

# Amvuttra

(Vutrisiran)



Treatment Location: Dublin, OH Lancaster, OH

**PROVIDERS: Please include the following to expedite the order:** Patient Demographics, Insurance Information, All clinical documentation supporting the diagnosis of hereditary transthyretin-mediated (hATTR-PN) amyloidosis or cardiomyopathy of wild-type or hereditary transthyretin-mediated amyloidosis (ATTR-CM)

## PATIENT INFORMATION

Referral Status:  New Referral  Updated Order  Order Renewal

Date: Patient Name: Patient Phone: DOB:

ICD-10 code (required):  E85.1  E85.82  E85.4 ICD Description:

Allergies: Weight (lbs/kg): Height:

Patient Status:  New to Therapy  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:

## NURSING

- Center will use Hypersensitivity protocol established by Infuse One Ohio
- Clinical documentation supporting the diagnosis of hereditary transthyretin-mediated (hATTR-PN) amyloidosis or cardiomyopathy of wild-type or hereditary transthyretin-mediated amyloidosis (ATTR-CM)

## THERAPY ADMINISTRATION

- Amvuttra Subcutaneous Injection  
Dose: 25mg/0.5 mL  
Route: Subcutaneous  
Frequency: Once every 3 months  
*To ensure that a brand name product is dispensed, the prescriber must handwrite "Brand Medically Necessary" on the prescription form. If not indicated, Infuse One Ohio is authorized to administer a generic or biosimilar.*
- Refills:  Zero /  for 12 months /  \_\_\_\_\_  
(if not indicated order will expire one year from date signed)

## PRE-MEDICATION ORDERS

Pre-Medications not usually indicated.

- Other: \_\_\_\_\_  
Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

## SPECIAL INSTRUCTIONS:

Provider Name (Print) Provider Signature Date

- Please check this box if you DO NOT authorize Infuse One Ohio to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.