Clinical Policy: Givinostat (Duvyzat)

Reference Number: PA.CP.PHAR.644
Effective Date: 08/2025
Last Review Date: 07/2025

Description
Givinostat (Duvyzat™) is a histone deacetylase inhibitor.

FDA Approved Indication(s)
Duvyzat is indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients 6 years of age and older.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness® that Duvyzat is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Duchenne Muscular Dystrophy (must meet all)**:**

1. Diagnosis of DMD confirmed by one of the following (a or b):
   a. Genetic testing (e.g., dystrophin deletion or duplication mutation found);
   b. If genetic studies are negative (i.e., no mutation identified), positive muscle biopsy (e.g., absence of dystrophin protein);
2. Prescribed by or in consultation with a neurologist;
3. Age ≥ 6 years;
4. Documentation of a recent (within the last 30 days) platelet count ≥ 150 x 10^9/L;
5. Duvyzat is prescribed concurrently with an oral corticosteroid, unless contraindicated or clinically significant adverse effects are experienced;
6. Documentation of member's body weight in kg;
7. Dose does not exceed 106.4 mg (12 mL) per day (*see Section V for weight-based dosing*).

Approval duration: 6 months

B. Other diagnoses/indications

1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

II. Continued Therapy

A. Duchenne Muscular Dystrophy (must meet all)**:**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies;
2. Member has been assessed by a neurologist within the last 12 months;

3. Member has documentation of an annual evaluation, including an assessment of motor function ability;
4. Member continues to benefit based on prescriber's assessment;
5. Duvyzat is prescribed concurrently with an oral corticosteroid, unless contraindicated or clinically significant adverse effects are experienced;
6. Documentation of member's body weight in kg;
7. If request is for a dose increase, new dose does not exceed 106.4 mg (12 mL) per day (*see Section V for weight-based dosing*).

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies.
   Approval duration: Duration of request or 12 months (whichever is less); or
2. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – PA.CP.PMN.53

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

AAN: American Academy of Neurology

FDA: Food and Drug Administration

Appendix B: Therapeutic Alternatives

Not applicable

Appendix C: Contraindications/Boxed Warnings

None reported

Appendix D: General Information

- Corticosteroids are routinely used in DMD management with established efficacy in slowing decline of muscle strength and function (including motor, respiratory, and cardiac). They are recommended for all DMD patients per the American Academy of Neurology (AAN) and DMD Care Considerations Working Group; in addition, the AAN guidelines have been endorsed by the American Academy of Pediatrics, the American Association of Neuromuscular & Electrodiagnostic Medicine, and the Child Neurology Society.
  - The DMD Care Considerations Working Group guidelines, which were updated in 2018, continue to recommend corticosteroids as the mainstay of therapy.
- Prednisone is the corticosteroid with the most available evidence. A second corticosteroid commonly used is Emflaza (deflazacort), which was FDA approved for DMD in

February 2017. On October 2023, a third corticosteroid, Agamree (vamorolone), was approved by the FDA for DMD.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
DMD	Administered orally twice daily with food according to actual body weight: ≥ 10 kg and < 20 kg: 22.2 mg (2.5 mL) ≥ 20 kg and < 40 kg: 31 mg (3.5 mL) ≥ 40 kg and < 60 kg: 44.3 mg (5 mL) 60 kg or more: 53.2 mg (6 mL) Dose modification may be needed for decreased platelet counts, diarrhea, increased triglycerides, or QTc prolongation	106.4 mg (12 mL) per day

VI. Product Availability

Oral suspension: 8.86 mg/mL

VII. References

1. Duvyzat Prescribing Information. Concord, MA: ITF Therapeutics, LLC.; November 2024. Available at: https://www.duvyzat.com/PI. Accessed April 23, 2025.
2. ClinicalTrials.gov. Clinical study to evaluate the efficacy and safety of givinostat in ambulant patients with Duchenne muscular dystrophy. Available at: https://classic.clinicaltrials.gov/ct2/show/NCT02851797. Accessed April 23, 2025.
3. Mercuri E, Vilchez JJ, Boespflug-Tanguy O et al. Safety and efficacy of givinostat in boys with Duchenne muscular dystrophy (EPIDYS): a multicentre, randomized, double-blind, placebo-controlled, phase 3 trial. The Lancet Neurology April 2024;23(4):393-403.
4. Gloss D, Moxley RT, 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; 86:465-472. Reaffirmed January 22, 2022.
5. 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.

Reviews, Revisions, and Approvals	Date
Policy created	07/2025