

Patisiran (ONPATTRO)—Polyneuropathy of hATTR Infusion Therapy Plan Orders

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Name: _____
Kaiser Permanente Member I.D. # _____
Date of Birth _____

Instructions to Provider

Review orders and note any changes. All orders with will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers page 2). Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

Please complete all of the following:

Pre-Service Authorization has been obtained by Kaiser Permanente **Fax:** 1-888-282-2685 **Voice:** 1-800-289-1363

Order Date: _____ Weight: _____ kg	Diagnosis: ICD-10 code (REQUIRED): _____ ICD-10 description _____
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General Plan Communication

- Special instructions/notes: _____

Provider Information

- Recommended dose:
 - Actual body weight less than 100 kg: 0.3 mg/kg once every 3 weeks
 - Actual body weight 100 kg or more: 30 mg once every 3 weeks

Infusion Therapy

- patisiran (ONPATTRO) in 200 mL 0.9% sodium chloride IV infusion**
Dose: 0.3 mg/kg (weight < 100 kg) 30 mg (weight 100 kg or more)
Route: Intravenous
Frequency: Every 3 weeks
Infusion Rate: Start at 60 mL/hr for 15 min, then increase to 180 mL/hr for the remainder of the infusion.

If infusion-related reaction:
 1) STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) Notify MD
Note any changes to above regimen: _____

Pre-Meds

- acetaminophen (TYLENOL) tablet
 Dose: 650 mg Route: Oral
 Frequency: Once, 60 minutes prior to patisiran infusion
- diphenhydrAMINE (BENADRYL) injectable
 Dose: 50 mg Route: Intravenous
 Frequency: Once, 60 minutes prior to patisiran infusion
- famotidine (PEPCID) in 50 mL 0.9% sodium chloride IV infusion
 Dose: 20 mg Route: Intravenous
 Frequency: Once, 60 minutes prior to patisiran infusion
- dexamethasone (DECADRON) injectable
 Dose: 10 mg Route: Intravenous
 Frequency: Once, 60 minutes prior to patisiran infusion
- Other: _____
 Dose: _____ Route: _____ Frequency: _____

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

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IV Line Care

- 0.9% sodium chloride infusion 250 mL
Rate: 30 mL/hr Route: Intravenous Frequency: Run continuously to keep vein open
Start peripheral IV if no central line
- heparin flush 100 unit/mL
Dose: 500 units Route: Intra-catheter Frequency: PRN for IV line care per Nursing Policy

Infusion Reaction Meds

- albuterol (PROVENTIL) nebulizer solution 0.083%
Dose: 2.5 mg Route: Nebulization Frequency: PRN for shortness of breath/wheezing
- diphenhydrAMINE (BENADRYL) injectable
Dose: 25 mg Route: Intravenous
Frequency: Once PRN, May repeat x1 for urticaria, pruritus, shortness of breath. May repeat in 15 minutes if symptoms not resolved.
- EPINEPHrine (EpiPen) 0.3 mg/0.3 mL IM Auto-Injector
Dose: 0.3 mg Route: Intramuscular Frequency: Once PRN for anaphylaxis. Inject into lateral thigh and hold for 10 seconds. Massage the injected area. Use for patients weighing greater than 27.3 kg (60 lbs). Use amp and 1.5 inch needle for patients with BMI greater than 30. Notify physician if administered.
- hydrocortisone sodium succinate (SOLU-CORTEF) injectable
Dose: 100 mg Route: Intravenous Frequency: Once PRN for hypersensitivity
- meperidine (DEMEROL) injectable
Dose: 25 mg Route: Intravenous
Frequency: Once PRN, May repeat x1 for shaking chills or rigors. May repeat in 15 minutes if symptoms not resolved.

Nursing Orders

- Use a dedicated infusion line containing a 1.2 micron polyethersulfone (PES) in-line infusion filter. Use infusion sets and lines that are DEHP-free.
- Administer only through a free-flowing venous access line. Monitor the infusion site for possible infiltration during drug administration. Suspected extravasation should be managed per policy for non-vesicants.
- After completion of the infusion, flush the intravenous set with 0.9% Sodium Chloride Injection to ensure that all patisiran has been administered.
- Discontinue IV line when therapy complete and patient stabilized.
- Remind patient to take their vitamin A and to contact their doctor if they are having any changes to their vision.

References

- ONPATTRO® (patisiran) Injection for Intravenous Use Prescribing Information.

Kaiser Permanente Infusion Locations

Bellevue Medical Center

11511 NE 10th St, Bellevue, WA 98004

Fax: 425-502-3811 Phone: 425-502-3820

Capitol Hill Medical Center

201 16th Ave E, Seattle WA 98112

Fax: 206-326-3624 Phone: 206-326-3180

Everett Medical Center

2930 Maple St, Everett, WA 98201

Fax: 425-261-1578 Phone: 425-261-1566

Olympia Medical Center

700 Lily Road N.E., Olympia, WA 98506

Fax: 360-923-7609 Phone: 360-923-7600

Riverfront Medical Center – Spokane

W 322 North River Drive, Spokane, WA 99201

Fax: 509-434-3184 Phone: 509-324-6464

Silverdale Medical Center

10452 Silverdale Way NW, Silverdale, WA 98383

Fax: 360-307-7421 Phone: 360-307-7410

Tacoma Medical Center

209 Martin Luther King Jr Way, Tacoma, WA 98405

Fax: 253-596-3351 Phone: 253-596-3350

Provider Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____