

Onpattro™ Referral Form



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Warrensville Heights, OH 44128
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Please complete each section of the referral form below and fax along with a copy (front and back) of all of the patient's pharmacy and medical insurance cards, the patient's demographic face sheet, and any relevant clinical notes/documents.

Provider Information	Prescriber: _____ NPI: _____ Phone: _____ Fax: _____ Office Contact: _____ Address: _____ _____	
Patient Information	Name: _____ DOB: _____ <input type="checkbox"/> M <input type="checkbox"/> F Address: _____ Phone: _____ 2 nd Phone: _____ MRN: _____ Primary Language: _____ Functional Limitations: _____	
Clinical Information	Diagnosis (Include ICD-10 Code): _____ Weight: _____ <input type="checkbox"/> lb <input type="checkbox"/> kg Height: _____ <input type="checkbox"/> in IV access: <input type="checkbox"/> PIV <input type="checkbox"/> PICC <input type="checkbox"/> Port <input type="checkbox"/> Other: _____ Patient's first dose? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, date of last dose: _____) Prior infusion reactions: _____ Allergies: _____ Latex allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No Prior treatments & reason for discontinuation: _____ History of kidney disease: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, SCr: _____ GFR/CrCl: _____ History of heart failure: <input type="checkbox"/> Yes <input type="checkbox"/> No If female, could patient be pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No Vitamin A: <input type="checkbox"/> Patient has been advised to supplement vitamin A daily <input type="checkbox"/> Home Care to counsel patient regarding vitamin A supplementation	
Prescription Information	Dosing Regimen	Quantity
	<input type="checkbox"/> Patients < 100kg: Infuse Onpattro 0.3mk/kg in 200mL NaCl 0.9% IV every three (3) weeks. Infuse over approximately 80 minutes. (Begin at an initial infusion rate of approximately 1mL/min for the first 15 minutes then increase to approximately 3mL/min for the remainder of the infusion, as tolerated.) <input type="checkbox"/> Patients ≥ 100kg: Infuse Onpattro 30mg in 200mL NaCl 0.9% IV every three (3) weeks. Infuse over approximately 80 minutes. (Begin at an initial infusion rate of approximately 1mL/min for the first 15 minutes then increase to approximately 3mL/min for the remainder of the infusion, as tolerated.)	_____ doses (infusions)
	Nursing and Supplies: Must be infused through a dedicated line using a DEHP-free infusion set containing a 1.2 micron polyethersulfone (PES) in-line infusion filter. Home Care to provide supply items and nursing care to prepare and administer product as per package instructions. Premedication(s): Administer the following premedications* at least 60 minutes prior to the start of the Onpattro infusion: Dexamethasone 10mg in 50mL NaCl 0.9% IV over 15-20 minutes Diphenhydramine 50mg IVP over 3-5 minutes Ranitidine 50mg IV in 50mL NaCl 0.9% over 15-20 minutes Acetaminophen 500mg PO *As per the package insert, for premedications that are unavailable or not tolerated intravenously, equivalents may be administered orally. Additional Premedication(s): _____ PRN medication orders: _____ Post-Infusion: Flush IV set with 0.9% NaCl to ensure that all Onpattro has been administered. Lab orders: List any outpatient laboratory work related to this therapy you would like Home Care to draw in conjunction with the patient's medication administration, including the frequency for each lab order. Lab orders are good for the life of the prescription order (one year) unless otherwise indicated. (Lab orders are subject to availability.)	
Prescriber Signature	My signature for this prescription also confirms that the treatment(s) indicated on this referral is/are medically necessary. I authorize Home Care and its representatives to act as an agent of mine to initiate and execute the patient's insurance prior authorization process and to provide infusion-related nursing services and supplies in conjunction with the therapy prescribed above. Signature: _____ Date: _____	

Confidentiality statement: This message is intended only for the individual or institution to which it is addressed. This may contain information, which is confidential, privileged, and/or proprietary. This information may be exempt from disclosure under applicable laws including but not limited to HIPAA. If you are not the intended recipient, please note you are strictly prohibited from distributing, copying, or disseminating this information. If you received this information in error, please notify the sender noted above and destroy all transmitted material.