

Lumasiran (Oxlumo)



Provider Order Form rev. 10/25/2021

PATIENT INFORMATION

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	
Patient Status: <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy	Last Treatment Date:	Next Due Date:

PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

NURSING

- Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation
NOTE: IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 09.07.2021)

THERAPY ADMINISTRATION

- Lumasiran (Oxlumo)**
 - Induction
 - Dose: Select one
 - 3mg/kg (Pt weight 20kg and above)
 - 6mg/kg (Pt weight less than 20kg)
 - Frequency: Once monthly for 3 doses
 - Route: Subcutaneous injection
 - Maintenance (begin 1 month after the last loading dose)
 - Dose: Select one
 - 3mg/kg once monthly (Pt weight less than 10kg)
 - 6mg/kg once every 3 months (Pt weight 10 to less than 20kg)
 - 3mg/kg once every 3 months (Pt weight 20kg and above)
 - Route: subcutaneous
 - Patient required to stay for 30-min observation post procedure
 - Patient is NOT required to stay for observation time
 - Refills: Zero / for 12 months / _____
(if not indicated order will expire one year from date signed)

SPECIAL INSTRUCTIONS

Perform

Provider Name (Print)

Provider Signature

Date

Email ivxintake@ivxhealth.com or fax this form, insurance card (both sides), demographics, recent H&P, labs, and supporting clinicals to:

- | | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> BAY AREA: 844-899-0275 | <input type="checkbox"/> COLUMBUS: 844-627-2675 | <input type="checkbox"/> JACKSONVILLE: 904-212-2338 | <input type="checkbox"/> PHILADELPHIA: 844-820-9641 | <input type="checkbox"/> WEST TN/AR: 888-615-1445 |
| <input type="checkbox"/> CINCINNATI: 844-946-0868 | <input type="checkbox"/> HARRISBURG: 844-859-4235 | <input type="checkbox"/> KANSAS CITY: 844-900-1292 | <input type="checkbox"/> TAMPA: 844-946-0849 | <input type="checkbox"/> MIDDLE TN: 888-615-1445 |
| <input type="checkbox"/> CHICAGO: 312-253-7244 | <input type="checkbox"/> INDIANAPOLIS: 844-983-2028 | <input type="checkbox"/> ORLANDO: 844-946-0867 | <input type="checkbox"/> WEST FLORIDA: 844-946-0849 | <input type="checkbox"/> EAST TN: 888-615-1445 |