



SmartPA Criteria Proposal

Drug/Drug Class:	Givlaari Clinical Edit
First Implementation Date:	July 30, 2020
Proposed Date:	March 18, 2021
Prepared for:	MO HealthNet
Prepared by:	MO HealthNet/Conduent
Criteria Status:	<input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

Executive Summary

Purpose: Ensure appropriate utilization and control of Givlaari® (givosiran)

Why Issue Selected: Givlaari® (givosiran) was FDA approved in November 2019, for the treatment of acute hepatic porphyria (AHP) in adults. Porphyria refers to a group of at least 8 inherited metabolic disorders that arise as a result of a malfunction in the synthesis of heme, which is essential for the transport of oxygen to cells in the body. AHP is comprised of four types of porphyrias: acute intermittent porphyria, hereditary coproporphyria, variegate porphyria and ALA dehydratase-deficiency porphyria. Symptoms of AHP vary widely but typically occur as intermittent attacks, which may be life-threatening due to neurologic complications such as seizures or paralysis. Approximately 20% of patients with recurrent symptoms develop chronic and ongoing pain and other symptoms, and approximately 3-5% of patients have frequent attacks, defined as more than 4 attacks per year, for a period of many years. Long-term complications of AHP include hypertension, chronic kidney disease, and liver disease (including hepatocellular carcinoma). Givlaari is a double-stranded small interfering RNA that causes degradation of aminolevulinic acid synthase 1 (ALAS1) mRNA in hepatocytes through RNA interference, reducing the elevated levels of liver ALAS1 mRNA. This leads to reduced circulating levels of neurotoxic intermediates aminolevulinic acid (ALA) and porphobilinogen (PBG), factors associated with attacks and other disease manifestations of AHP. Due to the high cost and specific approved indication, MO HealthNet will impose clinical criteria to ensure appropriate utilization of Givlaari.

Program-Specific Information:

Date Range FFS 1-1-2020 to 12-31-2020			
Drug	Claims	Cost per ml (MAC)	Cost per month (MAC)
GIVLAARI 189 MG/ML VIAL	0	\$39,000.00	\$39,000.00 (participants ≤ 75kg)
			\$78,000.00 (participants > 75 kg and ≤ 150kg)

Type of Criteria: Increased risk of ADE Preferred Drug List
 Appropriate Indications Clinical Edit

Data Sources: Only Administrative Databases Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Givlaari® (givosiran)
- Age range: All appropriate MO HealthNet participants aged 18 years or older

Approval Criteria

- Participant aged 18 years or older **AND**
- Prescribed by or in consultation with a hepatologist, gastroenterologist, or other specialist in the treated disease state **AND**
- Documented diagnosis of acute hepatic porphyria (AHP) **AND**
- Documentation of labs used to verify AHP diagnosis (spot or 24 hour urine delta-aminolevulinic acid (ALA), porphobilinogen (PBG), and creatinine with results 4 times ULN) **AND**
- Documentation of active disease defined as at least 1 porphyria attack within the past 6 months (defined by hospitalization, urgent healthcare visit, or intravenous hemin therapy) **AND**
- Documentation of current LFTs and serum creatinine
- Renewal Criteria:
 - Initial approval of prior authorization is 6 months
 - Renewal of prior authorization may be up to 12 months following documentation of the following:
 - Documentation of stabilized or decreased AHP attack frequency (i.e. decreased hospitalizations, urgent healthcare visits, or hemin therapy) **AND**
 - Documentation of current LFTs < 3 times the ULN (monthly during the first 6 months of therapy and then at least once annually) **AND**
 - Documentation of current serum creatinine (at least once annually)

Denial Criteria

- Therapy will be denied if all approval criteria are not met

Required Documentation

Laboratory Results:
MedWatch Form:

X

Progress Notes:
Other:

X
X

Disposition of Edit

Denial: Exception code "0682" (Clinical Edit)
Rule Type: CE

Default Approval Period

6 months

References

- GIVLAARI® (givosiran) injection, [package insert]. Cambridge, MA: Alnylam Pharmaceuticals, Inc.; December 2020.

SmartPA Clinical Proposal Form

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- Wang, B, et al. Acute Hepatic Porphyrias: Review and Recent Progress. *Hepatology Communications*, Vol 3, Issue 2. December 20, 2018. <https://doi.org/10.1002/hep4.1297>
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