

For adults with acute hepatic porphyria (AHP),
including acute intermittent porphyria (AIP),

GIVLAARI[®] (givosiran)
**SIGNIFICANTLY
REDUCED ATTACKS**^{1,2}

70% fewer attacks

on average with GIVLAARI vs placebo*¹

Attacks were defined as those requiring hospitalization, urgent healthcare visit, or intravenous (IV) hemin administration at home.¹

*Based on results during the 6-month double-blind period of the ENVISION trial in patients with AHP.¹

For more information about the ENVISION trial, please see [page 6](#).

INDICATION

GIVLAARI[®] (givosiran) is indicated for the treatment of adults with acute hepatic porphyria (AHP).

IMPORTANT SAFETY INFORMATION

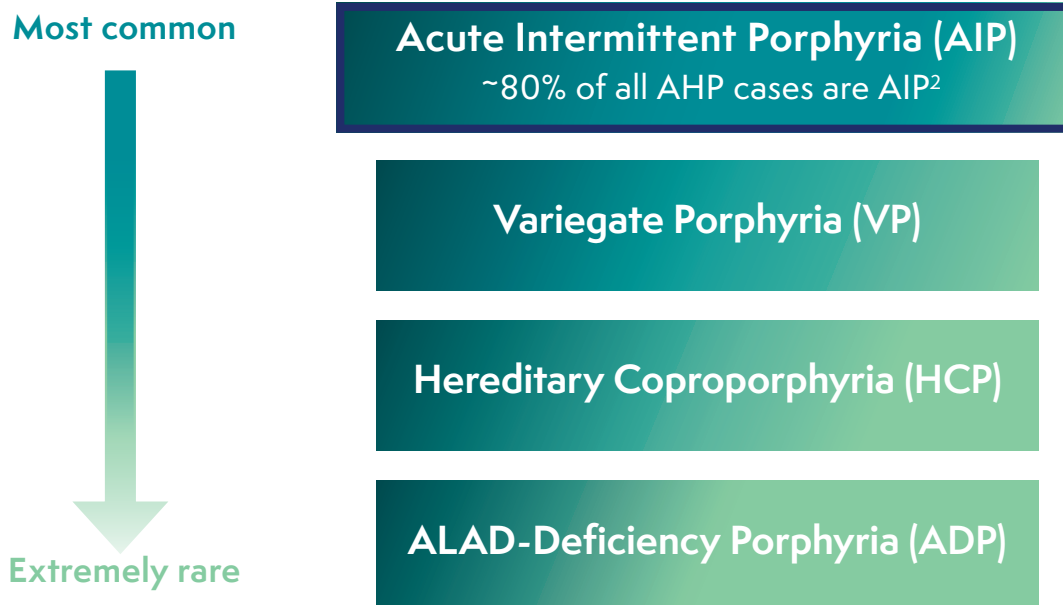
Contraindications

GIVLAARI is contraindicated in patients with known severe hypersensitivity to givosiran. Reactions have included anaphylaxis.

Please see [Important Safety Information](#) on page 21 and full [Prescribing Information](#).

AHP is a rare, genetic disease characterized by debilitating, potentially life-threatening attacks^{2,3}

There are 4 types of acute hepatic porphyria (AHP)^{2,4}



AHP attacks can be unpredictable, severe, and progressive²

- AHP is most commonly seen in women of childbearing age⁴
- Attacks generally last 3 to 7 days, but recovery can take longer^{2,5}
- Severe attacks may progress to respiratory failure or paralysis, leading to temporary or permanent disability^{3,5}
- In 1 study, patients with recurrent attacks averaged 5 hospitalizations in a 12-month period^{*6}
- Patients often face a higher risk of long-term complications, such as hypertension, chronic kidney disease (CKD), hepatocellular carcinoma (HCC), depression, and anxiety^{5,6}

"The pain in my abdomen felt like being stabbed with hot knives."
—Donna, an Alnylam Patient Ambassador

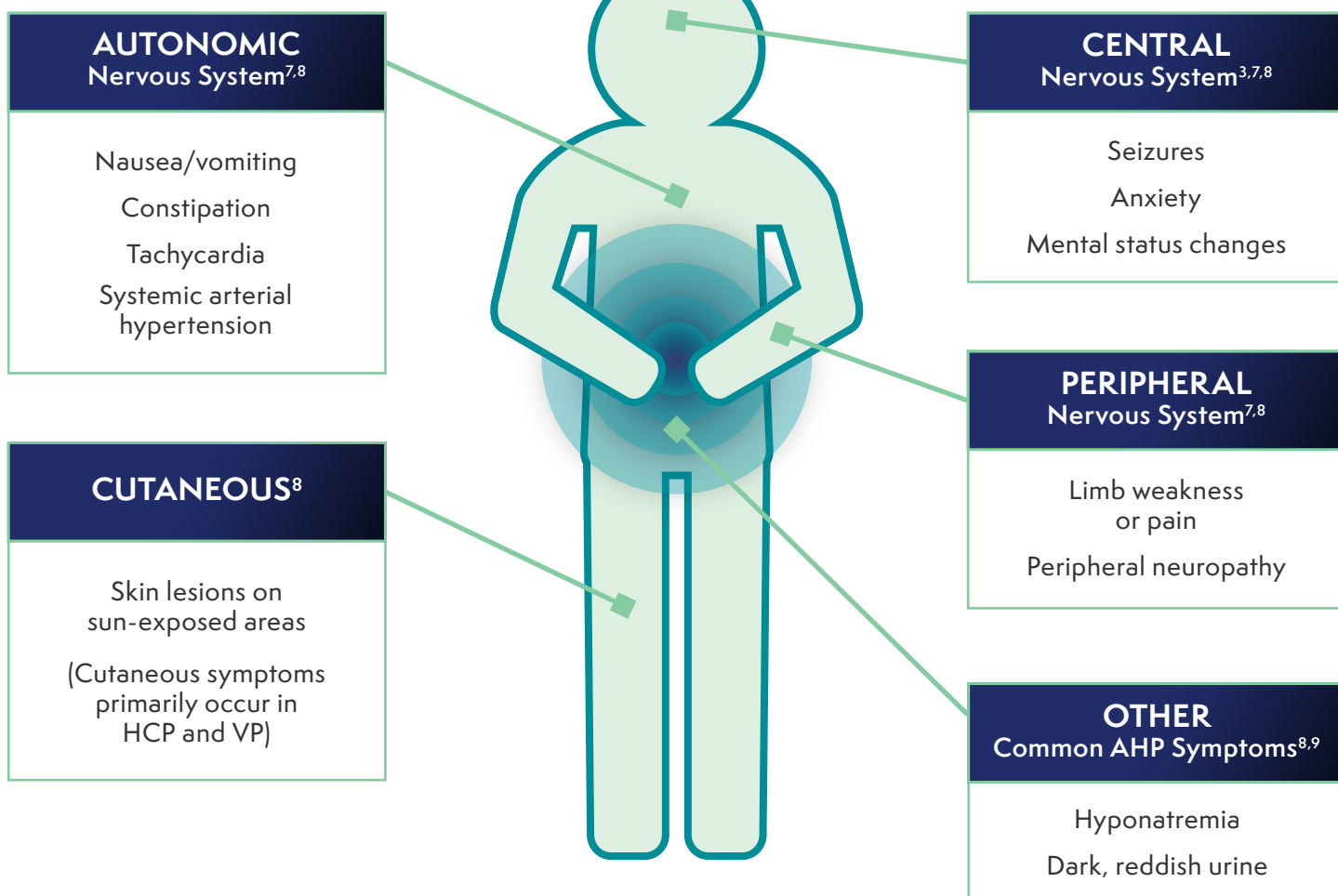
*Results from EXPLORE, a 12-month prospective natural history study of 112 patients who experienced recurrent AHP attacks (≥3 attacks/year) or received prophylactic treatment. Attacks were defined as those requiring increased pain medication or carbohydrate intake, hemin administration, and/or hospitalization for signs and symptoms of AHP.⁶

