MPP INFUSION CENTERS
www.mppinfusion.com

Fax Referrals To: (855) 891-2191
Email Referrals To: MPPReferral@mppinfusion.com
Have a Question? (855) 478-1528

ONPATTRO™ (PATISIRAN) ORDER FORM

(- Required Fields)*

____ **STAT REQUEST**
(*REASON MUST BE PROVIDED BELOW)

_____ **New Referral** _____ **Order Renewal** _____ **Medication/Order Change**
_____ **Benefits Verification Only** _____ **Discontinuation Order**

PATIENT INFORMATION			
NAME*:		DOB*:	SEX: M F
ADDRESS:		PHONE:	
WEIGHT: LBS KG	HEIGHT:	EMAIL:	
ALLERGIES:			

PHYSICIAN INFORMATION		
PHYSICIAN NAME*:		PRACTICE NAME:
ADDRESS:		OFFICE CONTACT*:
PHONE:	FAX:	EMAIL *(FOR UPDATES)*:

ONPATTRO ORDER*:

*(SELECT **ONE** OF THE FOLLOWING)*

ICD-10*: ________________________________

____ **Less than 100 KG Dose:** 0.3 mg/kg IV every 3 weeks by intravenous infusion

____ **Equal to or Greater than 100 KG Dose:** 30 mg IV every 3 weeks

Pre-medications: ___IV Dexamethasone 10mg ___ Oral Acetaminophen 500mg ___ IV Benadryl 50mg ___ IV Ranitidine 50mg

Physician Signature* ________________________________ **Date*(Order is Valid for One Year)** ____________________
Infusion will be administered per MPP policy and protocols

REQUIRED DIAGNOSIS:

_____ Neuropathic Heredofamilial Amyloidosis

_____ Other________________________________

***STAT REASON:**
(STAT request will be assessed per MPP policy and protocol)

REQUIRED DOCUMENTATION CHECKLIST:

_____ Patient Demographics

_____ Insurance Card/Information

_____ Clinical/Progress Notes supporting DX

_____ History and Physical

Last Infusion/Injection Date: ____________________

STANDING LAB ORDERS: _____ CMP _____ CBC

____ Labs to be drawn by Infusion Center Frequency ________________________________

NOTES/ADDITIONAL COMMENTS:

Locations:

--------Colorado--------

___ Lakewood

---------Florida---------

___ Jacksonville
___ Kissimmee
___ Port St. Lucie
___ Suncoast
___ Winter Park

----------Texas----------

___ Arlington
___ Cedar Hill
___ Dallas
___ Denton
___ Ft. Worth
___ Irving
___ Rockwall
___ Southlake
___ Flower Mound
___ Plano
___ Tyler

REVISION DATE- 03/2021