

Treatment Location: Dublin, OH Lancaster, OH

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 Infuse One Ohio
- hATTR Amyloidosis Labs (list results & attach clinicals): _____
- EMG Results (attach report)

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, Infuse One Ohio is authorized to administer a generic or biosimilar.

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: _____

SPECIAL INSTRUCTIONS:

Provider Name (Print) Provider Signature Date

- Please check this box if you DO NOT authorize Infuse One Ohio to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.