Common signs and symptoms of an AHP attack^{3,7,8}

Severe, diffuse abdominal pain^{*7,8}



1 or more of the following



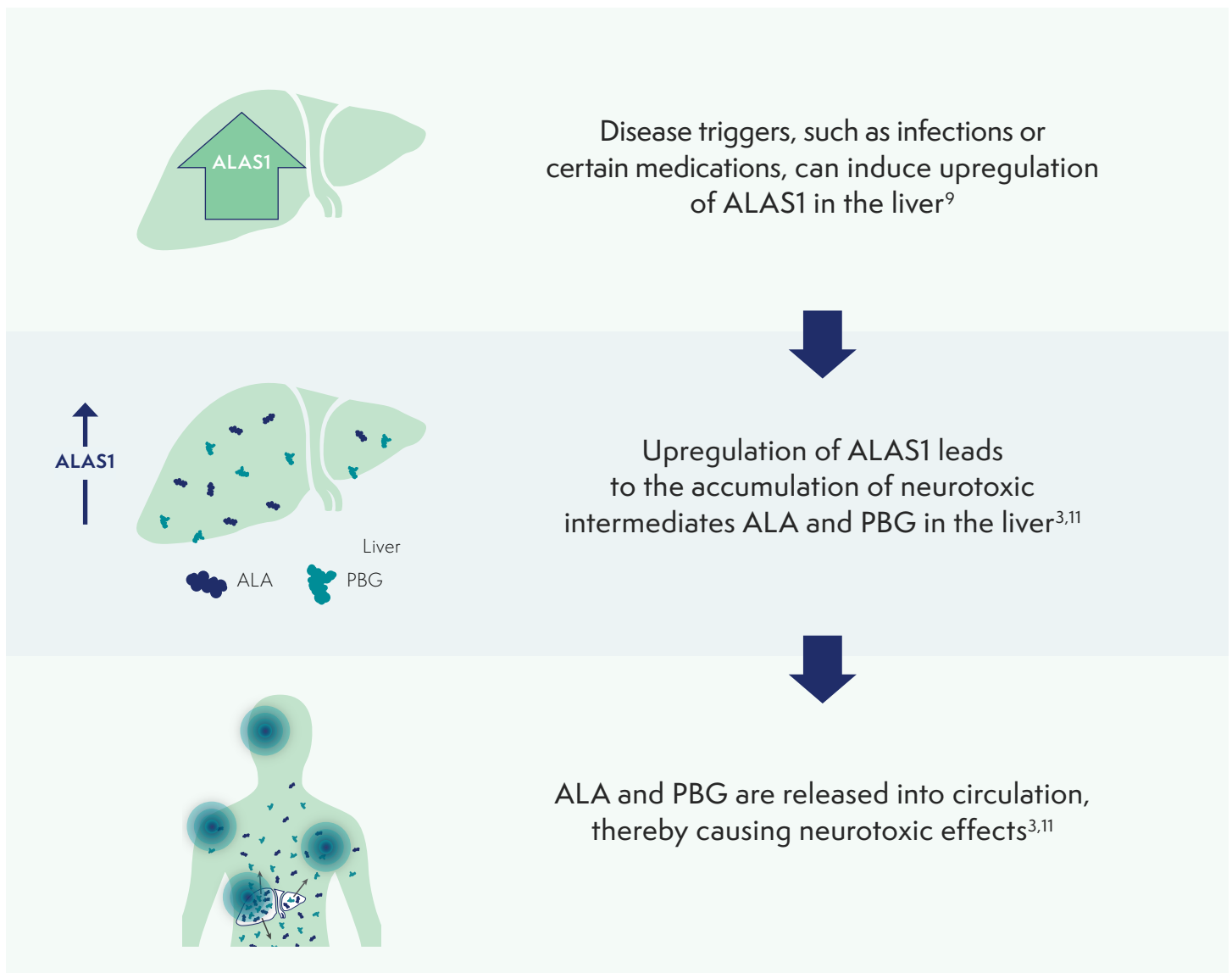
>90% of patients report abdominal pain during AHP attacks⁷

AHP=acute hepatic porphyria; HCP=hereditary coproporphyria; VP=variegate porphyria.

*These are not all the possible signs and symptoms of an AHP attack.

Patients with AHP have an enzyme deficiency in the heme biosynthesis pathway⁹

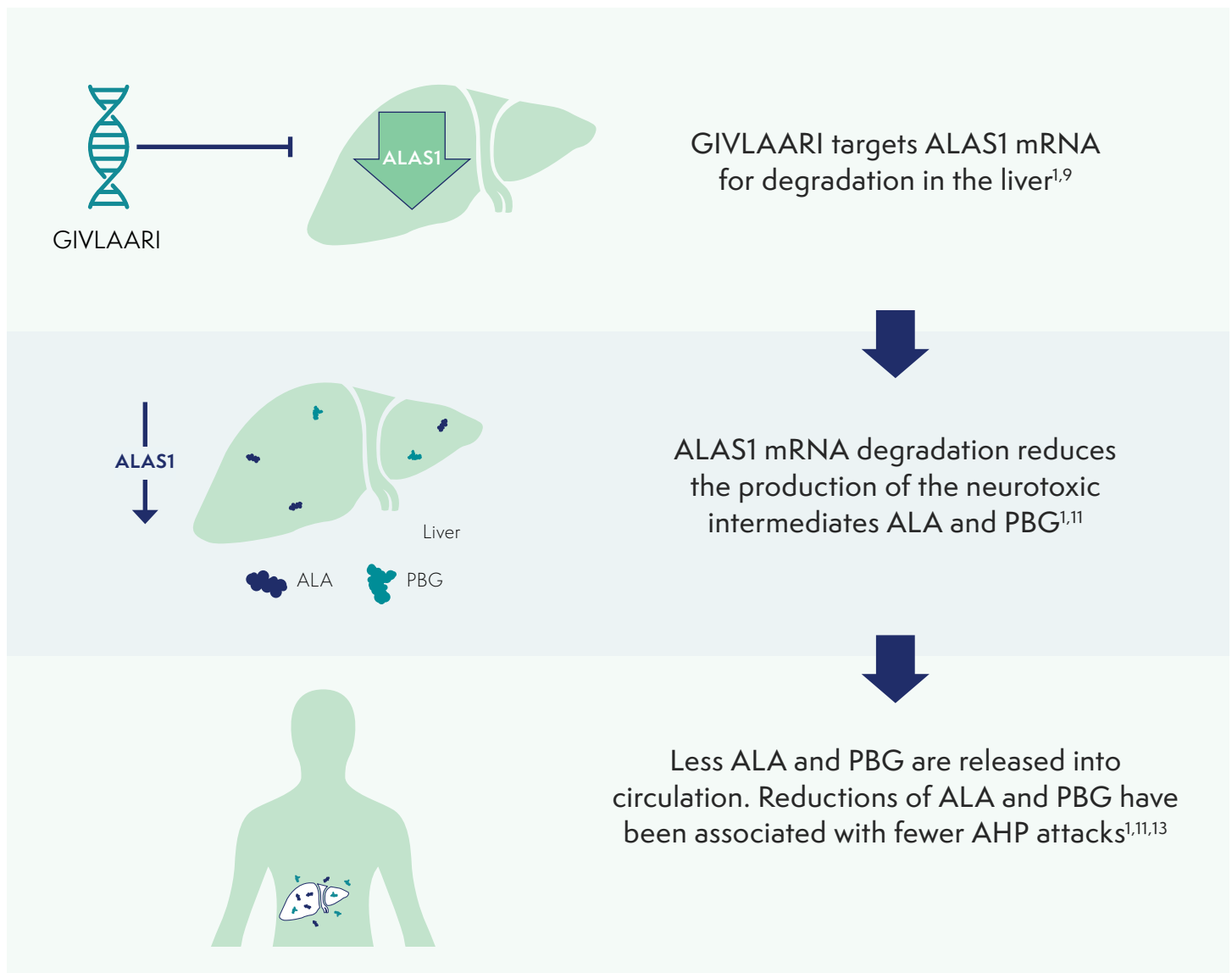
ALAS1 upregulation leads to accumulation of neurotoxic intermediates that can cause damage across the body^{3,10}



Neurotoxic effects of ALA and PBG are associated with AHP attacks and other disease manifestations^{10,12}

GIVLAARI[®] (givosiran) specifically targets ALAS1, key to the pathophysiology of AHP¹

GIVLAARI is a double-stranded, small interfering RNA (siRNA) therapeutic specifically targeting ALAS1 mRNA, reducing ALAS1 mRNA levels and leading to reductions in urinary ALA and PBG¹



AHP=acute hepatic porphyria; ALA=delta-aminolevulinic acid; ALAS1=delta-aminolevulinic acid synthase 1; mRNA=messenger RNA; PBG=porphobilinogen; RNA=ribonucleic acid.

IMPORTANT SAFETY INFORMATION

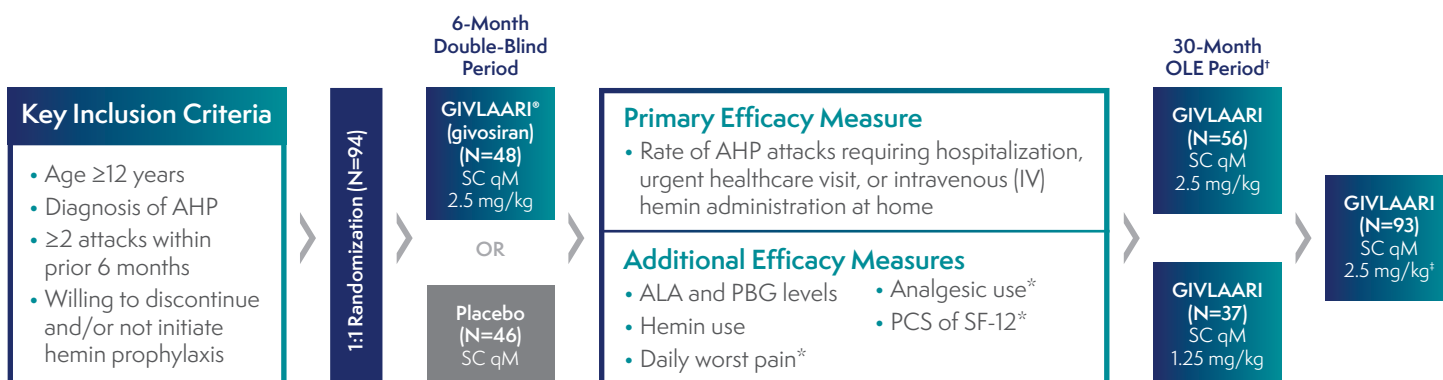
Anaphylactic Reaction

Anaphylaxis has occurred with GIVLAARI treatment (<1% of patients in clinical trials). Ensure that medical support is available to appropriately manage anaphylactic reactions when administering GIVLAARI. Monitor for signs and symptoms of anaphylaxis. If anaphylaxis occurs, immediately discontinue administration of GIVLAARI and institute appropriate medical treatment.

Please see [Important Safety Information](#) on page 21 and full [Prescribing Information](#).

ENVISION: The largest interventional study in AHP^{1,14}

ENVISION was a randomized, double-blind, placebo-controlled, multinational phase 3 study in adult patients with AHP (N=94), with a 30-month open-label extension (OLE) period (N=93)^{1,14,15}



*These measures were in patients with AIP only.

