AMVUTTRA® (vutrisiran) Referral Form

Patient Preferred Clinic (select one): _____

VIVO infusion

PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

DOB: Patient Name: Patient Phone:

Patient Address: Patient Email:

☐ NKDA Allergies: Weight (lbs/kg): Height:

ICD-10 code (required): ICD-10 description: Last Treatment Date: Last 4 SSN:

PROVIDER INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

NURSING

☑ Infusion to be administered per Vivo protocols.

AMVUTTRA THERAPY ADMINISTRATION

☐ 25 mg subcutaneous every 3 months x 1 year

PREMEDICATIONS

- ☐ acetaminophen (Tylenol) ☐ 500mg ☐ 650mg ☐ 1000mg PO
- ☐ cetirizine (Zyrtec) 10mg PO
- ☐ loratadine (Claritin) 10mg PO
- ☐ diphenhydramine (Benadryl) ☐ 25mg ☐ 50mg ☐ PO ☐ IV
- ☐ methylprednisolone (Solu-Medrol) ☐ 40mg ☐ 125mg IV
- ☐ hydrocortisone (Solu-Cortef) ☐ 100mg IV
- ☐ Other: _____

  Dose: _____ Route: _____

  Frequency: _____

REQUIRED DOCUMENTATION

- ☐ **Patient Demographics**
- ☐ **Insurance Card/Information**
- ☐ **Progress Notes Supporting DX**
- ☐ **Current Medication List and H&P**
- ☐ **Baseline PND Score**
- ☐ **Documentation of a gene TTR mutation**
- ☐ **Patient is taking Vitamin A**
- ☐ **Patient has not had a liver transplant**

*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions **Order is valid for one year unless otherwise noted**.

Provider Name (Print) **Provider Signature** **Date**

Fax Numbers

- ☐ Virginia: 804-500-5941
- ☐ Colorado: 303-418-4679
- ☐ Florida: 904-930-4211
- ☐ Texas: 469-340-0044
- ☐ Nevada: 702-489-5744
- ☐ New Jersey: 609-955-3711
- ☐ Ohio: 216-400-0674
- ☐ Oklahoma: 918-770-4421
- ☐ Massachusetts: 800-540-1852
- ☐ Pennsylvania: 215-399-9244
- ☐ New York: 800-540-1852
- ☐ Connecticut: 203-724-4838

Have a Question? (720) 902-4111

Email Referrals To: referrals@vivoinfusion.com

Email Specialty Referrals to: info@specialtyinfusion.com

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