Vutrisiran (Amvuttra)

Provider Order Form *rev. 9/4/26*

IVX HEALTH

PATIENT INFORMATION

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

Date: Patient Name: DOB:

ICD-10 code (required): ☐ E85.1 Neuropathic heredofamilial amyloidosis ☐ E85.82 Wild-type transthyretin-related (ATTR) amyloidosis ☐ E85.4 Organ-limited amyloidosis

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

Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: Next Due Date:

PROVIDER INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

NURSING

☑ Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation
NOTE: IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 05.01.2023)

SPECIAL INSTRUCTIONS

THERAPY ADMINISTRATION

☑ **Vutrisiran** (Amvuttra)

- Dose: 25mg
- Route: Subcutaneous
- Frequency: Once every 3 months

☐ Refills: ☐ Zero / ☐ for 12 months / ☐ _____
(if not indicated, order and refills expire one year from date signed)

APPEALS PROCESS

Upon denial, IVX will appeal with a Letter of Medical Necessity unless you opt out: ☐ Opt out (I will manage any denial)

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

IVX HEALTH FAX NUMBERS

	☐ CHICAGO: 312-253-7244	☐ EAST TN/TRI-CITIES: 615-425-7427	☐ LONG ISLAND: 363-201-6975	☐ PHILADELPHIA: 844-820-9641
	☐ CINCINNATI: 844-946-0868	☐ FT. LAUDERDALE: 754-946-2052	☐ MELBOURNE: 321-800-9515	☐ PIEDMONT TRIAD: 336-790-2200
	☐ COLLEGE STN: 979-205-4686	☐ FT. WAYNE: 260-369-2310	☐ MIAMI: 786-744-5687	☐ RALEIGH: 919-287-2551
	☐ COLUMBUS: 844-627-2675	☐ HARRISBURG: 844-859-4235	☐ MIDDLE/WEST TN: 888-615-1445	☐ SAN ANTONIO: 726-238-9950
☐ ARKANSAS: 501-451-5644	☐ CONNECTICUT: 860-955-1532	☐ HOUSTON: 832-631-9595	☐ NC FL: 352-756-4191	☐ SARASOTA: 941-870-6550
☐ AUSTIN: 512-772-2824	☐ COOKEVILLE: 931-479-1395	☐ INDIANAPOLIS: 844-983-2028	☐ NORTH JERSEY: 551-227-2823	☐ SOUTH JERSEY: 856-519-5309
☐ BAY AREA: 844-889-0275	☐ DALLAS: 469-947-6114	☐ JACKSONVILLE: 904-212-2338	☐ NYC: 332-334-0809	☐ SOUTHWEST FL: 813-283-9144
☐ CENTRAL JERSEY: 640-252-6633	☐ DAYTONA: 386-259-6096	☐ KANSAS CITY: 844-900-1292	☐ ORLANDO: 844-946-0867	☐ TAMPA: 844-946-0849
☐ CHARLOTTE: 336-663-0143	☐ DELAWARE: 302-596-8553	☐ LAKELAND: 863-316-3910	☐ PALM BEACH: 561-768-9044	☐ WACO: 254-343-7650