

## Blue Cross Medicare Plus Blue<sup>SM</sup> PPO and BCN Advantage<sup>SM</sup> Medication Authorization Request Form Givlaari® (givosiran) J3590

The most efficient way to request authorization is to use the NovoLogix® system. To access NovoLogix, visit [bcbsm.com/providers](http://bcbsm.com/providers) and log in to Provider Secured Services. Click the link for Medical Prior Authorization. As an alternative, you can use this form to request authorization. Complete this form and fax to 1-866-392-6465. If you have any questions regarding this process, contact the Pharmacy Clinical Help Desk at 1-800-437-3803.

PATIENT INFORMATION	PHYSICIAN INFORMATION
Name	Name
ID Number	Specialty
Date of birth <input type="checkbox"/> Male <input type="checkbox"/> Female	Address
Diagnosis (include ICD-10)	City /State/Zip
Drug Name	Phone: ( ) -      Fax: ( ) -
Dose and Quantity	NPI
Directions	Contact Person
Date of Services	Contact Person's Phone / Ext.

### STEP 1: DISEASE STATE INFORMATION

1. Initial or Continuation request for Givlaari®?  Initial       Continuation. Start date of therapy \_\_\_\_\_
2. Has the patient been diagnosed with acute hepatic porphyria (AHP)?  Yes       No
3. Please indicate the specific form of acute hepatic porphyria (AHP) as determined by genetic testing?  ALA-dehydratase deficiency porphyria (ADP)  Acute intermittent porphyria (AIP)  Hereditary coproporphyrinemia (HCP)  Variegate porphyria (VP)  Other. Please list indication \_\_\_\_\_
4. Are there documented elevated urinary aminolevulinic acid (ALA) OR porphobilinogen (PBG) levels above the upper limit of normal obtained during an acute attack?  Yes. Which level was elevated, ALA or PBG? Please provide the level \_\_\_\_\_  
 No
5. Has the patient had at least 2 documented porphyria attacks in the last 6 months?  Yes       No
6. What symptoms related to chronic baseline disease activity does the patient have? Select all that apply.  
 Pain in the abdomen, back and/or chest       Cardiovascular conditions including hypertension, and tachycardia        
 Gastrointestinal involvement including nausea, vomiting, and constipation       Neurological involvement including neuropathic pain, sensory loss, muscle weakness, paralysis, confusion, anxiety, depression, memory loss, fatigue, hallucinations, or seizures  
 Other system involvement including respiratory failure, skin lesions, or hyponatremia
7. Has the patient had a liver transplant or is he/she scheduled for a liver transplant?  Yes       No
8. Has there been a reduction in the number of acute hepatic porphyria attacks or baseline symptoms since starting Givlaari® therapy?  Yes       No
9. Please attach any chart notes or additional documentation and submit to plan. **(Required)**

**Coverage won't be provided if the prescribing physician's signature and date aren't reflected on this document.**

Request for expedited review: I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's Name

Physician's Signature

Date

**Step 2:**  
Checklist

- Form Completely Filled Out  
 Attached Chart Notes

- Concurrent Medical Problems  
 Prior Therapies

**Step 3:**  
Submit

**Fax the completed form to 1-866-392-6465**