

Borough Park
1428 36th Street
Suite 107
Brooklyn, NY 11218

Crown Heights
555 Lefferts Avenue
Brooklyn, NY 11225

Manhattan
57W 57Street
Suite 601
New York, NY 10019



Queens
64-05 Yellowstone Blvd
CF104
Forest Hills, NY 11375

Riverhead
1228 E Main Street
Suite A
Riverhead, NY 11901

Manhasset
333 East Shore Road
Suite 201
Manhasset, NY 11030

Rockville Centre
165 North Village Avenue
Suite 133
Rockville Center, NY 11570

Elmsford/ Terrytown
555 Taxter Road
3rd Floor
Elmsford, NY 10523

Holbrook/Ronkonkoma
233 Union Ave
Suite 207
Holbrook, NY 11741

Scarsdale
495 Central Park Avenue
Suite 205
Scarsdale, NY 10583



Date: _____

ONPATTRO (Patisiran) INFUSION orders

Patient Name _____ DOB _____

Phone _____ MO FO

NPI _____ Tax ID _____

Insurance Carrier (primary) _____

Insurance Carrier (secondary) _____

DIAGNOSIS please attest to ICD-10 code

E 85.1 Neuropathic hereditary amyloidosis

PRE-MEDICATION

IV corticosteroid (dexamethasone 10mg, or equivalent) IV H1 Blocker (diphenhydramine 50mg or equivalent)

oral acetaminophen (500mg) IV H2 Blocker (ranitidine 50mg or equivalent)

for premeds not available or not tolerated intravenously, equivalents may be administered orally

ONPATTRO ORDERS

DOSAGE

0.3 mg/kg for patients < 100kg 30mg for patients ≥ 100kg

PATIENT WEIGHT

_____ lbs

_____ kg

Frequency every 3 weeks

Notes

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____