



MRN: _____

DOB: _____

Phone: 1-800-809-1265 Fax: 1-866-872-8920

Standard Plan of Treatment for Givlaari® (givosiran)

NOTE: We may require a detailed Letter of Medical Necessity or clinical supporting documentation (depending on diagnosis), to be able to verify eligibility and payment for this treatment through Medicare and/or other insurance plans.

1. Patient Name: _____ Height (inches): _____ Weight (lbs): _____

2. Allergies: _____

3. Diagnosis:

- E80.20 (unspecified porphyria)
- E80.21 (acute intermittent (hepatic) porphyria)
- E80.29 (other porphyria)
- Other ICD-10 Code: _____ Description _____

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4. Dose/Frequency

Givlaari® 2.5mg/kg once monthly

Givlaari® 1.25mg/kg once monthly

*In patients with severe or clinically significant transaminase elevations, who have dose interruption and subsequent improvement, reduce the dose to 1.25 mg/kg once monthly. In patients who resume dosing at 1.25 mg/kg once monthly without recurrence of severe or clinically significant transaminase elevations, the dose may be increased to the recommended dose of 2.5 mg/kg once monthly

Administer as a subcutaneous injection(s) in the abdomen, upper arm(s), or thigh(s)

5. Clinical Lab Monitoring: ***Referring provider to measure*** liver function tests prior to initiating treatment, once monthly for the first 6 months of treatment, and as clinically indicated thereafter. ***Notify Palmetto Infusion if dose adjustment is needed.*** Monitor renal function as clinically indicated during treatment.

Special orders: _____

If adverse drug reaction occurs, utilize the ADVERSE DRUG REACTION GUIDELINES

6. Physician's Signature: _____ / _____ Date: _____
No Stamp Signatures (Dispense as written) (Substitution permitted)

Printed Physician's Name with Credentials: _____ NPI: _____

7. Fax updated supporting clinical MD notes with each order renewal or change in orders
Infusion order forms and Adverse Drug Reaction Guidelines are available at www.palmettoinfusion.com



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Guidelines for Prescribing Givlaari® (givosiran) (Required documentation with all initial referrals)

Patient Name: _____

Referral Date: _____

- ___ Include signed and completed **Plan of Treatment**. *(MD must complete sections 1-7)*
(Infusion order forms & Standard Adverse Reactions orders are available at www.palmettoinfusion.com under Agency/MD tab)
- ___ Include patient demographic information and insurance information. *(Copy of insurance cards if available)*
- ___ **Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any lab results and/or tests to support diagnosis.**
- ___ Baseline Liver Function Tests
- ___ Urine porphobilinogen (PBG)
- ___ Suggested baseline serum creatinine levels and estimated glomerular filtration rate
- ___ Other as requested: _____

----- WARNINGS AND PRECAUTIONS -----

- Anaphylactic Reaction: Ensure that medical support is available to appropriately manage anaphylactic reactions when administering GIVLAARI. Monitor for signs and symptoms. If anaphylaxis occurs, discontinue GIVLAARI and administer appropriate medical treatment. (5.1) • Hepatic Toxicity: Measure liver function at baseline and periodically during treatment with GIVLAARI. Interrupt or discontinue treatment with GIVLAARI for severe or clinically significant transaminase elevations. (2.1, 5.2) • Renal Toxicity: Monitor renal function during treatment with GIVLAARI as clinically indicated. (5.3) • Injection Site Reactions: May occur, including recall reactions. Monitor for reactions and manage clinically as needed. (5.4)
See full prescribing information.

Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.

Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.