

AMVUTTRA MEDICATION ORDER

Patient's Name (Last, First, Middle) _____ DOB: _____

■ Diagnosis

E85.1 HATTR amyloidosis with polyneuropathy Other: _____

■ Details Needed for Authorization *Please answer all questions and provide supporting documentation.*

- Does the patient have a definitive diagnosis of hATTR? _____
- Does the patient have peripheral sensorimotor polyneuropathy? _____
- Does the patient have autonomic neuropathy symptoms? _____
- Does the patient have abnormal neurologic exam suggestive of neuropathy? _____
- Will the patient use Amvuttra in combination with Tegsedi, Vyndamax, Vyndaqel or Onpattro? _____
- Has the patient been the recipient of an orthotopic liver transplant? _____
- Has the patient been instructed to take a daily vitamin A supplement? _____
- Please provide the following documentation:
 - Definitive hATTR diagnostic testing including genetic results.
 - Abnormal nerve conduction results consistent with polyneuropathy.
 - Chart notes which include exclusion of other causes of neuropathy.
 - Baseline strength/weakness tests via objective tool such as MRC.
 - Baseline PND score.
 - Comprehensive chart notes including patient's medication list and recent laboratory results.
 - If applicable, last date of administration of alternate hATTR agent.

■ Medication Order Patient's height in feet/inches: _____ Patient's weight in pounds: _____

Amvuttra (vutisiran) 25mg injected subcutaneously every 3 months for 1 year.

■ Rescue Management in case of Reaction

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.
- Call ordering provider to report reaction.

■ Ordering Provider Authorization

Provider's Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ NPI #: _____ License: _____

Best Contact Person in Office: _____ Direct Phone Line to Contact Person: _____

DOCUMENTATION TO INCLUDE:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.

Fax this order and supporting documentation to (732) 329-2322.