

POLICY NAME	Givlaari (givosiran)	POLICY #	2792P
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Criteria

Coverage Criteria

- ☐ **1.1** Diagnosis of an acute hepatic porphyria (i.e., acute intermittent porphyria, hereditary coproporphyria, variegate porphyria, ALA dehydratase deficient porphyria)
- ☐ **1.2** One of the following:
 - Patient has had at least 2 documented porphyria attacks within the past 6 months, OR
 - Patient is currently receiving treatment with prophylactic hemin to prevent porphyria attacks
- ☐ **1.3** Age 18 years or older
- ☐ **1.4** Ordered by or in consultation with a hematologist (blood doctor) or specialist with expertise in the diagnosis or management of acute hepatic porphyria
- ☐ **1.5** Review of chart notes documenting diagnosis and confirming that patient has met all of the above requirements for treatment with Givlaari by both a pharmacist and a medical director

Exclusion Criteria – Any of the following prevents coverage

- ☐ **2.1** Prior liver transplant
- ☐ **2.2** Use of prophylactic hemin treatment while on Givlaari