†All endpoints were considered exploratory in the ENVISION OLE period.

‡A protocol amendment increased the dose for all patients to 2.5 mg/kg once monthly.

- Patients who experienced an AHP attack were treated according to the local standard of care, which could include IV hemin¹⁵

All eligible patients (93 of 94) enrolled in the OLE period¹⁴

AHP=acute hepatic porphyria; AIP=acute intermittent porphyria; ALA=delta-aminolevulinic acid; PBG=porphobilinogen; PCS=Physical Component Summary; qM=once monthly; SC=subcutaneous; SF-12=12-Item Short-Form Health Survey.

IMPORTANT SAFETY INFORMATION

Hepatic Toxicity

Transaminase elevations (ALT) of at least 3 times the upper limit of normal (ULN) were observed in 15% of patients receiving GIVLAARI in the placebo-controlled trial. Transaminase elevations primarily occurred between 3 to 5 months following initiation of treatment.

Measure liver function tests prior to initiating treatment with GIVLAARI, repeat every month during the first 6 months of treatment, and as clinically indicated thereafter. Interrupt or discontinue treatment with GIVLAARI for severe or clinically significant transaminase elevations. In patients who have dose interruption and subsequent improvement, reduce the dose to 1.25 mg/kg once monthly. The dose may be increased to the recommended dose of 2.5 mg/kg once monthly if there is no recurrence of severe or clinically significant transaminase elevations at the 1.25 mg/kg dose.

Please see [Important Safety Information](#) on page 21 and full [Prescribing Information](#).

ENVISION study patient population^{1,15}

Baseline Demographic and Clinical Characteristics of Patients With AHP¹⁵

	GIVLAARI® (givosiran) (N=48)	Placebo (N=46)	Overall (N=94)
Median age, years (range)	42 (19, 65)	36 (20, 60)	37.5 (19, 65)
Female, n (%)	43 (90)	41 (89)	84 (89)
Caucasian, n (%)	39 (81)	34 (74)	73 (78)
AHP type, n (%)			
– AIP	46 (96)	43 (93)	89 (95)
– HCP	1 (2)	0 (0)	1 (1)
– VP	1 (2)	1 (2)	2 (2)
– No identified mutation	0 (0)	2 (4)	2 (2)
Historical annualized attack rate, median (IQR)	8 (4-18)	7 (4-14)	8 (4-16)
Prior hemin prophylaxis, n (%)	20 (42)	18 (39)	38 (40)
Prior chronic opioid use, n (%) [*]	14 (29)	13 (28)	27 (29)
Prior chronic symptoms, n (%) [†]	23 (48)	26 (57)	49 (52)

^{*}Use of opioids was defined as chronic if patients reported taking them for porphyria daily, or on most days, when not having an attack.¹⁴

[†]Symptoms were chronic if patients experienced symptoms of porphyria daily, or on most days, when not having an attack.¹⁴

The historical annualized attack rate was calculated as the number of attacks resulting in a composite of hospitalization, a visit to a healthcare facility, or hemin use at home during the 6 months before randomization.¹⁵

AHP=acute hepatic porphyria; AIP=acute intermittent porphyria; HCP=hereditary coproporphyria; IQR=interquartile range; VP=variegate porphyria.

IMPORTANT SAFETY INFORMATION

Renal Toxicity

Increases in serum creatinine levels and decreases in estimated glomerular filtration rate (eGFR) have been reported during treatment with GIVLAARI. In the placebo-controlled study, 15% of patients receiving GIVLAARI experienced a renally-related adverse reaction. The median increase in creatinine at Month 3 was 0.07 mg/dL. Monitor renal function during treatment with GIVLAARI as clinically indicated.

Please see [Important Safety Information](#) on page 21 and full [Prescribing Information](#).

In a 36-month analysis of patients with AHP,

Treatment with once-monthly subcutaneous GIVLAARI[®] (givosiran) resulted in rapid and sustained reductions in ALA and PBG¹

Reductions through the ENVISION 6-month double-blind period^{1,15}

- Reductions in urinary ALA and PBG were seen with GIVLAARI 2.5 mg/kg at Day 14, the first time point measured
 - 14 days after the first dose of GIVLAARI, **median reductions from baseline in urinary ALA and PBG were 84% and 75%**, respectively
- **Maximal reductions in ALA and PBG levels were achieved around Month 3** with GIVLAARI 2.5 mg/kg, with median reductions from baseline of 94% for ALA and 95% for PBG, and were sustained thereafter with repeated once-monthly dosing

Reductions in the ENVISION open-label extension (OLE) period¹⁶

- In patients who continued treatment with GIVLAARI in the OLE period, **reductions in urinary ALA and PBG were sustained through Month 36**
 - 92.6% median reduction (Q1, Q3: 96.0%, 88.3%) and 95.9% median reduction (Q1, Q3: 99.2%, 90.7%) from baseline in urinary ALA and PBG, respectively
- In patients who crossed over from placebo to GIVLAARI in the OLE period (a total of 30 months of treatment with GIVLAARI):
 - 92.0% median reduction (Q1, Q3: 94.9%, 86.9%) and 94.2% median reduction (Q1, Q3: 98.1%, 85.1%) from baseline in urinary ALA and PBG, respectively, were observed at Month 36

Elevated levels of ALA and PBG are associated with AHP attacks^{10,12}

AHP=acute hepatic porphyria; ALA=delta-aminolevulinic acid; PBG=porphobilinogen.

IMPORTANT SAFETY INFORMATION

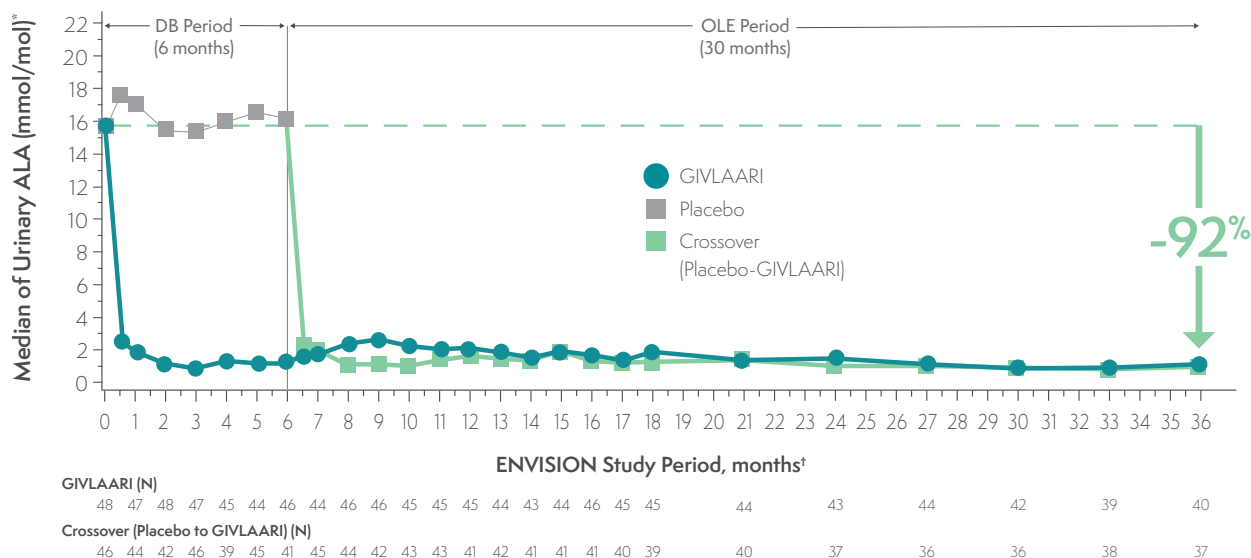
Injection Site Reactions

Injection site reactions were reported in 25% of patients receiving GIVLAARI in the placebo-controlled trial. Symptoms included erythema, pain, pruritus, rash, discoloration, or swelling around the injection site. One (2%) patient experienced a single, transient, recall reaction of erythema at a prior injection site with a subsequent dose administration.

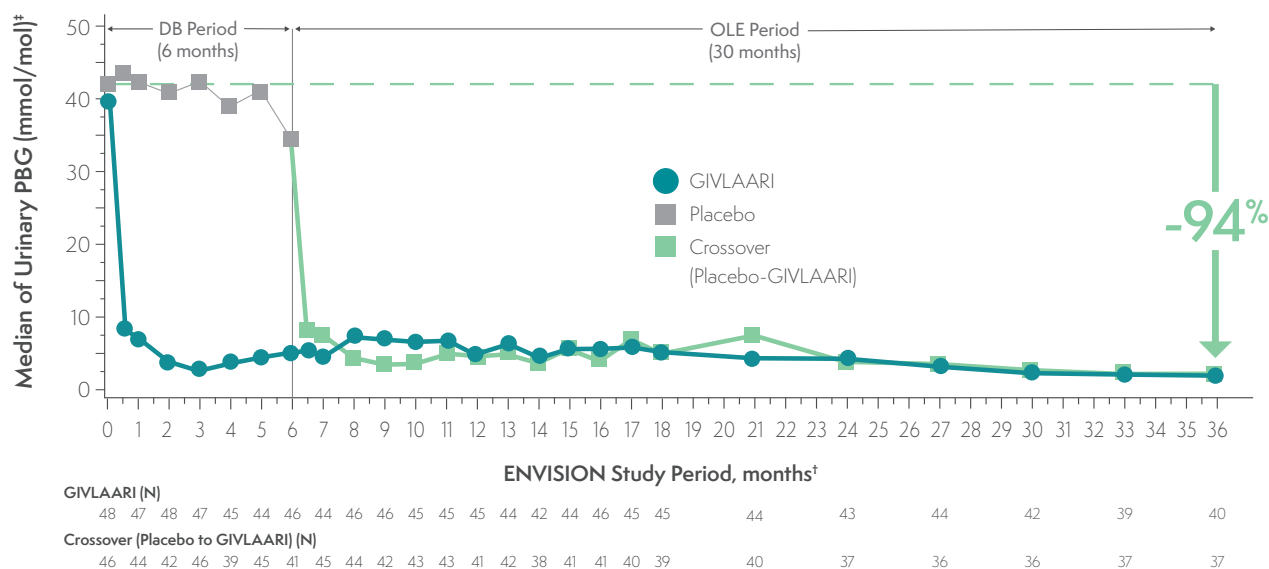
Please see [Important Safety Information](#) on page 21 and full [Prescribing Information](#).

