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Section:	Prescription Drugs	**Effective Date:**	October 1, 2024
Subsection:	Neuromuscular Agents	**Original Policy Date:**	April 19, 2024
Subject:	Duvyzat	**Page:**	1 of 5

Last Review Date: September 6, 2024

Duvyzat

Description

Duvyzat (givinostat)

Background
Duvyzat (givinostat) is a histone deacetylase inhibitor indicated for the treatment of Duchenne muscular dystrophy (DMD). The precise mechanism by which Duvyzat exerts its effects in patients with DMD is unknown (1).

Regulatory Status
FDA-approved indication: Duvyzat is a histone deacetylase inhibitor indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients 6 years of age and older (1).

Duvyzat has been associated with hematological changes, increased triglycerides, gastrointestinal disturbances, and QTc prolongation. Thrombocytopenia and other signs of myelosuppression, including decreased hemoglobin and neutropenia may occur with Duvyzat use. Complete blood counts should be monitored every 2 weeks for the first 2 months of treatment, then monthly for the first 3 months, and every 3 months thereafter. Triglycerides should also be monitored at 1 month, 3 months, 6 months, and every 6 months thereafter. Gastrointestinal disturbances such as diarrhea, nausea/vomiting, and abdominal pain were common adverse reactions related to Duvyzat use. Treatment dosage should be modified or discontinued depending on severity. Duvyzat may cause QTc prolongation. ECGs should be obtained prior to treatment in patients with underlying cardiac disease or in patients who are taking concomitant QT prolonging medications (1).

In the study, patients had received systemic corticosteroids for at least 6 months and Duvyzat was administered in addition to a stable dose of corticosteroids throughout the study (1).

Monitoring motor changes in patients with DMD requires functional evaluation along with measurement of muscle strength. The need for a reliable outcome measure in diseases of rapid deterioration such as DMD has led to the use of motor functional tests. In a large, multicenter, international clinical trial, the six minute walk test (6MWT) proved to be feasible and highly reliable. Also used are the Motor Function Measure (MFM) and North Star Ambulatory Assessment (NSAA) to help predict loss of ambulation 1 year before its occurrence in order to allow time to adapt rehabilitation, change the patient's environment, and consider acquisition of assistive aids or the use of medications. The timed 4-stair climb test (4SC) is another accepted and widely used tool to assess motor function of patients with neuromuscular diseases (2-5).

The safety and effectiveness of Duvyzat in pediatric patients less than 6 years of age have not been established (1).

Related policies
Agamree, Amondys 45, Elevidys, Emflaza, Exondys 51, Viltepso, Vyondys 53

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Duvyzat may be considered **medically necessary** if the conditions indicated below are met.

Duvyzat may be considered **investigational** for all other indications.

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 *Renewal* Requirements

Age 6 years of age or older

Diagnosis

Patient must have the following:

Duchenne muscular dystrophy (DMD)

AND ALL of the following:

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

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 6 months

Prior – Approval *Renewal* Limits

Duration 12 months

Rationale

Summary

Duvyzat (givinostat) is a histone deacetylase inhibitor indicated for the treatment of Duchenne muscular dystrophy (DMD). Duvyzat has been associated with hematological changes, increased triglycerides, gastrointestinal disturbances, and QTc prolongation. Safety and effectiveness in patients less than 6 years of age have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Duvyzat while maintaining optimal therapeutic outcomes.

References

1. Duvyzat [package insert]. Concord, MA: ITF Therapeutics, LLC; March 2024.
2. Mcdonald C, Henricson E, et al. The 6-Minute Walk test and Other Clinical Endpoints in Duchenne Muscular Dystrophy: Reliability, Concurrent Validity, and Minimal Clinically Important Differences from a Multicenter Study. Muscle Nerve. 2013 Sep; 48(3): 357–368.
3. Mcdonald C, Henricson E, et al. The 6-Minute Walk test and Other Endpoints in Duchenne Muscular Dystrophy: Longitudinal Natural History Observations Over 48 weeks from a Multicenter Study. Muscle Nerve. 2013 Sep; 48(3): 343–356.
4. Vuillerot C, Girardot F, et al. Monitoring changes and predicting loss of ambulation in Duchenne muscular dystrophy with the Motor Function Measure. *Developmental Medicine & Child Neurology* 2010, 52: 60–65.
5. Schorling DC, Rawer R, et al. Mechanographic analysis of the timed 4 stair climb test - methodology and reference data of healthy children and adolescents. J Musculoskelet Neuronal Interact 23(1):4-25.

Policy History

Date	Action

April 2024	Addition to PA
September 2024	Annual review. Per SME, added statements regarding corticosteroid use and the 4-stair climb test to regulatory section. Also added the 4-stair climb test as a score option and changed initiation requirement wording to “genetic confirmation of DMD”

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 6, 2024 and is effective on October 1, 2024.