

# Patisiran (Onpattro)

Provider Order Form rev. 3/1/2023

IVCARE INFUSION  
710 NASHVILLE PIKE  
SUITE 103  
GALLATIN, TN. 37066  
Phone : (615) 471-8673  
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## PATIENT INFORMATION

Referral Status:  New Referral  Updated Order  Order Renewal

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

ICD-10 code (required): \_\_\_\_\_ ICD-10 description: \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_ Weight (lbs/kg): \_\_\_\_\_ Height: \_\_\_\_\_

Patient Status:  New to Therapy  Continuing Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## NURSING

- Provide nursing care per IVCARE INFUSION Nursing Procedures, including reaction management and post-procedure observation

## LABORATORY ORDERS

- CBC  at each dose  every \_\_\_\_\_  
 CMP  at each dose  every \_\_\_\_\_  
 CRP  at each dose  every \_\_\_\_\_  
 Other: \_\_\_\_\_

## PRE-MEDICATION ORDERS\* (REQUIRED)

- acetaminophen (Tylenol) 500mg PO  
 diphenhydramine (Benadryl) 50mg IV  
 ranitidine (Zantac) 50mg IV  
 methylprednisolone (Solu-Medrol) 125mg IV

\*Unless contraindicated, the above will be given with each infusion.

## PRE-MEDICATION ORDERS (ADDITIONAL)

- ibuprofen (Advil) 400mg PO (If indicated, acetaminophen will be held)  
 cetirizine (Zyrtec) 10mg PO  
 loratadine (Claritin) 10mg PO  
 Other: \_\_\_\_\_  
Dose: \_\_\_\_\_ Route: \_\_\_\_\_  
Frequency: \_\_\_\_\_

## THERAPY ADMINISTRATION

- Patisiran** (Onpattro) intravenous infusion
- Dose: 0.3mg/kg (For patients weighing less than 100kg) / 30mg (For patients weighing more than 100kg)
  - Frequency:  every 3 weeks /  other: \_\_\_\_\_
  - Dilute the required volume into an infusion bag containing 0.9% Sodium Chloride for a total volume of 200ml
  - Infuse over 80 minutes (60ml/hr x 15 minutes, then increase to 180ml/hr for the remainder of the infusion)
- Flush with 0.9% sodium chloride at infusion completion
- Patient is required to stay for 30-minute observation period  
 Refills:  Zero /  for 12 months /  \_\_\_\_\_  
(if not indicated order will expire one year from date signed)

## SPECIAL INSTRUCTIONS

Provider Name (Print)

Provider Signature

Date