

**DUVYZAT
(givinostat)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 6 years of age or older

Diagnosis

Patient must have the following:

Duchenne muscular dystrophy (DMD)

AND ALL of the following:

- a. Genetic confirmation of DMD
- b. Obtain a baseline motor milestone score from **ONE** the following assessments:
 - i. 6-minute walk test (6MWT)
 - ii. North Star Ambulatory Assessment (NSAA)
 - iii. Motor Function Measure (MFM)
 - iv. 4-stair climb test (4SC)
- c. Prescriber agrees to monitor the patients platelets and triglycerides
- d. Prescriber agrees to monitor for QTc prolongation as clinically indicated

Prior - Approval Limits

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 6 years of age or older

Diagnosis

Patient must have the following:

Duchenne muscular dystrophy (DMD)

AND ALL of the following:



**BlueCross
BlueShield**

Federal Employee Program.

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- a. Stabilization OR improvement in motor milestone score from baseline from **ONE** the following assessments:
 - i. 6-minute walk test (6MWT)
 - ii. North Star ambulatory assessment (NSAA)
 - iii. Motor Function Measure (MFM)
 - iv. 4-stair climb test (4SC)
- b. Prescriber agrees to monitor the patients platelets and triglycerides
- c. Prescriber agrees to monitor for QTc prolongation as clinically indicated

Prior - Approval *Renewal* Limits

Duration 12 months