Home Infusion & Specialty Pharmacy
CHARTWELL
PENNSYLVANIA, LP

CARDIOLOGY: CARDIAC AMYLOIDOSIS

Chartwell Specialty Pharmacy
Phone: 1-800-366-6020 Fax: 412-920-1869

Date:_____ Auth #: _____ Auth Dates: _____ ☐ UPMC prior auth form attached

Patient Information

First Name: _____ Last Name: _____ DOB: _____ SSN: _____ ☐ Male ☐ Female
Address: _____ City: _____ State:_____ Zip: _____
Phone: _____ Alternate Phone: _____ Caregiver/ Emergency Contact: _____ Phone: _____
Weight: _____ Allergies: _____ Latex Allergy: ☐ Yes ☐ No

Insurance Information

Primary Insurance: _____ Secondary Insurance: _____
Insured: _____ Insured: _____
Phone: _____ Phone: _____
Policy #: _____ Group #: _____ Policy #: _____ Group #: _____

ICD 10

Diagnosis	
☐	☐ Other:

Prescription Information

Medication	Dose/ Strength	Directions	Quantity	Refills
☐ Camzyos™ (Mavacamten)	☐ 10mg capsules ☐ 15mg capsules ☐ 2.5mg capsules ☐ 5mg capsules	Take one capsule daily		
☐ Vyndaqel® (Tafamidis Meglumine)	20mg capsules	Take 80mg (four x 20mg capsules) once daily	120	
☐ Vyndamax™ (Tafamidis)	61mg capsules	Take 61mg (one capsule) once daily	30	

Prescriber Information

Date Shipment Needed: _____ Ship to: ☐ Patient ☐ Physician/ Clinic ☐ Other: _____
Physician's Name: _____ Office Contact Name: _____ Phone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____
Physician's Signature: _____ Date: _____

I authorize Chartwell Pennsylvania Specialty Pharmacy and its representatives to act as an agent and execute the insurance prior authorization process.

Updated: 05/23/22