

PATIENT DEMOGRAPHICS

Patient Name: _____ DOB: _____ Phone: _____
 Address: _____ City/ST/Zip: _____
 Allergies: _____ NKDA Weight: _____ lbs kg Height: _____ in cm
Patient Status: New to Therapy Dose or Frequency Change Order Renewal

INSURANCE INFORMATION: Please attach copy of insurance card (front and back).

DIAGNOSIS*

***ICD 10 Code Required** Neuropathic hereditary amyloidosis, E85.1 Cardiomyopathy of wtATTR amyloidosis, E85.82
 Other: _____, ICD10 _____ Cardiomyopathy of hATTR amyloidosis, E85.4

INFUSION ORDERS

MEDICATION	DOSE	DIRECTIONS/DURATION
Amvuttra® (vutrisiran)	25 mg	Inject SC once every 3 months x 1 year.

Is patient currently receiving therapy above from another facility? If yes, Facility Name: _____
 Yes No Date of last treatment: _____ Date of next treatment: _____

PRE-MEDICATION ORDERS

No premeds ordered at this time
 Acetaminophen 650mg PO Diphenhydramine 25mg PO
 Methylprednisolone 40mg IVP -OR- Hydrocortisone 100mg IVP
 Other: _____

LAB ORDERS

Labs to be drawn by: Infusion Center Referring Physician
 No labs ordered at this time
 CBC q _____ CMP q _____ CRP q _____
 ESR q _____ LFTs q _____ Other: _____

REFERRING PHYSICIAN INFORMATION

Physician Signature: _____ Date: _____
 Physician Name: _____ NPI: _____ TIN: _____ Specialty: _____
 Address: _____ City/ST/Zip: _____
 Contact Person: _____ Phone #: _____ Fax #: _____
 Email Where Follow Up Documentation Should Be Sent: _____

REQUIRED CLINICAL DOCUMENTATION

Please attach medical records: Initial H&P, current MD progress notes, medication list, and labs/test results to support diagnosis.

Clinical Information, select all that apply:

- Diagnosis is confirmed by detection of a mutation in the transthyretin (TTR) gene? *Please attach copy of test results, if available.*
- The patient exhibits clinical signs and symptoms of the disease (e.g., peripheral sensorimotor polyneuropathy, autonomic neuropathy, motor disability, etc.; -or- dyspnea, fatigue, edema, increased ventricular or atrial wall thickness, other hypertrophic features on echocardiography, elevated troponin levels, etc.).
 For neuropathy:
 - Polyneuropathy Disability Score: _____
 For cardiomyopathy:
 - New York Heart Association (NYHA) Functional Class: _____
- The patient has not received a liver transplant.

LAB AND TEST RESULTS (required)

- TTR genetic test result
- EMG/NCV report
- Troponin lab results