

GIVLAARI™ (GIVOSIRAN)

Policy Number: PHARMACY 325.2 T2

Effective Date: April 1, 2020

[Instructions for Use](#) ⓘ

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Related Policy
<ul style="list-style-type: none"> • Acquired Rare Disease Drug Therapy Exception Process • Provider Administered Drugs – Site of Care • Review at Launch for New to Market Medications

CONDITIONS OF COVERAGE

Applicable Lines of Business/Products	This policy applies to Oxford Commercial plan membership.
Benefit Type	General Benefits Package
Referral Required (Does not apply to non-gatekeeper products)	No
Authorization Required (Precertification always required for inpatient admission)	No ¹
Precertification with Medical Director Review Required	No
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Office ² , Outpatient ⁴ , Home ³
Special Considerations	<p>¹Precertification is not required, however it is strongly recommended for Givlaari. While no penalty will be imposed for failure to request a pre-service review, if one is not requested, a medical necessity review will be conducted post-service to determine coverage. It is the referring physician’s responsibility to provide medical documentation to demonstrate clinical necessity for the medication. As of Jul. 1, 2020, precertification will be required. Refer to the Clinical Policy titled Review at Launch for New to Market Medications.</p> <p>²Participating providers in the office setting: Precertification is required for services performed in the office of a participating provider. Non-participating/out-of-network providers in the office setting: Precertification is not required, but encouraged for out-of-network services performed in the office. If precertification is not obtained, Oxford will review for out-of-network benefits and medical necessity after the service is rendered.</p> <p>³Home infusion of Givlaari requires additional precertification for the home care services.</p> <p>⁴Additional precertification requirements apply to requests for hospital outpatient facility infusion of</p>

COVERAGE RATIONALE

See [Benefit Considerations](#) ⓘ

Givlaari (givosiran) has been added to the Review at Launch program. Some members may not be eligible for coverage of this medication at this time. Refer to the Clinical Policy titled [Review at Launch for New to Market Medications](#) for additional details.

Givlaari is proven and/or medically necessary for the treatment of acute hepatic porphyrias:¹⁻⁴

Initial Therapy

- Diagnosis of an acute hepatic porphyria (AHP) [i.e., acute intermittent porphyria, hereditary coproporphyrin, variegate porphyria, ALA dehydratase deficient porphyria]; **and**
- **One** of the following:
 - Patient has active disease as defined in the clinical trial by having at least 2 documented porphyria attacks within the past 6 months; **or**
 - Patient is currently receiving treatment with prophylactic hemin to prevent porphyria attacks
- and**
- Provider attestation that the patient's baseline (before givosiran is initiated) hemin administration requirements (prophylactic or treatment) and rate and/or number of porphyria attacks has been documented; **and**
- Patient has not had a liver transplant; **and**
- Patient will not receive concomitant prophylactic hemin treatment while on Givlaari; **and**
- Prescribed by, or in consultation with, a hematologist, or a specialist with expertise in the diagnosis and management of AHPs; **and**
- Givlaari dosing is in accordance with the United States Food and Drug Administration approved labeling: up to a maximum of 2.5 mg/kg (body weight) subcutaneously once monthly; **and**
- Initial authorization will be for no more than 6 months.

Continuation Therapy

- Patient has previously received Givlaari for the treatment of AHP; **and**
- Documentation that the patient has experienced a positive clinical response while on Givlaari by demonstrating **all** of the following from pre-treatment baseline:
 - Reduction in hemin administration requirements (if previously required, including prophylactic and/or treatment doses)
 - Reduction in the rate and/or number of porphyria attacks
 - Improvement of signs and symptoms of AHPs (e.g., pain, neurological, gastrointestinal, renal, quality of life, etc.)
- and**
- Patient has not had a liver transplant; **and**
- Patient will not receive concomitant prophylactic hemin treatment while on Givlaari; **and**
- Prescribed by, or in consultation with, a hematologist, or a specialist with expertise in the diagnosis and management of AHPs; **and**
- Givlaari dosing is in accordance with the United States Food and Drug Administration approved labeling: up to a maximum of 2.5 mg/kg (body weight) subcutaneously once monthly; **and**
- Reauthorization will be for no more than 12 months.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

HCPCS Code	Description
C9056	Injection, givosiran, 0.5 mg
J3490	Unclassified drugs
J3590	Unclassified biologics

ICD-10 Diagnosis Code	Description
E80.0	Hereditary erythropoietic porphyria
E80.1	Porphyria cutanea tarda
E80.20	Unspecified porphyria
E80.21	Acute intermittent (hepatic) porphyria
E80.29	Other porphyria

