



Web: www.AgileIV.com | Tel: (201) 751-2202 | Fax: (201) 266-0437 | Email: info@AgileIV.com

# AMVUTTRA MEDICATION ORDER

Patient's Name (Last, First, Middle) \_\_\_\_\_ DOB \_\_\_\_\_

Patient's height in feet and inches \_\_\_\_\_ Patient's weight in pounds \_\_\_\_\_

### ■ Diagnosis

- E85.1 HATTR amyloidosis with polyneuropathy
- E85.82 Wild-type ATTR amyloidosis
- E85.4 Organ-limited ATTR familial cardiomyopathy
- Other: \_\_\_\_\_

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

#### For all patients

- Will the patient use Amvuttra in combination with Wainua, 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 comprehensive chart notes, lab & scan results and, if applicable, date of last administration of prior therapy for this condition.

#### Amyloidosis with polyneuropathy

- 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? \_\_\_\_\_
- Who is patient's neurologist? \_\_\_\_\_ Phone: \_\_\_\_\_
- Please provide the following documentation:
  - Definitive hATTR diagnostic testing including genetic results.
  - Abnormal nerve conduction results consistent with polyneuropathy, and notes excluding other causes.
  - Baseline strength/weakness tests via objective tool such as MRC. Baseline PND and FAP scores.

#### Amyloidosis with cardiomyopathy

- Does the patient have a definitive diagnosis of cardiac ATTR with cardiomyopathy? \_\_\_\_\_
- Insurance authorization requirements for this new indication are evolving; necessary documentation may change.

### ■ Medication Order

Amvuttra (vutrisiran) 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 Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Indiv. NPI #: \_\_\_\_\_ License: \_\_\_\_\_

Best Contact Person in Office: \_\_\_\_\_ Direct Phone 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 201-266-0437 OR UPLOAD USING YOUR SECURE DEDICATED WEBPAGE – TO GET A PERSONAL LINK PLEASE CONTACT THE INTAKE TEAM.**