

# Patisiran (Onpattro)

Provider Order Form rev. 1/26/2026



- Saint Cloud, FL
- Lake Mary-Sanford, FL
- Nashville, TN
- Gallatin, TN

## 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

- Providenursing 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

# TN

### NASHVILLE

5501A NEW YORK AVE, NASHVILLE, TN. 37209  
P: 615-475-5657 F: 615-475-5680

### GALLATIN

710 NASHVILLE PIKE, STE 103, GALLATIN, TN. 37066  
P: 615-471-8673 F: 615-471-8674

# FL

### ST. CLOUD

2801 13<sup>TH</sup> STREET, ST. CLOUD, FL. 34769  
P: 407-477-2345 F: 615-471-8674

### LAKE MARY - SANFORD

344 W. LAKE MARY BLVD, SANFORD, FL. 32773  
P: 407-477-2345 F: 615-471-8674