

PHARMACY POLICY STATEMENT

Marketplace

DRUG NAME	Givlaari (givosiran)
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Givlaari, approved by the FDA in 2019,

For **reauthorization**:

1. Chart notes must document at least one of the following:
 - a) Reduced number of porphyria attacks requiring hospitalization, urgent care, or Panhematin use
 - b) Reduced severity of attack symptoms such as pain and decreased opioid use; AND
2. Member is not using Panhematin for attack prophylaxis (allowed for acute use only); AND
3. Member has not had and is not anticipating a liver transplant.

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Givlaari (givosiran) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
04/23/2020	New policy for



Effective date: 07/01/2024
Revised date: 01/26/2024