiation of Givlaari (givosiran) may be approved if the following criteria are met:

I. Individual is 18 years of age or older; **AND**
II. Individual has a diagnosis of acute hepatic porphyria, **and** confirmation of one of the following subtypes (APF 2010-2021):
   A. Acute intermittent porphyria (AIP); **OR**
   B. Hereditary coproporphyria (HCP), **OR**
   C. Variegate porphyria (VP); **OR**
   D. ALA dehydratase-deficiency porphyria (ADP); **AND**
III. Documentation is provided that individual has an elevated urinary or plasma porphobilinogen (PBG) or delta-aminolevulinic acid (ALA) within the past year (Balwani 2019); **AND**
IV. Individual meets one of the following criteria:
   A. Individual has active symptomatic disease, with at least two porphyria attacks within the last six months, and documentation is provided (Balwani 2019); **OR**
   B. Individual is currently on prophylactic hemin treatment due to history of severe of frequent porphyria attacks.

Requests for continuation of Givlaari (givosiran) may be approved if the following criteria are met:

I. Documentation is provided that individual has experienced a clinical response to therapy (for example, a reduction in the number of porphyria attacks, or a reduction in hemin requirements for acute attacks); **AND**
II. Individual does not have severe or clinically significant transaminase elevations, defined as alanine aminotransferase (ALT) greater than 5 times the upper limit of normal (Balwani 2019).

Givlaari (givosiran) may not be approved for the following (NCT03338816):

I. Concurrent use of prophylactic hemin treatment with Givlaari (givosiran); **OR**
II. Liver transplantation is anticipated; **OR**

III. Individual has a history of recurrent pancreatitis; **OR**
IV. Individual is requesting for other forms of porphyria, such as cutaneous porphyrias (for example, porphyria cutanea tarda [PCT]); **OR**
V. When the above criteria are not met and for all other indications.

Key References:

1. Balwani M, Gouya L, Rees DC, et al. ENVISION, a Phase 3 Study to Evaluate the Efficacy and Safety of Givosiran, an Investigational RNAi Therapeutic Targeting Aminolevulinic Acid Synthase 1, in Acute Hepatic Porphyria Patients. April 13, 2019. European Association for the Study of the Liver (EASL) 54th Annual International Liver Congress. Vienna, Austria.
2. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2021. URL: http://www.clinicalpharmacology.com. Updated periodically.
3. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: December 2, 2021.
4. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2021; Updated periodically.
6. NCT03338816. ClinicalTrials.gov. U.S. National Library of Medicine. Available at https://clinicaltrials.gov/ct2/show/NCT03338816?term=nct03338816&draw=1&rank=1.
7. Porphyria. American Porphyria Foundation (APF). 2010-2021. Available at https://www.porphyriafoundation.org/for-healthcare-professionals/porphyria/. Accessed on December 2, 2021.
8. The Porphyrias Consortium. Rare Diseases Clinical Research Network. National Institutes of Health. Available at https://www.rarediseasesnetwork.org/cms/porphyrias/Healthcare-Professionals/Disorder-Definitions. Accessed on December 2, 2021.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.