ONPATTRO™ Infusion



Phone: 877.385.0535

| Pleas | se complete each section of the re medical insurance c | cards, the patient's demographic | face sheet, and any relevant clinical r | notes/documents. |
|---------------------------|---|--|--|--|
| Prescriber Information | Prescriber: NPI: | | | |
| | | | | |
| | | | | · |
| _ | Address: | | | |
| Patient Information | Name: DOB: DM □ | | | |
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| | Primary Language: Functional Limitations: | | | |
| Clinical Information | Diagnosis (include ICD-10 code): | | | |
| | Weight: □lb □kg | Height: □in | IV access: □PIV □PICC □Port □ | 10ther: |
| | Patient's first dose? □Yes □N | No (If no, date of last dose: |) Prior infusion r | reactions: |
| ormă | Allergies: | | | Latex allergy? □Yes □No |
| Info | Prior treatments & reason for | discontinuation: | | |
| nical | | | | |
| Cli | History of kidney disease: □Ye | es □No If yes, SCr: | GFR/CrCl: | History of heart failure: □Yes □No |
| | Vitamin A: □ Patient has been advised to supplement vitamin A daily If female, could patient □ OptiMed to counsel patient regarding vitamin A supplementation be pregnant?: □ Yes □ No | | | |
| | | | | |
| | □ Patient weight < 100kg: Infus | g Regimen se ONPATTRO™ 0.3 mg/kg in | Rate | Quantity |
| | | | Pogin at an initial infusion rate | ~t |
| | 200mL NaCl 0.9% IV every thre | | Begin at an initial infusion rate approximately 1mL/min for the | e first 15 |
| | approximately 80 minutes. □ Patient weight ≥ 100kg: Infus | ee (3) weeks. Infuse over se ONPATTRO™ 30 mg in 200mL | approximately 1mL/min for the minutes then increase to | e first 15 doses (infusions) |
| | approximately 80 minutes. □ Patient weight ≥ 100kg: Infus NaCl 0.9% IV every three (3) w | ee (3) weeks. Infuse over | approximately 1mL/min for the minutes then increase to | e first 15 doses (infusions) e |
| | approximately 80 minutes. □ Patient weight ≥ 100kg: Infus NaCl 0.9% IV every three (3) w 80 minutes. Nursing and Supplies: Must be | ee (3) weeks. Infuse over se ONPATTRO™ 30 mg in 200mL reeks. Infuse over approximately infused through a dedicated line | approximately 1mL/min for the minutes then increase to approximately 3mL/min for the remainder of the infusion, as to a using a DEHP-free infusion set cont | doses (infusions) e olerated. doses (infusions) e aining a 1.2-micron polyethersulfone |
| tion | approximately 80 minutes. □ Patient weight ≥ 100kg: Infusion NaCl 0.9% IV every three (3) w 80 minutes. Nursing and Supplies: Must be (PES) in-line infusion filter. OptiM | ee (3) weeks. Infuse over se ONPATTRO™ 30 mg in 200mL reeks. Infuse over approximately infused through a dedicated line | approximately 1mL/min for the minutes then increase to approximately 3mL/min for the remainder of the infusion, as to | doses (infusions) e olerated. doses (infusions) e aining a 1.2-micron polyethersulfone |
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