In a 36-month analysis of patients with AHP, Long-term GIVLAARI® (givosiran) treatment reduced ALA and PBG by over 90%¹⁷

Urinary ALA levels¹⁷



Urinary PBG levels¹⁷



*The determination of the upper limit of normal (ULN) for ALA (1.5 mmol/mol of creatinine) was based on samples obtained from 150 healthy persons.

†Data for GIVLAARI 1.25 mg/kg and 2.5 mg/kg in the OLE period were pooled.

‡The determination of the ULN for PBG (0.14 mmol/mol of creatinine) was based on samples obtained from 150 healthy persons.

AHP=acute hepatic porphyria; ALA=delta-aminolevulinic acid; DB=double-blind; OLE=open-label extension; PBG=porphobilinogen.

IMPORTANT SAFETY INFORMATION

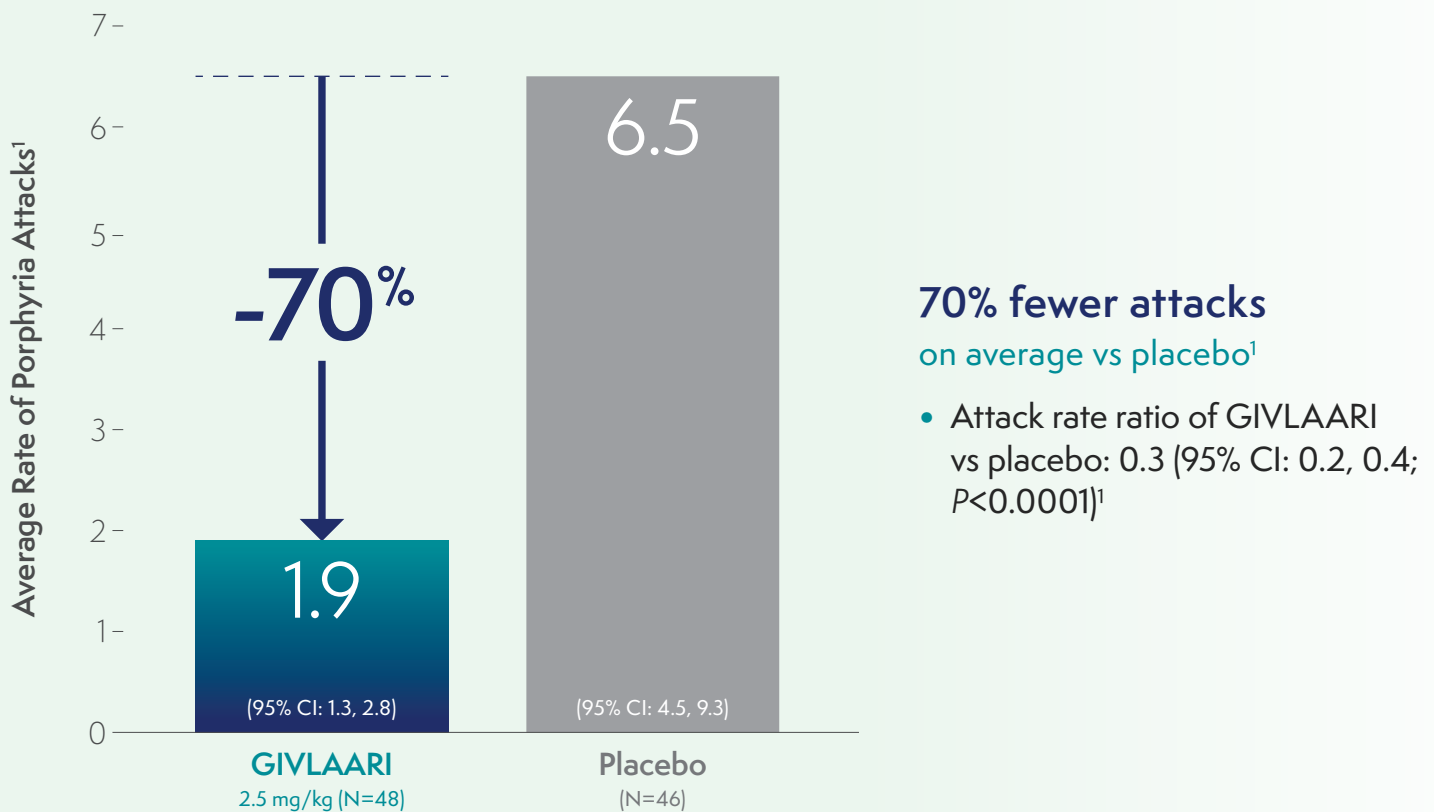
Blood Homocysteine Increased

Increases in blood homocysteine levels have occurred in patients receiving GIVLAARI. In the ENVISION study, during the open label extension, adverse reactions of blood homocysteine increased were reported in 15 of 93 (16%) patients treated with GIVLAARI. Measure blood homocysteine levels prior to initiating treatment and monitor for changes during treatment with GIVLAARI. In patients with elevated blood homocysteine levels, assess folate, vitamins B12 and B6. Consider treatment with a supplement containing vitamin B6 (as monotherapy or a multivitamin preparation).

Please see [Important Safety Information](#) on page 21 and full [Prescribing Information](#).

In patients with AHP in the ENVISION 6-month double-blind period,
GIVLAARI® (givosiran) led to a significant
 reduction in porphyria attacks¹

Average rate of porphyria attacks in the 6-month double-blind period¹



Attacks were defined as those requiring hospitalization, urgent healthcare visit, or intravenous (IV) hemin administration at home.¹

AHP=acute hepatic porphyria; CI=confidence interval.

IMPORTANT SAFETY INFORMATION

Pancreatitis

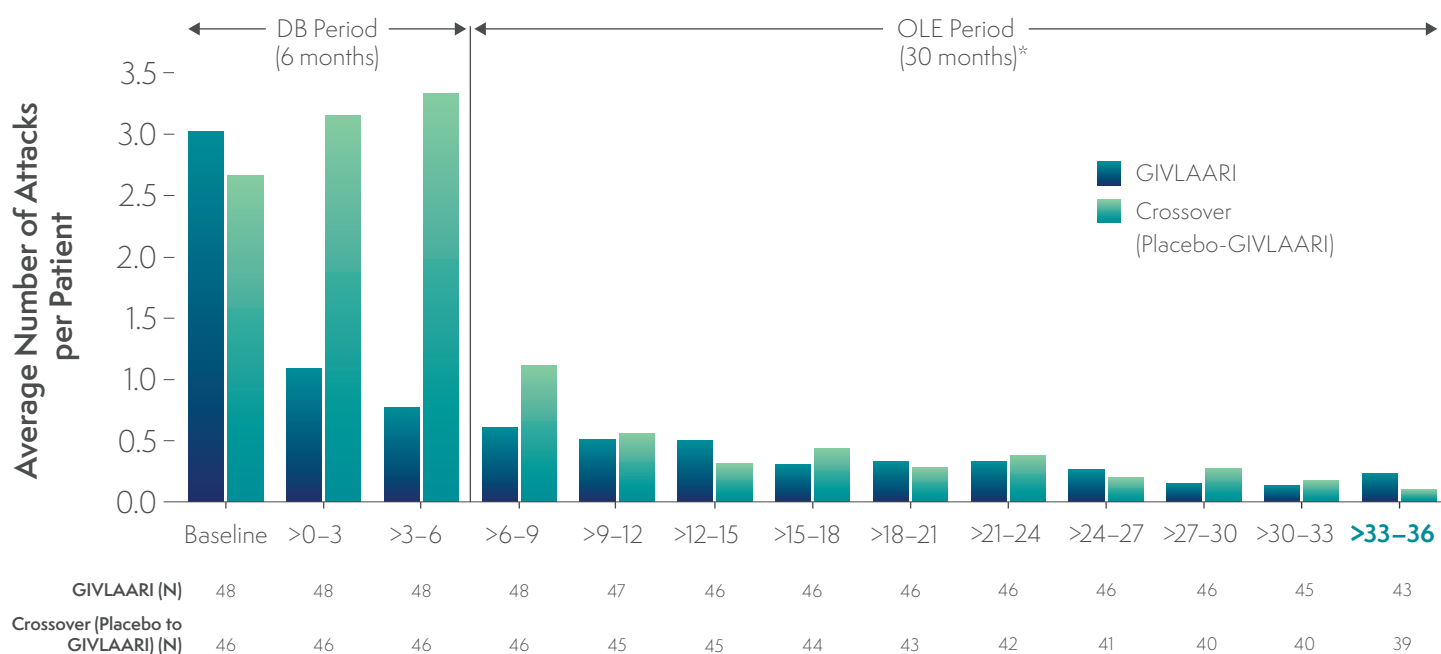
Cases of acute pancreatitis, some severe, have been reported in patients receiving GIVLAARI. To ensure appropriate management, consider acute pancreatitis as a potential diagnosis in patients with signs/symptoms of acute pancreatitis. Consider interruption and/or discontinuation of GIVLAARI treatment for severe cases.

