

Treatment Location: _____

PROVIDERS: Please include the following to expedite the order:

Patient Demographics, Most Recent Office Visit Note Including Neurology Consultation, Insurance Information, hATTR Amyloidosis Labs, EMG Results

PATIENT INFORMATIONReferral Status: New Referral Updated Order Order Renewal

Date: _____ Patient Name: _____ Patient Phone: _____ DOB: _____

ICD-10 code (required): E85.1 ICD Description: _____

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: _____

NURSING

- Center will use Hypersensitivity protocol established by Infusion for Health and PI
- hATTR Amyloidosis Labs (list results & attach clinicals):

- EMG Results (attach report)

LABORATORY ORDERS

- CBC at each dose every _____
- CMP at each dose every _____
- Other: _____ Frequency: _____
- Please check this box if you DO NOT authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

PRE-MEDICATION ORDERS

All patients should be premedicated with an IV corticosteroid, oral acetaminophen, IV H1 blocker, and IV H2 blocker approximately 60 minutes prior to infusion. Oral equivalents may be administered if IV premedications are unavailable or not tolerated.

- Diphenhydramine 50mg PO IV
- Acetaminophen 500mg 650mg 1000mg PO
- Famotidine 10mg 20mg PO IV
- Dexamethasone 5mg 10mg 20mg IV
- Other: _____
Dose: _____ Route: _____ Frequency: _____

THERAPY ADMINISTRATION

- Onpattro Intravenous Infusion
Dose:
 < 100 kg: 0.3 mg/kg
 ≥ 100kg: 30 mg
Frequency:
 Once every 3 weeks / _____
- Refills: Zero / for 12 months / _____
(if not indicated order will expire one year from date signed)

To ensure that a brand name product is dispensed, the prescriber must handwrite "Brand Medically Necessary" on the prescription form. If not indicated, I4H is authorized to administer a generic or biosimilar.

SPECIAL INSTRUCTIONS:

Provider Name (Print)	Provider Signature	Date
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- Please check this box if you DO NOT authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.