

**PROVIDER NOTIFICATION OF POLICY CRITERIA  
CHANGE**

POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMEDEMMENT	EFFECTIVE DATE	LINK TO FULL POLICY
Givosiran (e.g., GIVLAARI)	2020009	<p>Authorization renewal criteria updated.</p> <p><b>AUTHORIZATION RENEWAL:</b></p> <ol style="list-style-type: none"> <li>1. Condition improved with treatment (i.e., a reduction in the number of porphyria attacks or reduction in hemin requirements for acute attacks); <b>AND</b></li> <li>2. Individual does not have severe or clinically significant transaminase elevations that warrant discontinuation per prescribing information; <b>AND</b></li> <li>3. Manageable or no side effects</li> </ol>	YES	08/15/2026	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2020009">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2020009</a>