Please see [Important Safety Information](#) on page 21 and full [Prescribing Information](#).

In a 36-month analysis of patients with AHP,

Long-term GIVLAARI® (givosiran) treatment demonstrated sustained attack reduction¹⁶

Average number of attacks per 3-month interval¹⁶



*Data for GIVLAARI 1.25 mg/kg and 2.5 mg/kg in the OLE period were pooled.¹⁴

Attacks were defined as those requiring hospitalization, urgent healthcare visit, or intravenous (IV) hemin administration at home.¹

- Attack reduction was sustained in patients continuing or crossing over to GIVLAARI treatment during the ENVISION OLE period¹⁶
- Endpoints in the OLE period are exploratory¹⁸

The average number of attacks per patient in the final 3-month interval of the OLE period was 0.233 and 0.103 in the continuous-GIVLAARI and placebo-crossover groups, respectively¹⁶

AHP=acute hepatic porphyria; DB=double-blind; OLE=open-label extension.

IMPORTANT SAFETY INFORMATION

Drug Interactions

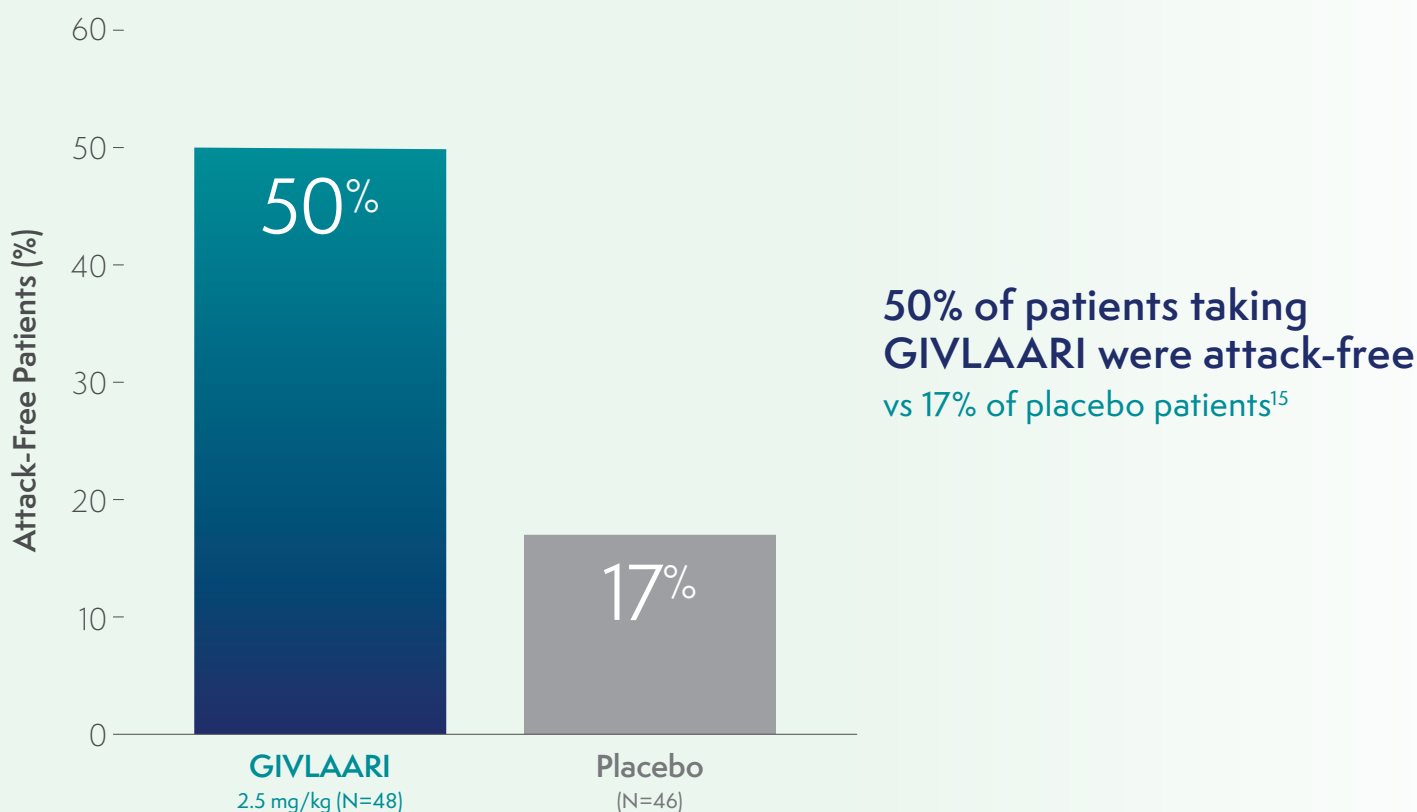
Concomitant use of GIVLAARI increases the concentration of CYP1A2 or CYP2D6 substrates, which may increase adverse reactions of these substrates. Avoid concomitant use of GIVLAARI with CYP1A2 or CYP2D6 substrates for which minimal concentration changes may lead to serious or life-threatening toxicities. If concomitant use is unavoidable, decrease the CYP1A2 or CYP2D6 substrate dosage in accordance with approved product labeling.

Please see [Important Safety Information](#) on page 21 and full [Prescribing Information](#).

In patients with AHP in the ENVISION 6-month double-blind period,

**50% were attack-free with
GIVLAARI® (givosiran) treatment¹⁵**

Percentage of patients who were attack-free in the 6-month double-blind period¹⁵



Attacks were defined as those requiring hospitalization, urgent healthcare visit, or intravenous (IV) hemin administration at home.¹

"Since starting treatment with GIVLAARI in the clinical trial, I haven't experienced any AIP attacks. I still have symptoms...but I feel like AIP isn't controlling my life anymore."

—Donna, an Alnylam Patient Ambassador

AHP=acute hepatic porphyria; AIP=acute intermittent porphyria.

IMPORTANT SAFETY INFORMATION

Adverse Reactions

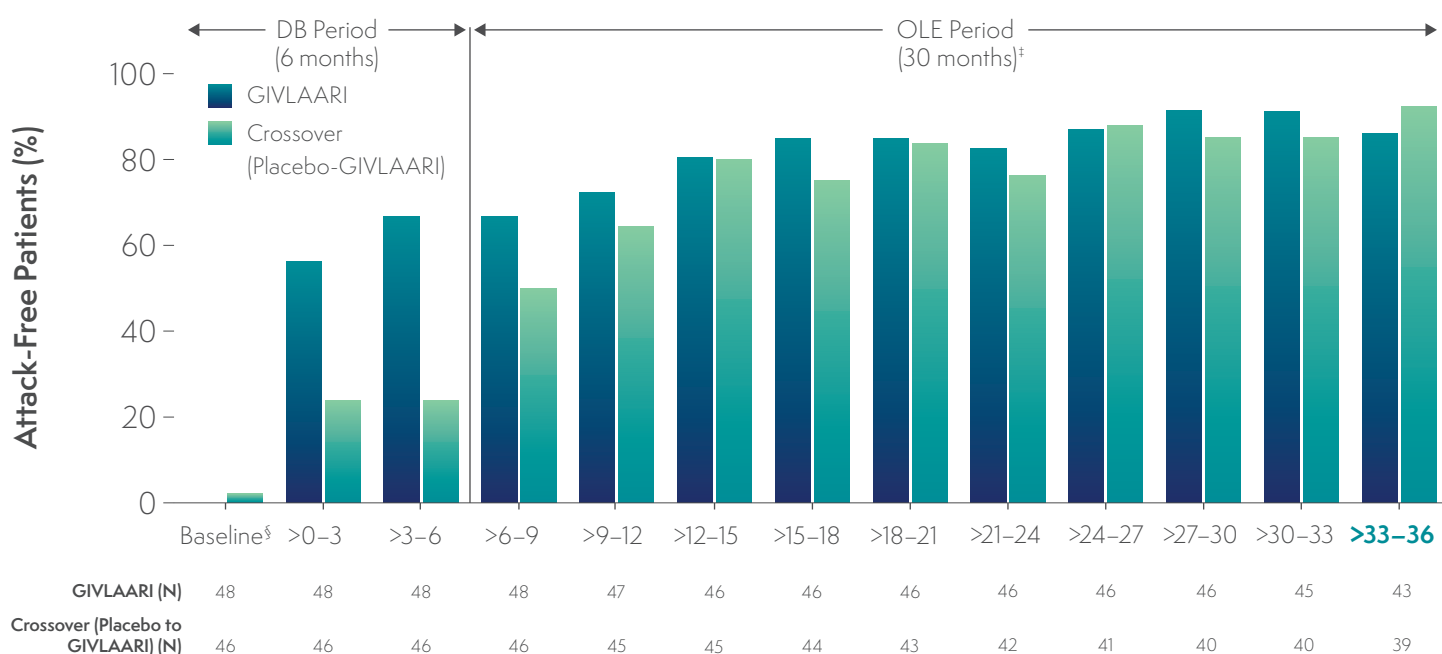
The most common adverse reactions that occurred in patients receiving GIVLAARI were nausea (27%) and injection site reactions (25%).

Please see [Important Safety Information](#) on page 21 and full [Prescribing Information](#).

