

Patisiran (Onpattro) Infusion Order (Revised 4/3/21)

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form.

Required Lab Results: N/A

Infusion Therapy:

Onpattro (patisiran) 30mg IV (if >100kg) every 3 weeks

Onpattro (patisiran) 0.3mg/kg (if <100kg) every 3 weeks

ICD 10 code: _____

Pre-Meds: (Administer 60 minutes prior to Onpattro)

Dexamethasone 10 mg IV x 1

Acetaminophen 500 mg PO x 1

Benadryl 50 mg IV x 1

Famotidine 20mg PO x1

Additional Orders:

PRN Meds:

Zofran 4mg IV every 3 hours PRN nausea/vomiting

Tylenol 500mg PO every 4 hours PRN pain (give first)

Ibuprofen 800mg PO every 8 hours PRN pain (give second)

Special Instructions:

- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.
- Infuse at an initial rate of 1mL/min for the 15 minutes, then increase to 3mL/min for the remainder of the infusion over approximately 80 minutes total.
- Infuse using a 1.2-micron polyethersulfone (PES) in-line filter.

Infusion Monitoring:

- Obtain vital signs pre-infusion and 30 minutes after infusion initiation.
- Observe for 30 minutes after completion of initial infusion only.

Provider Name: _____

Provider Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: