MEDICAL MUTUAL®

Drug Policy

Policy:	Duvyzat (Givinostat)	Annual Review Date: 03/20/2025 Last Revised Date: 03/20/2025

OVERVIEW

Duvyzat is a histone deacetylase (HDAC) inhibitor indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients 6 years of age and older. This is an oral agent that works to improve muscle function and reduce inflammation. Duvyzat is the first nonsteroidal treatment approved for patients with all genetic variants of DMD.

POLICY STATEMENT

This policy involves the use of Duvyzat. Prior authorization is recommended for pharmacy benefit coverage of Duvyzat. Approval is recommended for those who meet the conditions of coverage in the **Criteria and Initial/Extended Approval** for the diagnosis provided. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

Because of the specialized skills required for evaluation and diagnosis of patients treated with Duvyzat as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Duvyzat be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Duvyzat is recommended in those who meet the following criteria:

1. **Duchenne Muscular Dystrophy (DMD) – Initial Therapy**
   Criteria. *Patient must meet the following criteria (A, B, C, D, E, F and G)*
   - **A.** The patient is 6 years and older; AND
   - **B.** Patient's diagnosis of Duchenne Muscular Dystrophy is confirmed by genetic testing with a confirmed pathogenic variant in the dystrophin gene*; AND
   - **C.** The patient has completed baseline function tests* (e.g. time to wheelchair assistance, required respiratory assistance/pulmonary function tests, four-stair climb [4SC], 6-minute walk test [6MWT], time to walk/run 10 meters [10MWT], or North Star Ambulatory Assessment [NSAA]); AND
   - **D.** The patient is ambulatory; AND
   - **E.** The patient has been a stable on a systemic corticosteroid therapy for at least 6 months; AND
   - **F.** The medication is prescribed by or in consultation with a physician who specializes in the treatment of Duchenne Muscular Dystrophy (DMD) and/or neuromuscular disorders; AND

G. The prescribing physician has obtained and evaluated baseline platelet counts and triglycerides levels prior to initiation.

2. **Duchenne Muscular Dystrophy (DMD) - Continuing Therapy**
Criteria. *Patient must meet the following criteria (A, B, C, D, E, and F)*

A. The patient has been established on the medication for at least 1 year; AND
B. The patient is 6 years and older; AND
C. The patient is ambulatory; AND
D. The patient continues to be stable on a systemic corticosteroid therapy; AND
E. The medication is prescribed by or in consultation with a physician who specializes in the treatment of Duchenne Muscular Dystrophy (DMD) and/or neuromuscular disorders; AND
F. According to the prescriber, the patient continues to benefit from therapy, as demonstrated by a stabilization or slowed decline on timed function tests (e.g., 4-stair climb, 6-minute walk test, time-to-rise) or in the North Star Ambulatory Assessment (NSAA) score

Initial Approval/ Extended Approval.
A) *Initial Approval: 1 year*
B) *Extended Approval: 1 year*

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Duvyzat has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

1. **Treatment in patients who have previously received gene therapy for DMD**. Treatment with Duvyzat following administration of DMD-specific gene therapy has not been studied to assess safety or efficacy.

2. **Concomitant treatment with exon-skipping therapies for DMD** [e.g., Amondys (casimersen), Exondys 51 (eteplirsen), Viltepso (viltolarsen), Vyondys 53 (golodirsen)].

3. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

***Documentation Requirements:**
The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational, or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation

supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES

1. Duvyzat® oral suspension [prescribing information]. Concord, MA: ITF Therapeutics, LLC; March 2024.
2. Mercuri E, Vilchez JJ, Boespflug-Tanguy O, Zaidman CM, Mah JK, Goemans N, Müller-Felber W, Niks EH, Schara-Schmidt U, Bertini E, Comi GP, Mathews KD, Servais L, Vandenborne K, Johannsen J, Messina S, Spinty S, McAdam L, Selby K, Byrne B, Laverty CG, Carroll K, Zardi G, Cazzaniga S, Coceani N, Bettica P, McDonald CM; EPIDYS Study Group. Safety and efficacy of givinostat in boys with Duchenne muscular dystrophy (EPIDYS): a multicentre, randomised, double-blind, placebo-controlled, phase 3 trial. Lancet Neurol. 2024 Apr;23(4):393-403. doi: 10.1016/S1474-4422(24)00036-X. Erratum in: Lancet Neurol. 2024 Jun;23(6):e10. doi: 10.1016/S1474-4422(24)00172-8. Erratum in: Lancet Neurol. 2024 Aug;23(8):e12. doi: 10.1016/S1474-4422(24)00257-6. PMID: 38508835.
3. Birnkrant DJ, Bushby K, Bann CM, et al. Diagnosis and management of Duchenne muscular dystrophy, part 1: diagnosis, and neuromuscular, rehabilitation, endocrine, and gastrointestinal and nutritional management. *Lancet Neurol*. 2018;17(3):251-267.
4. Birnkrant DJ, Bushby K, Bann CM, et al. Diagnosis and management of Duchenne muscular dystrophy, part 2: respiratory, cardiac, bone health, and orthopaedic management. *Lancet Neurol*. 2018;17(4):347-361.
5. Birnkrant DJ, Bushby K, Bann CM, et al. Diagnosis and management of Duchenne muscular dystrophy, part 3: primary care, emergency medicine, psychological care, and transitions of care across the lifespan. *Lancet Neurol*. 2018;17(5):445-455.
6. Gloss D, Moxley RT III, Ashwal S, Oskoui M. Practice guideline update summary: corticosteroid treatment of Duchenne muscular dystrophy: report of the Guideline Development Subcommittee of the American Academy of Neurology. *Neurology*. 2016;86(5):465-472.