



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's 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  $\geq 18$  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