In a 36-month analysis of patients with AHP,

The number of attack-free patients increased with GIVLAARI® (givosiran) treatment¹⁷

Percentage of patients who were attack-free* per 3-month[†] interval¹⁷



*Attacks were defined as those that required hospitalization, urgent healthcare visit, or intravenous (IV) hemin administration at home.¹⁴

[†]1 month=28 days.¹⁴

[‡]Data for GIVLAARI 1.25 mg/kg and 2.5 mg/kg in the OLE period were pooled.¹⁴

[§]Baseline represents 6 months before randomization.¹⁴

- Endpoints in the OLE period are exploratory¹⁸

In the final 3-month interval of the OLE period, 86% and 92% of patients were attack-free in the continuous-GIVLAARI and placebo-crossover groups, respectively¹⁷

Post hoc data showed: ~60% of patients did not have a single attack^{||} for the remainder of the study period after 6 months of GIVLAARI treatment.¹⁷

^{||}Attacks were defined as those requiring hospitalization, urgent healthcare visit, or IV hemin treatment at home.

AHP=acute hepatic porphyria; DB=double-blind; OLE=open-label extension.

IMPORTANT SAFETY INFORMATION

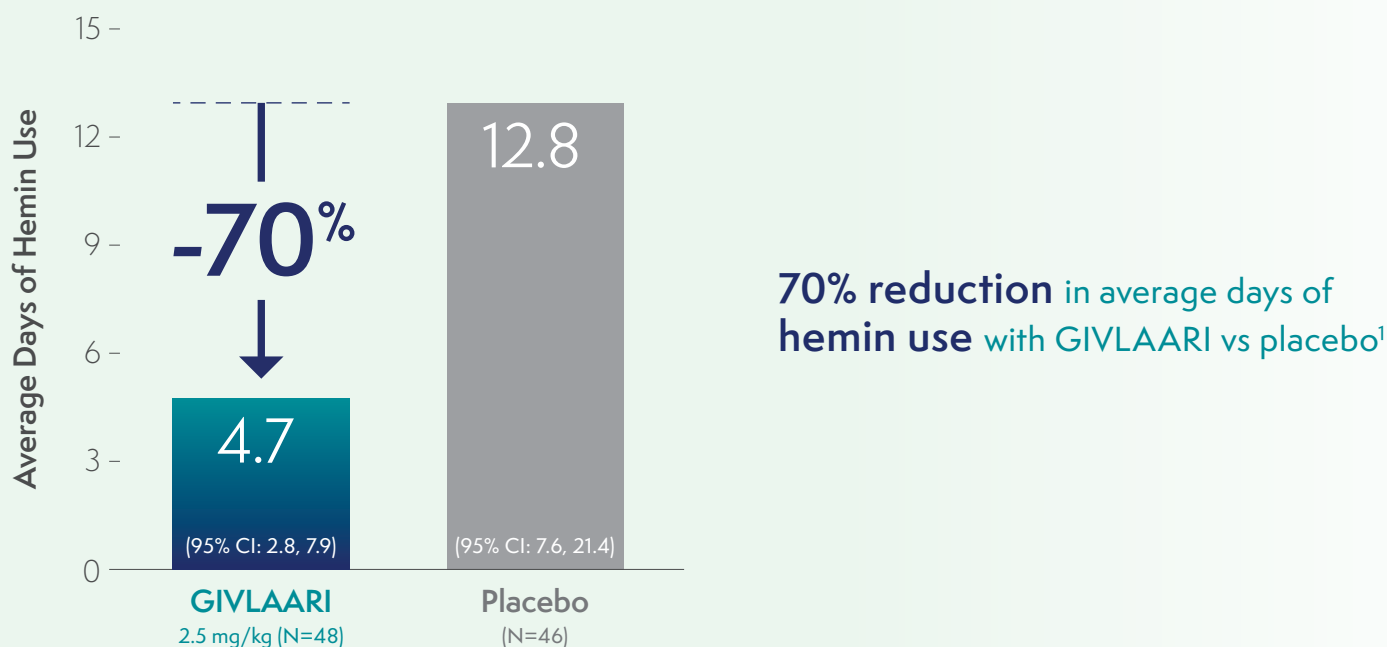
Contraindications

GIVLAARI is contraindicated in patients with known severe hypersensitivity to givosiran. Reactions have included anaphylaxis.

Please see [Important Safety Information](#) on page 21 and full [Prescribing Information](#).

In patients with AHP in the ENVISION 6-month double-blind period,
GIVLAARI® (givosiran) reduced the average days of hemin use by 70%¹

Average days of hemin use during the 6-month double-blind period¹



- Ratio of average days of hemin use (GIVLAARI:placebo): 0.3 (95% CI: 0.1, 0.5; $P=0.0002$)¹
- In the ENVISION 6-month double-blind period, 54% of patients with AIP (n=25/46) treated with GIVLAARI had 0 days of hemin use compared with 23% of patients (n=10/43) receiving placebo¹⁵

AHP=acute hepatic porphyria; AIP=acute intermittent porphyria; CI=confidence interval.

IMPORTANT SAFETY INFORMATION

Anaphylactic Reaction

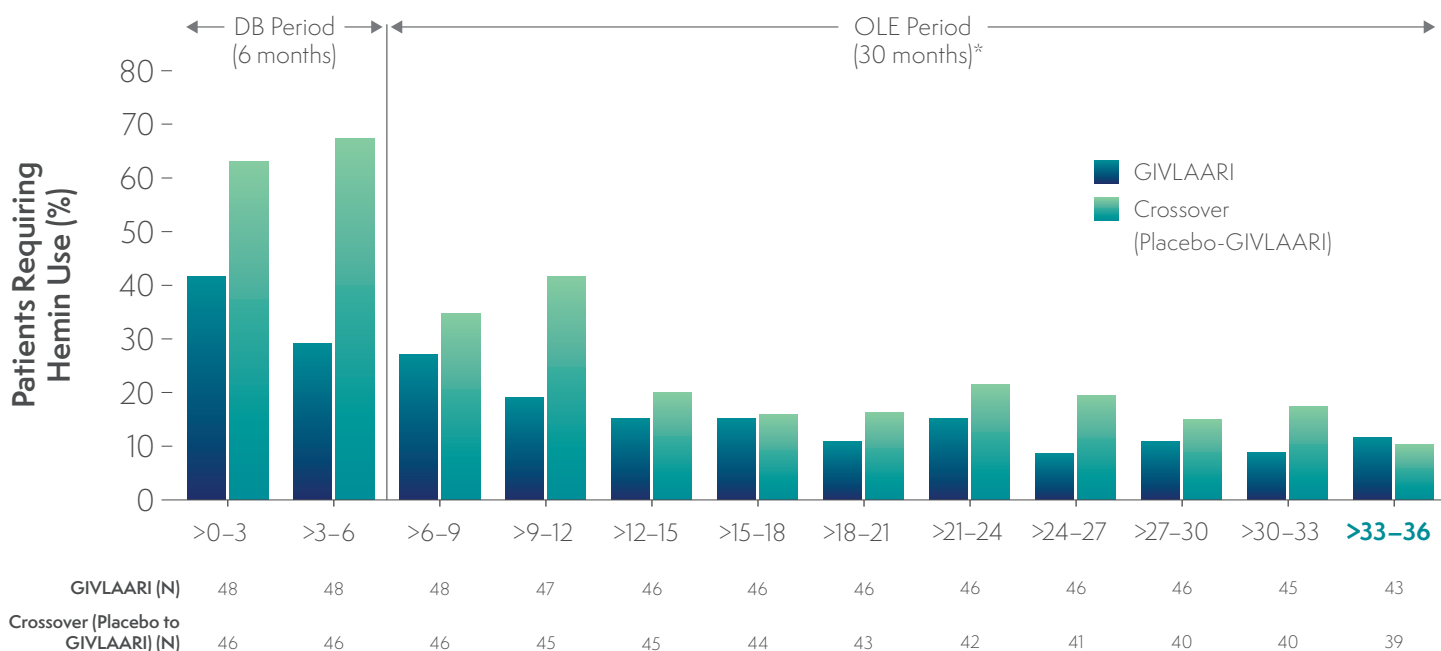
Anaphylaxis has occurred with GIVLAARI treatment (<1% of patients in clinical trials). Ensure that medical support is available to appropriately manage anaphylactic reactions when administering GIVLAARI. Monitor for signs and symptoms of anaphylaxis. If anaphylaxis occurs, immediately discontinue administration of GIVLAARI and institute appropriate medical treatment.

Please see [Important Safety Information](#) on page 21 and full [Prescribing Information](#).

In a 36-month analysis of patients with AHP,

Long-term GIVLAARI® (givosiran) treatment led to sustained reductions in hemin use¹⁶

Percentage of patients requiring hemin in 3-month intervals¹⁶



*Data for GIVLAARI 1.25 mg/kg and 2.5 mg/kg in the OLE period were pooled.

- Patients were required to discontinue or not initiate prophylactic hemin during the trial¹⁵
 - 40% of patients with AHP had prior hemin prophylaxis¹⁵
 - Patients experiencing an AHP attack were treated according to the local standard of care, which could include IV hemin to treat an acute attack¹⁵
- Endpoints in the OLE period are exploratory¹⁸

In the final 3-month interval of the OLE period, hemin treatment was not required by 88% and 90% of patients in the continuous-GIVLAARI and placebo-crossover groups, respectively¹⁷

AHP=acute hepatic porphyria; DB=double-blind; IV=intravenous; OLE=open-label extension.

IMPORTANT SAFETY INFORMATION

Hepatic Toxicity

Transaminase elevations (ALT) of at least 3 times the upper limit of normal (ULN) were observed in 15% of patients receiving GIVLAARI in the placebo-controlled trial. Transaminase elevations primarily occurred between 3 to 5 months following initiation of treatment.

Measure liver function tests prior to initiating treatment with GIVLAARI, repeat every month during the first 6 months of treatment, and as clinically indicated thereafter. Interrupt or discontinue treatment with GIVLAARI for severe or clinically significant transaminase elevations. In patients who have dose interruption and subsequent improvement, reduce the dose to 1.25 mg/kg once monthly. The dose may be increased to the recommended dose of 2.5 mg/kg once monthly if there is no recurrence of severe or clinically significant transaminase elevations at the 1.25 mg/kg dose.