BACKGROUND

Acute hepatic porphyria refers to a family of ultra-rare genetic diseases that lead to deficiency in one of the enzymes of the heme biosynthesis pathway in the liver. Severe, unexplained abdominal pain is the most common symptom, which can be accompanied by limb, back, or chest pain, nausea, vomiting, confusion, anxiety, seizures, weak limbs, constipation, diarrhea, or dark or reddish urine. Long-term complications and comorbidities of AHP can include hypertension, chronic kidney disease or liver disease including hepatocellular carcinoma. Currently, the population of AHP patients with diagnosed, active disease in the U.S. and Europe is estimated to be approximately 3,000.

Givosiran 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.

BENEFIT CONSIDERATIONS

Some Certificates of Coverage allow for coverage of experimental/investigational/unproven treatments for life-threatening illnesses when certain conditions are met. The member specific benefit plan document must be consulted to make coverage decisions for this service. Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances when certain conditions are met. Where such mandates apply, they supersede language in the benefit document or in the medical or drug policy. Benefit coverage for an otherwise unproven service for the treatment of serious rare diseases may occur when certain conditions are met. Refer to the Administrative Policy titled: [Acquired Rare Disease Drug Therapy Exception Process](#) for complete details.

CLINICAL EVIDENCE

The efficacy of Givlaari was established in the Phase 3 ENVISION trial, a randomized, double-blind, placebo-controlled multicenter study in 94 patients with AHP (89 patients with acute intermittent porphyria (AIP), 2 patients with variegate porphyria [VP], 1 patient with hereditary coproporphyrinemia [HCP], and 2 patients with no identified mutation). Inclusion criteria specified a minimum of 2 porphyria attacks requiring hospitalization, urgent healthcare visit, or intravenous hemin administration at home in the 6 months prior to study entry. Hemin use during the study was permitted for the treatment of acute porphyria attacks. Patients were randomized to receive Givlaari or placebo during the 6-month double-blind period. Efficacy in the 6-month double-blind period was measured by the rate of porphyria attacks that required hospitalizations, urgent healthcare visit, or intravenous hemin administration at home. The mean rate of porphyria attacks was 1.9 and 6.5 for Givlaari and placebo, respectively. This represented a 70% (95% CI: 60, 80) reduction in porphyria attacks for patients receiving Givlaari vs. placebo. The mean number of days of hemin use was 4.7 (95% CI: 2.8, 7.9) with Givlaari vs. 12.8 (95% CI: 7.6, 21.4) with placebo.¹

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Givlaari (givosiran) is an aminolevulinic acid synthase 1-directed small interfering RNA indicated for the treatment of adults with acute hepatic porphyria (AHP). The recommended dose of Givlaari is 2.5 mg/kg administered via subcutaneous injection once monthly. Dosing is based on actual body weight.¹

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare Pharmacy, Clinical Pharmacy Program that was researched, developed and approved by the UnitedHealth Group National Pharmacy & Therapeutics Committee. [2020D0087A]

1. Givlaari [package insert]. Summit, NJ: Celgene Corporation, November 2019.

2. ENVISION: A Study to Evaluate the Efficacy and Safety of Givosiran (ALN-AS1) in Patients With Acute Hepatic Porphyrrias (AHP). Clinicaltrials.gov website: <https://clinicaltrials.gov/ct2/show/NCT03338816?term=givosiran&cond=porphyria&draw=1&rank=5>. Accessed November 21, 2019.
3. Sardh E, Harper P, Balwani M, et al. Phase 1 Trial of an RNA Interference Therapy for Acute Intermittent Porphyria. N Engl J Med. 2019 Feb 7;380(6):549-558.
4. Balwani M, Wang B, Anderson KE, et al. Acute hepatic porphyrias: Recommendations for evaluation and longterm management. Hepatology. 2017 Oct;66(4):1314-1322.
5. Stölzel U, Doss MO, Schuppan D. Clinical Guide and Update on Porphyrrias. Gastroenterology. 2019 Aug;157(2):365-381.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
04/01/2020	<p>Applicable Codes</p> <ul style="list-style-type: none"> • Updated list of applicable HCPCS codes to reflect quarterly code edits; replaced C9399 with C9056 <p>Supporting Information</p> <ul style="list-style-type: none"> • Archived previous policy version PHARMACY 325.1 T2

INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare Oxford Clinical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.