

Patisiran (Onpattro)

Provider Order Form rev. 01/02/2024

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Patient Name: _____ DOB: _____ Patient Phone: _____

Patient Address: _____ Patient Email: _____

Allergies: _____ NKDA Weight (lbs/kg): _____ Height (in/cm): _____

Sex: M / F Date of Last Infusion: _____ Next Due Date: _____ Preferred Location: _____

DIAGNOSIS (Please provide ICD-10 code in space provided)

Polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults: _____

Other: _____ Description: _____

THERAPY ADMINISTRATION & DOSING (Choose one)

Weight less than 100kg: Administer Onpattro 0.3mg/kg x _____ kg= _____ mg IV every 3 weeks

Weight greater than or equal to 100kg: Administer Onpattro 30mg IV every 3 weeks

ADDITIONAL ORDERS

PRE-MEDICATION ORDERS (not optional, must administer one-time 60mins prior to infusion)

- Required Pepcid 20mg IVP
- Required Tylenol 500mg PO
- Required Solumedrol 125mg IV
- Required Benadryl 50mg IV
- Other: _____

NURSING

- Hold infusion and notify provider for:
 - Signs/symptoms of infection.
 - planned/recent surgical procedures.
 - recent live vaccines
 - new/worsening neurological or mood changes.
- Monitor vitals at start of infusion and every 30mins
- Provide nursing care per Nursing Procedure, including Hypersensitivity Reaction Management Protocol and post-procedure observation

PROVIDER INFORMATION

Preferred Contact Name: _____ Preferred Contact Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

REQUIRED DOCUMENTATION CHECKLIST (Additional documentation required for processing and insurance approval)

Required Documentation: Patient demos, copy of front and back of primary and secondary insurance, 2 most recent OVN including treatment failures or contraindications, neurological status, motor function, ambulatory status

Required Labs: TTP protein variants _____

Provider Name (print)

Provider Signature

Date