

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____ Sex: M F Ht. _____ Wt. _____ lbs/kg
Primary Language: _____ Allergies: _____
Patient Preferred Location: _____

DIAGNOSIS & CLINICAL INFORMATION

<ICD 10 CODE REQUIRED>

ICD 10 Code

- E80.20 Unspecified porphyria
- E80.21 Acute intermittent (hepatic) porphyria
- E80.29 Other porphyria

REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.
LAB RESULTS: Include baseline CMP and homocysteine level.

PRESCRIPTION

Givlaari (givosiran)

Dose:

- Administer 1.25mg/kg by subcutaneous injection once for one year
- Administer 2.5mg/kg by subcutaneous injection once for one year

Referring provider to obtain labs and monitor hepatic function, renal function, and homocysteine as clinically indicated during treatment with Givlaari

Post Treatment Observations: The patient is observed for 30 minutes following the first injection.

Adverse Events: In the event of an adverse reaction occurring at a Medix Infusion suite, utilize the Medix Infusion adverse reaction protocol.

Comments: _____

PRESCRIBER INFORMATION

Prescriber Name: _____ Signature: _____
Date: _____ NPI#: _____ Specialty: _____
Supervising Physician: _____ (If Applicable)
Address: _____ City: _____ State: _____ Zip: _____
Contact Name: _____ Phone: _____ Fax: _____ Email: _____