Please see [Important Safety Information](#) on page 21 and full [Prescribing Information](#).

In patients with AIP in the ENVISION 6-month double-blind period,

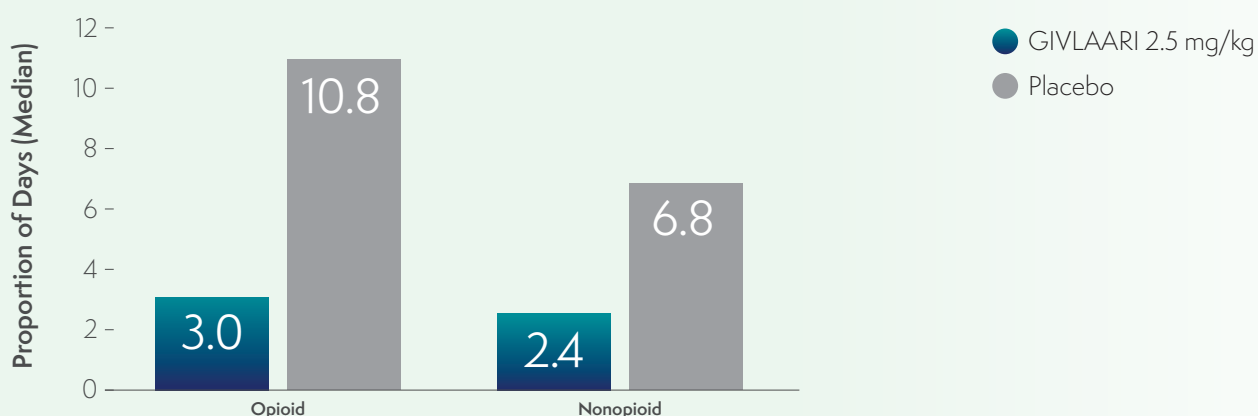
Daily worst pain scores and analgesic use with GIVLAARI® (givosiran) and placebo¹⁵

Daily worst pain score in patients with AIP was a secondary endpoint¹⁵

- Pain was measured using patient-reported daily worst pain scores based on a numeric rating scale (NRS)¹⁵
- A statistical analysis of the change from baseline in daily worst pain score for GIVLAARI vs placebo was conducted¹⁵
- A positive score represents a worsening in daily worst pain from baseline; a negative score represents an improvement from baseline¹⁵
- GIVLAARI did not meet statistical significance for this endpoint based on the prespecified statistical method¹⁹
- The daily worst pain scores were lower with GIVLAARI compared with placebo¹⁵

Daily worst pain scores in patients with AIP (AUC of mean change from baseline) ¹⁹		
GIVLAARI (N=46)	Placebo (N=43)	Treatment difference (95% CI)
-12.876	-0.196	-12.680 (-25.526, 0.166)

Analgesic use in patients with AIP was a prespecified exploratory endpoint^{15,16}



- Through Month 6 in the double-blind period, the proportion of days with opioid and nonopioid analgesic use was lower in patients treated with GIVLAARI compared with placebo¹⁵
- An evaluation compared with baseline analgesic use cannot be conducted because the proportion of days with analgesic use was not captured at baseline¹⁵

AIP=acute intermittent porphyria; AUC=area under the curve; CI=confidence interval.

IMPORTANT SAFETY INFORMATION

Renal Toxicity

Increases in serum creatinine levels and decreases in estimated glomerular filtration rate (eGFR) have been reported during treatment with GIVLAARI. In the placebo-controlled study, 15% of patients receiving GIVLAARI experienced a renally-related adverse reaction. The median increase in creatinine at Month 3 was 0.07 mg/dL. Monitor renal function during treatment with GIVLAARI as clinically indicated.

Please see [Important Safety Information](#) on page 21 and full [Prescribing Information](#).

In patients with AIP in the ENVISION 6-month double-blind period and 30-month OLE period,

Quality of life was evaluated¹⁵

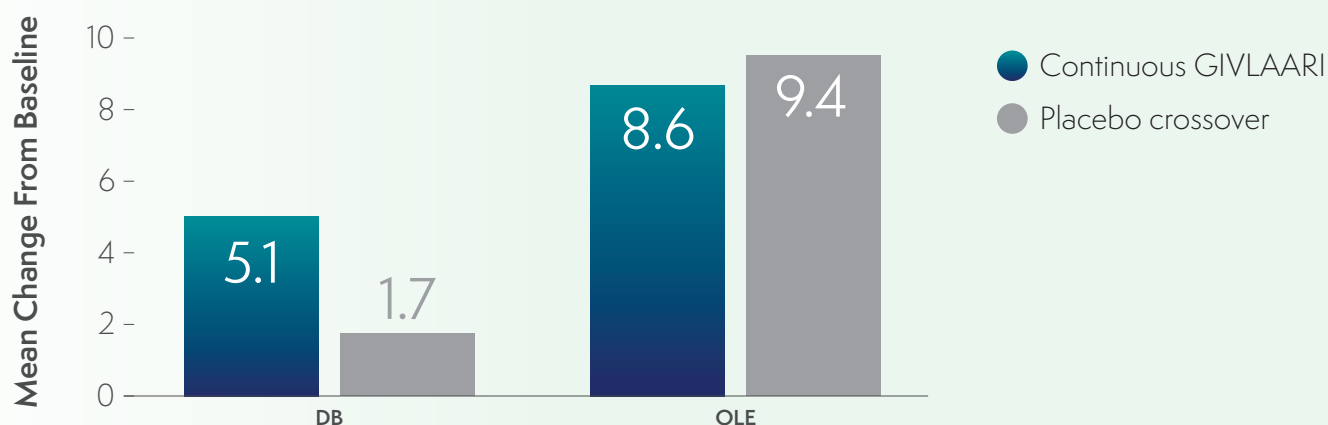
Patient-reported quality of life (QoL) was measured by the Physical Component Summary (PCS) of the 12-Item Short Form Health Survey (SF-12)¹⁵

- The SF-12 is a 12-question measure capturing global QoL and overall health status¹⁸
 - Scores on the PCS range from 0 (worst functioning) to 100 (best functioning), with published literature in other chronic diseases suggesting that a change of 2 to 5 points represents a clinically meaningful difference¹⁵
- The PCS of the SF-12 was not statistically tested due to not meeting the conditions of the prespecified hierarchical order of statistical testing. As such, the results are viewed as exploratory^{15,19}
- PCS scores were higher in both groups through the OLE period¹⁷
 - At Month 6 and Month 36, the mean change from baseline in the continuous-GIVLAARI group was 5.1 and 8.6, respectively¹⁷
 - In the placebo-crossover group, the mean change from baseline was 1.7 and 9.4 for these time points, respectively¹⁷

Limitations:

- PCS score included concepts that may not be relevant for the target population (ie, general health, moderate activities, climbing stairs)¹⁵
- The domains of bodily pain, social functioning, role limitations due to physical problems, and general health contributed more to the total PCS score¹⁵

PCS of SF-12 LS mean change from baseline to Month 6 and Month 36¹⁷



AIP=acute intermittent porphyria; DB=double blind; LS=least squares; OLE=open-label extension.

IMPORTANT SAFETY INFORMATION

Injection Site Reactions

Injection site reactions were reported in 25% of patients receiving GIVLAARI in the placebo-controlled trial. Symptoms included erythema, pain, pruritus, rash, discoloration, or swelling around the injection site. One (2%) patient experienced a single, transient, recall reaction of erythema at a prior injection site with a subsequent dose administration.

Please see [Important Safety Information](#) on page 21 and full [Prescribing Information](#).

Safety profile of GIVLAARI® (givosiran) in the ENVISION study¹

Safety during the 6-month DB period

Adverse reactions that occurred at least 5% more frequently in patients treated with GIVLAARI compared with patients receiving placebo in the 6-month double-blind (DB) period¹

Adverse Reaction	GIVLAARI (N=48) n (%)	Placebo (N=46) n (%)
Nausea	13 (27)	5 (11)
Injection site reactions	12 (25)	0
Rash*	8 (17)	2 (4)
Serum creatinine increase [†]	7 (15)	2 (4)
Transaminase elevations	6 (13)	1 (2)
Fatigue	5 (10)	2 (4)

*Grouped term includes pruritus, eczema, erythema, rash, rash pruritic, urticaria.

[†]Grouped term includes blood creatinine increased, glomerular filtration rate decreased, chronic kidney disease (decreased eGFR).

- Permanent discontinuation of GIVLAARI occurred in 1 patient (2.1%) due to elevated transaminases, in adherence with prespecified protocol-defined stopping rules¹
- The most frequently occurring ($\geq 20\%$ incidence) adverse reactions reported in patients treated with GIVLAARI were nausea (27%) and injection site reactions (25%)¹

Safety through the open-label extension (OLE) period

- The most frequently reported adverse events occurring in $\geq 20\%$ of patients were injection site reactions, nausea, fatigue, nasopharyngitis, headache, urinary tract infection, and upper respiratory tract infection¹⁷
- Increased blood homocysteine was reported in 15 of 93 (16%) patients treated with GIVLAARI¹

eGFR=estimated glomerular filtration rate.

IMPORTANT SAFETY INFORMATION

Blood Homocysteine Increased

Increases in blood homocysteine levels have occurred in patients receiving GIVLAARI. In the ENVISION study, during the open label extension, adverse reactions of blood homocysteine increased were reported in 15 of 93 (16%) patients treated with GIVLAARI. Measure blood homocysteine levels prior to initiating treatment and monitor for changes during treatment with GIVLAARI. In patients with elevated blood homocysteine levels, assess folate, vitamins B12 and B6. Consider treatment with a supplement containing vitamin B6 (as monotherapy or a multivitamin preparation).

