

Onpattro (patisiran) — HCPCS J0222

CARECOST ESTIMATE · BILLING CHEAT SHEET

Anylam Pharmaceuticals 10 mg / 5 mL single-dose vial IV ~80 min every 3 weeks **Reviewed:** May 2, 2026 **ASP:** Q2 2026

BILLER ERROR TRAP — 1 unit = 0.1 mg, NOT 1 mg. Multiply mg administered by 10 to get units. 21 mg = 210 units. 30 mg cap = 300 units. Submitting at 1 mg basis underbills 10x.

HCPCS J0222 1 unit = 0.1 mg	DOSE (70 KG) 210 units 21 mg q3wk · 0.3 mg/kg	MODIFIER JZ / JW JW common (vial waste)	ADMIN CPT 96365+96366 ~80 min therapeutic IV	MEDICARE ASP+6% \$100.896 /0.1 mg unit
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CODES & NDC

HCPCS	J0222 — "Inj., patisiran, 0.1 mg" (permanent; 1 unit = 0.1 mg)
NDC	71336-1000-1 (10) / 71336-1000-01 (11) — N4 qualifier
VIAL	10 mg / 5 mL (2 mg/mL) single-dose — siRNA-LNP suspension
MANUFACTURER	Anylam Pharmaceuticals (also Amvuttra J0225 SC)
BENEFIT	Medical (provider buy-and-bill)

ICD-10

CODE	FOR
E85.1	Heredofamilial amyloidosis, neuropathic — primary
G62.81	Polyneuropathy — supplementary
E85.81	Other amyloidosis (rare for hATTR-PN)
E85.4 / E85.82	NOT for Onpattro (organ-limited)
E85.2	Avoid — less specific

UNIT MATH — MG × 10 = UNITS

WEIGHT	DOSE (MG)	UNITS (J0222)	VIALS	WASTE
50 kg	15 mg	150	2	5 mg / 50u JW
70 kg	21 mg	210	3	9 mg / 90u JW
90 kg	27 mg	270	3	3 mg / 30u JW
≥100 kg	30 mg cap	300	3	0 / JZ

Cap at 30 mg flat for ≥100 kg. Do NOT use 0.3 mg/kg above 100 kg.

PREMEDICATION — REQUIRED (4 AGENTS)

All four ~60 min before each infusion. Mitigates ~19% infusion-reaction rate. Top denial trigger if missed.

- **Dexamethasone 10 mg IV** (or methylprednisolone 500 mg IV)
- **Acetaminophen 500 mg PO**
- **Diphenhydramine 50 mg IV** (H1 blocker)
- **Ranitidine or famotidine IV** (H2 blocker)

Document each agent + time in MAR. Payers audit. Build into standing infusion order set.

VITAMIN A — REQUIRED (LABEL-LEVEL)

Patisiran reduces serum vit A ~60% via TTR knockdown (TTR carries RBP/retinol).

- **Vitamin A 2,500 IU/day PO** — start before first dose
- Continue throughout therapy + post-discontinuation
- Avoid high-dose vit A (>RDA)
- Avoid pregnancy on therapy (teratogenicity concern)
- Document at every infusion visit

ONPATTRO VS AMVUTTRA (BOTH ALNYLAM SIRNA)

	ONPATTRO	AMVUTTRA
HCPCS	J0222 (0.1 mg)	J0225 (1 mg)
Generic	patisiran	vutrisiran
Route	IV ~80 min	SC 1 min
Schedule	q3 weeks	q3 months
Doses/yr	~17	4
Premed	4-agent	None
Vit A	Required	Recommended
Indication	hATTR-PN	hATTR-PN + CM
Class	siRNA-LNP	GalNAc siRNA

Amvuttra has displaced most Onpattro use. Some plans require step from Amvuttra. Onpattro reserved for vutrisiran failures / IV-preferred patients.

HATTR LANDSCAPE

DRUG	HCPCS	CLASS	SCHEDULE
Onpattro	J0222	siRNA IV	q3wk
Amvuttra	J0225	siRNA SC	q3mo
Wainua	J1304	ASO SC	q4wk
Tegsedi	J1306	ASO SC (BBW)	weekly
Vyndamax	NDC oral	Stabilizer	daily (CM)
Attruby	NDC oral	Stabilizer	BID (CM)

TTR GENETIC TESTING — REQUIRED

- **CPT 81404** — TTR gene full sequencing
- CPT 81403 for known familial variant testing
- Document specific pathogenic variant in chart (e.g., V30M, V122I, T60A)
- Lab report in PA submission — payers uniformly require

ADMINISTRATION & MODIFIERS

CODE	WHEN
96365	Therapeutic IV initial 1 hr (primary)
96366	Each addl hr (1 unit, ~80 min total)
96374	IV push for premed agents
96413	NOT appropriate — non-chemo

JZ vs JW: JW is common — weight-based dosing with fixed 10 mg vials produces frequent waste. JZ only when no waste (e.g., ≥100 kg cap = 3 full vials).

PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	KEY REQUIREMENTS
UnitedHealthcare	Yes	TTR variant + neuropathy assessment + neuro/amyloid Rx + 4-agent premed + vit A doc
Aetna	Yes	Same as UHC; some plans require Amvuttra step first
BCBS plans	Yes	Generally aligned with FDA label
Medicare (MAC LCDs)	Variable	Biologics LCD framework

MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6%	\$100.896 / 0.1 mg unit (\$1,008.96/mg)
70 kg dose (300u billable)	~\$30,268.80 incl. waste
≥100 kg cap (300u, no waste)	~\$30,268.80
Annual (~17 doses)	~\$514,569

SITE OF CARE

SETTING	POS	NOTES
Physician office	11	Preferred
Ambulatory infusion suite	49	Preferred
Hospital outpatient	19/22	Disfavored
Patient home	12	Specialty vendor only (premed cap.)

PATIENT ASSISTANCE — ALNYLAM ASSIST

- **Phone:** 1-833-256-2748 (Alnylam Assist)
- **Web:** alnylamassist.com
- **Commercial copay:** Onpattro Co-Pay Program
- **PAP:** Alnylam Patient Foundation (free for uninsured/underinsured)
- **Foundations (Medicare):** PAN, HealthWell, PAF
- Same hub also supports Amvuttra (J0225)

W&P (no Boxed): infusion reactions (~19% — premed mitigates), reduced serum vit A (supplementation required), avoid pregnancy/breastfeeding.