



NEVADA
INFUSION

Nevada Infusion

Reno Location - 5401 Longley Lane, Suite 34, Reno, NV 89511

Carson Location - 180 E. Winnie Lane, Carson City, NV, 89706

PH: 775-453-0667 | Fax: 775-470-8478

Amvuttra Order Form

Patient Name: _____ DOB: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Sex: _____ Height: _____ Weight: _____ Allergies: _____

DIAGNOSIS:

- Neuropathic heredofamilial amyloidosis (hATTR-PN) (ICD-10: E85.1)
- Wild-type transthyretin-related (ATTR) amyloidosis (ICD-10: E85.82)
- Organ-limited amyloidosis (ICD-10: E85.4)
- Other: _____ ICD-10 Code: _____

ORDER FOR AMVUTTRA (VUTRISIRAN):

- 25mg subcutaneously once every 3 months x1 year.
- Other Dosing: _____ x 1 year.

PRE-MEDICATIONS:

- Acetaminophen 650mg PO
- Diphenhydramine 25mg PO or IV or Zyrtec 10 mg PO
- Hydrocortisone 100mg IV or Methylprednisolone 125mg IV
- Additional Pre-Medications: _____

MAY ADMINISTER IF NEEDED FOR ALLERGIC REACTION:

- Nevada Infusion Hypersensitivity Reaction Order Set
- Other: _____

ACCESS: Peripheral IV, Port, Midline, or PICC line

FLUSHING: 10 mls NS Pre/Post Infusion OR Heparin 5ml for port – 100 units/ml

NURSING: Per Nevada Infusion

LABS ORDERS: _____ Fax results to: _____

PROVIDER INFORMATION:

Physician Name: _____ NPI: _____

Physician Signature: _____ Date: _____

Point of Contact: _____ Phone: _____ Email: _____

Please Fax This Form With - DEMOGRAPHICS, LABS, MEDICATION LIST and H&P: 775-470-8478

**Insurance verification/authorization is always obtained by Nevada Infusion prior to scheduling patients. **



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Please Include Required Documentation for Expedited Order Processing & Insurance Approval:

- Signed Provider orders (page 1)
- Patient demographic and insurance information
- Patient's current medication list
- Supporting recent clinical notes and H&P (to support primary diagnosis)
 - Baseline polyneuropathy disability (PND) score: _____
 - Documentation of a gene TTR mutation
- Include labs and/or test results to support diagnosis
- Patient has been instructed to take Vitamin A supplementation

- Other medical necessity: _____

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