VEROS HEALTH
Excellence in Complex Care

Givosiran (Givlaari®) Referral Form

Please complete the following and fax with clinical documentation to:
720.279.7461

Referral Process	
1. PATIENT INFORMATION (*indicates a required field)	**2. PHYSICIAN INFORMATION** (*indicates a required field)
Name*: _____	Physician's name*: _____
Address*: _____	License #: _____ NPI #*: _____
City*: _____ State*: _____ Zip*: _____	DEA #: _____ Email*: _____
Home Phone: _____ Mobile Phone*: _____	Address*: _____
Email*: _____ Primary language*: _____	City*: _____ State*: _____ Zip*: _____
DOB*: _____ Social Security #*: _____	Office Contact: _____
Gender*: ☐ M ☐ F Height: _____ Weight*: _____	Phone*: _____ Fax*: _____ Specialty*: _____

Allergies*: _____ NKA*: ☐
Alternate contact name: _____ Alternate contact phone: _____
☐ Yes ☐ No* Consent to leave voice message at the patient and/or alternate contact phone

3. DIAGNOSIS
Date of diagnosis: _____

☐ **E80.21 Acute Intermittent Porphyria** ☐ **E80.2 Other and unspecified porphyria** ☐ **E80.29 Other porphyria**

☐ Other diagnosis(es): _____

4. INSURANCE INFORMATION
Please submit copies of the front and back of primary and secondary insurance cards with this referral.

5. PRESCRIPTION INFORMATION Anticipated Start Date: _____

Prescription*: GIVLAARI® injection, for subcutaneous use

Dose:
☐ GIVLAARI 2.5 mg/kg once monthly by subcutaneous injection administered by a registered nurse

☐ GIVLAARI _____ mg/kg once monthly by subcutaneous injection administered by a registered nurse

Additional orders: _____

ANAPHYLAXIS ORDERS
Adults: For mild reaction-administer diphenhydramine 50mg IVP/PO x 1.
For severe reactions-administer epinephrine 0.3mg SubQ/IM x 1. May repeat x1 if needed. Contact 911 and monitor vital signs.
☐ Other: _____

Additional Instructions: _____

6.

PHYSICIAN'S SIGNATURE (required): _____ **Date:** _____

Prescription is valid for one year unless otherwise indicated. The prescriber is to comply with his/her state specific prescription requirements such as e-prescribing, state specific prescription form, fax language, etc. Non-compliance with state specific requirements could result in outreach to the prescriber.