PARAGON INFUSION CENTERS

ONPATTRO (PATISIRAN) INFUSION ORDERS

PATIENT INFORMATION

☐ *Demographics attached*

Patient Name: _____ DOB: _____ Phone: _____

INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION /MEDICAL CARD(S), FRONT AND BACK

MEDICAL INFORMATION

Diagnosis: ☐ Polyneuropathy of hereditary transthyretin mediated amyloidosis ICD-10 Code: _____

Patient Weight: _____ lbs. Allergies: _____

☐ Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached

☐ Patient has been advised to take Vitamin A supplementation

Labs: Required labs to be drawn by: ☐ Infusion Clinic ☐ Referring Physician

Lab Orders: _____

ONPATTRO ORDERS

Less than 100kg

☐ 0.3mg/kg IV every 3 weeks

Greater than 100kg

☐ 30mg IV every 3 weeks

Protocol Pre-medications to be given 1 hour prior to infusion:

☐ Solu-medrol 125mg IV, Tylenol 500mg PO, Benadryl 50mg IV, Pepcid 20mg IV

☐ Other: _____

Additional Orders/Comments:

****Once we receive all necessary documentation, we wil schedule the patient's treatment.**

PHYSICIAN INFORMATION

By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc.and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: _____ Date: _____

Physician Name: _____

Phone: _____ Fax: _____ Contact Person: _____

INFUSION CENTER LOCATIONS

Phone: 877-365-5566 **Fax: 855-889-2946**	**Texas** ☐ Arlington ☐ Austin ☐ Dallas ☐ Houston ☐ North Hills ☐ Plano ☐ Round Rock ☐ San Antonio ☐ Stone Oak	**Tennessee** ☐ Knoxville	**Georgia** ☐ Atlanta

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