

AMVUTTRA (VUTRISIRAN) ORDERS

PATIENT INFORMATION		PRESCRIBER INFORMATION	
Patient Name: _____		Prescriber Name: _____	
Address: _____		NPI: _____	
City, State, Zip: _____		Address: _____	
Cell: _____	Email: _____	City, State, Zip: _____	
Height _____	Weight _____	Phone: _____ Fax: _____	
Last 4 of SSN: _____ DOB: _____		Contact Person: _____	
Allergies: _____			

REFERRAL STATUS	
☐ New Referral	☐ Is this the first Dose? Yes/No
☐ Dose or Frequency Change	☐ If no, date of last infusion
☐ Continuation Order	Line type: ☐ PIV ☐ PICC ☐ Port ☐ Other

DIAGNOSIS (MUST SELECT ONE)	
☐ E85.1 Neuropathic hereditary amyloidosis	☐ E85.82 Wild-type transthyretin-related (ATTR) amyloidosis
☐ Other diagnosis: _____	☐ E85.4 Organ-limited amyloidosis
	☐ ICD-10 CODE: _____

REQUIRED DOCUMENTATION	
☐ This signed order form by the provider	☐ Cardiac PYP Scan
☐ Patient demographics AND insurance information	☐ Echocardiogram (if available)
☐ Labs and tests supporting primary diagnosis: Monoclonal Protein levels	☐ Ensure patient is taking Vitamin A supplementation

PRESCRIBING INFORMATION			
Medication	Dose/Strength	Directions	Quantity
☐ Amvuttra (vutrisiran)	25 mg/0.5 mL	☐ Inject 25 mg Subcutaneous once every 3 months for 1 year. ☐ Observe patient post injection for 30 minutes after initial injection. If no reaction noted, additional observation times are not required.	1 PFS Refill: 4

RN to manage VAD per company protocol and administer ordered therapy per manufacturer guideline as appropriate
 RN to access/start and deaccess/discontinue VAD as appropriate for therapy administration as appropriate
 RN to flush and lock VAD/CVAD per company protocol
 Other: _____

EMERGENCY MEDICATION

Administer the following medications as needed for infusion-related reactions per company protocol:

Adults (>40 kg): Diphenhydramine 25–50 mg PO or IV slow push (2–5 min); Acetaminophen 325–650 mg PO; Methylprednisolone 125 mg IV slow push (≥5 min); Epinephrine 0.3 mg IM/SQ, may repeat ×1; 0.9% NS 500 mL IV over 30–60 min, may repeat ×1 for hypotension.

Oxygen (AIC/AIS only): 1–6 L/min via NC or face mask; titrate to maintain SpO₂ 95–100%.

Prescriber Signature X: _____ X: _____
 Product Substitution Permitted: _____ Date: _____ Dispense as Written: _____ Date: _____