

# Givosiran (Givlaari)

Provider Order Form rev. 3/25/2022



## PATIENT INFORMATION

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	
<b>Patient Status:</b> <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy	Last Treatment Date:	Next Due Date:

## PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

## NURSING

- Liver Function Test results and date \_\_\_\_\_
- Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation  
**NOTE:** IVX Adverse Reaction Management Protocol available for review at [www.ivxhealth.com/forms](http://www.ivxhealth.com/forms) (version 09.07.2021)

## LABORATORY ORDERS

- CBC  at each dose  every \_\_\_\_\_
- CMP  at each dose  every \_\_\_\_\_
- LFT's  at each dose  every \_\_\_\_\_
- Other: \_\_\_\_\_

## THERAPY ADMINISTRATION

- Givosiran (Givlaari)**
  - Dose: 2.5mg/kg
  - Frequency: once monthly
  - Route:  subcutaneous injection
- Patient required to stay for 30-min observation post procedure
- Patient is NOT required to stay for observation time
- Refills:  Zero /  for 12 months /  \_\_\_\_\_  
(if not indicated order will expire one year from date signed)

## SPECIAL INSTRUCTIONS

Measure liver function at baseline and periodically during treatment with GIVLAARI.

Provider Name (Print)	Provider Signature	Date
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<b>FAX NUMBERS</b> Fax this form, insurance card (both sides), demographics, recent H&P, labs, and supporting clinicals to:	<input type="checkbox"/> BAY AREA: 844-889-0275	<input type="checkbox"/> DAYTONA: 386-259-6096	<input type="checkbox"/> KANSAS CITY: 844-900-1292	<input type="checkbox"/> SOUTHWEST FL: 813-283-9144
	<input type="checkbox"/> CHARLOTTE: 336-663-0143	<input type="checkbox"/> HARRISBURG: 844-859-4235	<input type="checkbox"/> ORLANDO: 844-946-0867	<input type="checkbox"/> TAMPA: 844-946-0849
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