

ONPATTRO (patisiran)

Status	<input type="checkbox"/> New Therapy <input type="checkbox"/> Order Renewal <input type="checkbox"/> Dosage or Frequency Change			
Diagnosis	<input type="checkbox"/> ICD 10 Code: ME85.1 Neuropathic Heredofamilial Amyloidosis <input type="checkbox"/> ICD 10 Code: _____ Other: _____			
Pertinent Medical Hx	Patient's weight (most recent): _____ lbs / kg (circle one) Date: _____ Patient has been advised to take Vitamin A supplementation <input type="checkbox"/> Y <input type="checkbox"/> N			
Labs	Labs to be drawn by: <input type="checkbox"/> Infusion Clinic <input type="checkbox"/> Referring Physician If Infusion Clinic: _____			
Premeds	<input checked="" type="checkbox"/> acetaminophen (Tylenol) 500mg PO <input checked="" type="checkbox"/> diphenhydramine (Benadryl) 50mg IV <input checked="" type="checkbox"/> methylprednisone (Solu-Medrol) 125mg IV <input checked="" type="checkbox"/> famotidine (Pepcid) 20mg IV <input type="checkbox"/> other: _____			
IV Fluids	<input type="checkbox"/> NS TKO <input type="checkbox"/> Other: _____			
Medication Order	<input type="checkbox"/> Onpattro 0.3 mg/kg IV (weight <100kg) every 3 weeks. <input type="checkbox"/> Onpattro 30mg IV (weight ≥100kg) every 3 weeks. Refills: <input type="checkbox"/> x 1 year <input type="checkbox"/> x _____ doses <input type="checkbox"/> No refills; give this dose only.			
Monitoring	Monitor for signs/symptoms of hypersensitivity during infusion and 30 mins post-infusion. For any signs of infusion reaction: STOP infusion. Contact on-site provider for instruction.			
Additional Orders	 			
Physician Information	Physician Name	_____	NPI	_____
	Office Contact	_____	Phone	_____
	Provider Signature:	_____	Date	_____

REQUIRED DOCUMENTATION	
<input type="checkbox"/> Patient Demographics & Insurance Information:	<input type="checkbox"/> Copy of patient's insurance card – front and back
<input type="checkbox"/> Clinical / Progress Notes, supporting primary diagnosis:	<input type="checkbox"/> 2 most recent office notes <input type="checkbox"/> Medication history
<input type="checkbox"/> Most Recent Labs:	<input type="checkbox"/> CMP and CBC

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