



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 hereditary 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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