

TN
100 Covey Drive
Suite 307
Franklin, TN 37067



VUTRISIRAN

(Amvuttra)

Date: _____

PATIENT INFORMATION

Name:	Phone:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
<input type="checkbox"/> 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*: _____
 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: _____