Please see [Important Safety Information](#) on page 21 and full [Prescribing Information](#).

Once-monthly dosing with GIVLAARI® (givosiran)¹

The recommended dose of GIVLAARI is 2.5 mg/kg administered via subcutaneous injection once monthly by a healthcare professional. Dosing is based on actual body weight.¹

Missed dose

- Administer GIVLAARI as soon as possible after a missed dose. Resume dosing at monthly intervals following administration of the missed dose¹

Dose modifications for adverse reactions

- 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 monthly¹
- 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 2.5 mg/kg once monthly¹

GIVLAARI is administered via subcutaneous injection by a healthcare professional only¹

- Ensure that medical support is available to appropriately manage anaphylactic reactions when administering GIVLAARI¹



For detailed instructions on the administration of GIVLAARI, see the full Prescribing Information

*"It's been a difficult path living with AIP, but now I have hope for a future with fewer attacks and am grateful to be able to focus more on planning for what is important to me and be an active part of my family."
—Donna, an Alynlam Patient Ambassador*

AIP=acute intermittent porphyria.

IMPORTANT SAFETY INFORMATION

Pancreatitis

Cases of acute pancreatitis, some severe, have been reported in patients receiving GIVLAARI. To ensure appropriate management, consider acute pancreatitis as a potential diagnosis in patients with signs/symptoms of acute pancreatitis. Consider interruption and/or discontinuation of GIVLAARI treatment for severe cases.

Please see [Important Safety Information](#) on page 21 and full [Prescribing Information](#).

Anylam Assist® provides support services for patients prescribed GIVLAARI® (givosiran)

Anylam Assist® is committed to helping patients access GIVLAARI:



Get started on treatment with GIVLAARI



Understand their benefits, coverage, and financial assistance options for eligible patients*



Learn more about acute hepatic porphyria and treatment with GIVLAARI



Monday-Friday, 8 AM–6 PM



1-833-256-2748



1-833-256-2747

To learn more, visit
www.AnylamAssist.com

How to get started:



1 Complete Start Form



2 Anylam Case Manager Reaches Out



3 Patient Assistance Offered

After prescribing your patient GIVLAARI, begin the enrollment process by completing the GIVLAARI Start Form. Upon receipt of the Start Form, an **Anylam Case Manager** will reach out to you and your patient within 2 business days.



[99%] of U.S. lives have confirmed access to GIVLAARI across commercial, Medicare, Medicaid, and other government payer categories†

[\$0] out-of-pocket cost for GIVLAARI for patients enrolled in Anylam's Commercial Copay Program**

*Patients must meet specified eligibility criteria to qualify for assistance. Anylam reserves the right to make eligibility determinations and to modify or discontinue the program at any time.

†Coverage may vary from individual and plan. Data as of [October 2024].

**Out-of-pocket costs for GIVLAARI are not affected by any other medications patients are prescribed. Data as of [October 2024].

Please see **Important Safety Information** on page 21 and full **Prescribing Information**.



Indication and Important Safety Information

INDICATION

GIVLAARI® (givosiran) is indicated for the treatment of adults with acute hepatic porphyria (AHP).

IMPORTANT SAFETY INFORMATION

Contraindications

GIVLAARI is contraindicated in patients with known severe hypersensitivity to givosiran. Reactions have included anaphylaxis.

Anaphylactic Reaction

Anaphylaxis has occurred with GIVLAARI treatment (<1% of patients in clinical trials). Ensure that medical support is available to appropriately manage anaphylactic reactions when administering GIVLAARI. Monitor for signs and symptoms of anaphylaxis. If anaphylaxis occurs, immediately discontinue administration of GIVLAARI and institute appropriate medical treatment.

Hepatic Toxicity

Transaminase elevations (ALT) of at least 3 times the upper limit of normal (ULN) were observed in 15% of patients receiving GIVLAARI in the placebo-controlled trial. Transaminase elevations primarily occurred between 3 to 5 months following initiation of treatment.

Measure liver function tests prior to initiating treatment with GIVLAARI, repeat every month during the first 6 months of treatment, and as clinically indicated thereafter. Interrupt or discontinue treatment with GIVLAARI for severe or clinically significant transaminase elevations. In patients who have dose interruption and subsequent improvement, reduce the dose to 1.25 mg/kg once monthly. The dose may be increased to the recommended dose of 2.5 mg/kg once monthly if there is no recurrence of severe or clinically significant transaminase elevations at the 1.25 mg/kg dose.

Renal Toxicity

Increases in serum creatinine levels and decreases in estimated glomerular filtration rate (eGFR) have been reported during treatment with GIVLAARI. In the placebo-controlled study, 15% of patients receiving GIVLAARI experienced a renally-related adverse reaction. The median increase in creatinine at Month 3 was 0.07 mg/dL. Monitor renal function during treatment with GIVLAARI as clinically indicated.

Injection Site Reactions

Injection site reactions were reported in 25% of patients receiving GIVLAARI in the placebo-controlled trial. Symptoms included erythema, pain, pruritus, rash, discoloration, or swelling around the injection site. One (2%) patient experienced a single, transient, recall reaction of erythema at a prior injection site with a subsequent dose administration.

Blood Homocysteine Increased

Increases in blood homocysteine levels have occurred in patients receiving GIVLAARI. In the ENVISION study, during the open label extension, adverse reactions of blood homocysteine increased were reported in 15 of 93 (16%) patients treated with GIVLAARI. Measure blood homocysteine levels prior to initiating treatment and monitor for changes during treatment with GIVLAARI. In patients with elevated blood homocysteine levels, assess folate, vitamins B12 and B6. Consider treatment with a supplement containing vitamin B6 (as monotherapy or a multivitamin preparation).

Pancreatitis

Cases of acute pancreatitis, some severe, have been reported in patients receiving GIVLAARI. To ensure appropriate management, consider acute pancreatitis as a potential diagnosis in patients with signs/symptoms of acute pancreatitis. Consider interruption and/or discontinuation of GIVLAARI treatment for severe cases.

Drug Interactions

Concomitant use of GIVLAARI increases the concentration of CYP1A2 or CYP2D6 substrates, which may increase adverse reactions of these substrates. Avoid concomitant use of GIVLAARI with CYP1A2 or CYP2D6 substrates for which minimal concentration changes may lead to serious or life-threatening toxicities. If concomitant use is unavoidable, decrease the CYP1A2 or CYP2D6 substrate dosage in accordance with approved product labeling.

Adverse Reactions

The most common adverse reactions that occurred in patients receiving GIVLAARI were nausea (27%) and injection site reactions (25%).

For additional information about GIVLAARI, please see the full [Prescribing Information](#).

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GIVLAARI® (givosiran)

SIGNIFICANTLY REDUCED ATTACKS

in adults with acute hepatic porphyria (AHP)¹

GIVLAARI is an RNA interference (RNAi) therapeutic that targets ALAS1 mRNA in the liver, leading to reductions in levels of ALA and PBG, factors associated with AHP attacks and other disease manifestations^{1,12}

Selected efficacy findings from the ENVISION 6-month DB period and OLE period

- **70% fewer porphyria attacks** on average with GIVLAARI vs placebo in the 6-month DB period of ENVISION¹
- **Attack reduction was sustained** for patients continuing to receive GIVLAARI through Month 36 of the OLE period¹⁶

Attacks were defined as those requiring hospitalization, urgent healthcare visit, or intravenous (IV) hemin administration at home.¹

Selected safety findings from the ENVISION 6-month DB period and OLE period

- Permanent discontinuation of GIVLAARI occurred in 1 patient (2.1%) due to elevated transaminases, in adherence with prespecified protocol-defined stopping rules in the 6-month DB period¹
- The most common adverse reactions ($\geq 20\%$) reported in patients treated with GIVLAARI were nausea (27%) and injection site reactions (25%) in the 6-month DB period¹
- The most frequently reported adverse events occurring in $\geq 20\%$ of patients were injection site reactions, nausea, fatigue, nasopharyngitis, headache, urinary tract infection, and upper respiratory tract infection in the OLE period¹⁷
- Increased blood homocysteine was reported in 15 of 93 (16%) patients treated with GIVLAARI in the OLE period of the ENVISION study¹

ALA=delta-aminolevulinic acid; ALAS1=delta-aminolevulinic acid synthase 1; DB=double-blind; mRNA=messenger RNA; OLE=open-label extension; PBG=porphobilinogen; RNA=ribonucleic acid.

INDICATION

GIVLAARI® (givosiran) is indicated for the treatment of adults with acute hepatic porphyria (AHP).

IMPORTANT SAFETY INFORMATION

Contraindications: GIVLAARI is contraindicated in patients with known severe hypersensitivity to givosiran. Reactions have included anaphylaxis.

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 institute appropriate medical treatment.

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.

Renal Toxicity: Monitor renal function during treatment with GIVLAARI as clinically indicated.

Injection Site Reactions: May occur, including recall reactions. Monitor for reactions and manage clinically as needed.

Blood Homocysteine Increased: Measure blood homocysteine at baseline and monitor for changes during treatment with GIVLAARI. In patients with elevated blood homocysteine, consider supplementation with vitamin B6 (as monotherapy or multivitamin).

Pancreatitis: Consider acute pancreatitis as a potential diagnosis in GIVLAARI-treated patients with acute upper abdominal pain, clinically significant elevation of pancreatic enzymes and/or imaging findings of acute pancreatitis, to ensure appropriate management.

Please see [Important Safety Information](#) on page 21 and full [Prescribing Information](#).



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