

TN
100 Covey Drive
Suite 307
Franklin, TN 37067

VUTRISIRAN (Amvuttra)

Date: _____

PATIENT INFORMATION

Name:	Phone:	DOB:	SEX: M ☐ F ☐
☐ NKDA Allergies:		Weight lbs/kg:	

PHYSICIAN INFORMATION

Physician Name:	Practice Name:
Address:	Office Contact Name: Office Contact #:
Phone: Fax:	Email (for updates):

REFERRAL STATUS

☐ New Referral ☐ Referral Renewal ☐ Medication/Order Change ☐ Benefits Verification Only ☐ Discontinuation Order

AMVUTTRA: Indication and Usage

- Amvuttra is used to treat polyneuropathy associated with hereditary transthyretin-mediated amyloidosis (hATTR-PN) and cardiomyopathy associated with wild-type or hereditary transthyretin-mediated amyloidosis (ATTR-CM)

- ☒ **ICD-10*:** E 85.82
- ☐ **Dx Code:** _____
- ☐ **Dx Code:** _____
- ☐ **Dx Code:** _____

PRE-MEDICATION

- ☐ Tylenol PO 650mg ☐ 1000mg ☐ other _____
- ☐ Solumedrol 125mg IV ☐ other _____
- ☐ Benadryl ☐ 25mg ☐ 50mg ☐ other _____ ☐ IV ☐ PO
- ☐ Benadryl 50mg ☐ or PO
- ☐ Medication _____ Dose _____ Route _____
- ☐ _____ (other) ☐ _____ (other)

WARNINGS AND PRECAUTIONS

<https://www.amvuttrahcp.com/sites/default/files/AMVUTTRA-vutrisiran-Prescribing-Information.pdf>

PATIENT WEIGHT

_____ lbs.
_____ kg

AMVUTTRA ORDERS

AMVUTTRA - 25mg/0.5ml SUBQ every 3 months
x _____ refills (3 max)

NOTES/ADDITIONAL COMMENTS:

LAB DRAW REQUEST:

- ☐ Labs: _____
- ☐ Freq: _____

REQUIRED DOCUMENTATION CHECKLIST:

Monitor Vit A levels*

- _____ Patient Demographics
_____ Insurance Card/Information
_____ Recent labs
_____ Recent Progress
_____ Other

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____

Diagnosis Code: _____
Order/dosage: _____
Signature: _____