

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	August 4, 2021

GIVLAARI™ (givosiran) injection

LENGTH OF AUTHORIZATION: 6 months

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Patient must have a diagnosis of acute hepatic porphyria (AHP).
- Patient must have baseline liver function tests prior to initiating therapy.
- Prescribed by, or in consultation, with a specialist, document specialty type.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Dosage Form: 189 mg/mL single dose injection
- For subcutaneous use by a healthcare professional only