

ONPATTRO MEDICATION ORDER

Patient's Name (Last, First, Middle) _____ DOB: _____

■ Diagnosis

E85.1 HATTR amyloidosis with polyneuropathy Other: _____

■ Premedication Order

Oral medications to be taken by the patient at least 60 minutes prior to start of infusion treatment:

Acetaminophen 500mg Diphenhydramine 50mg _____
 Diphenhydramine 25mg Cetirizine 10mg

IV medications to be administered prior to start of the infusion treatment:

Dexamethasone 5mg Famotidine 20mg Methylprednisolone _____mg
 Dexamethasone 10mg Metoclopramide 2mg _____

■ **Onpattro Order** Administered in 200ml of normal saline via peripheral IV. Height in ft/in: _____ Weight in lbs: _____

- Onpattro (patisiran) 0.3 mg/kg over ~80 minutes IV infusion every 3 weeks for _____ months.
- Onpattro (patisiran) 30.0mg over ~80 minutes IV infusion every 3 weeks for _____ months for patients over 100kg.
- Optional modification:* For patients with infusion-related reaction history, increase delivery time to _____ minutes.

Medication contents to be filtered through 0.45 micron PES filter via closed syringe transfer, and diluted into 0.9% DEHP-free saline for a total volume of 200ml. Infusion administered through 1.2 micron DEHP-free tubing over approximately 80 minutes: 15 minutes at 1 ml/min, then increased to 3 ml/min for the remainder (unless modified, as above). Post infusion flush with normal saline. Check vitals and monitor for signs and symptoms of an infusion reaction at start, throughout infusion, and after completion.

■ Rescue Management in case of Infusion Therapy Reaction

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Stop medication infusion and start normal saline infusion at 50 ml/hr. Call ordering provider to report reaction.
- Diphenhydramine 50mg IV and Methylprednisolone 125mg IV for allergic reactions.
- Albuterol sulfate 2.5ml by nebulizer for wheezing and respiratory reactions.
- Famotidine 20mg IVP for minor cutaneous reactions which do not respond to diphenhydramine.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

■ Ordering Provider Authorization

Provider's Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ NPI #: _____ License: _____

DOCUMENTATION TO INCLUDE:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.
- If new medication for patient, chart notes which include decision to begin treatment with Onpattro (patisiran). If not, last tx date.

Fax this order and supporting documentation to (732) 329-2322.