

Updated Order Order Renewal

Patient Phone: _____

Patient Address: _____ Patient Email: _____

Allergies: _____ NKDA Weight (lbs/kg): _____ Height (in/cm): _____

Sex: M / F Date of Last Infusion: _____ Next Due Date: _____ Preferred Location: _____

DIAGNOSIS (Please provide ICD-10 code in space provided)

Polyneuropathy of hereditary transthyretin-mediated amyloidosis: _____

Cardiomyopathy of wild-type or hereditary transthyretin-mediated amyloidosis: _____

Other: _____ Description: _____

THERAPY ADMINISTRATION

Administer Amvuttra 25mg subcutaneously every 3 months

ADDITIONAL ORDERS

LABORATORY ORDERS

Other: _____

PRE-MEDICATION ORDERS

Other: _____

NURSING

Hold infusion and notify provider if the patient is having ocular symptoms.

Provide nursing care per Nursing Procedure, including Hypersensitivity Reaction Management Protocol and post-procedure observation

Continue Vitamin A supplements if prescribed by doctor

PROVIDER INFORMATION

Preferred Contact Name: _____ Preferred Contact Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

REQUIRED DOCUMENTATION CHECK LIST (Additional documentation required for processing and insurance approval)

Required Documentation: Patient demos, copy of front and back of primary and secondary insurance, 2 most recent OVN including treatment failures or contraindications, Supporting documentation of the diagnosis of hereditary transthyretin-mediated (hATTR) amyloidosis.

Provider Name (print) Provider Signature Date

Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.

Disclaimer: By signing this form, I authorize Novella Infusion and its affiliates to act as my designated agent in submitting prior authorizations, financial assistance applications, and other clinically required information with respect to this patient and order. This enrollment form shall serve as my signature for prior authorizations and financial assistance programs, as requested.