

Lumasiran (Oxlumo)



Provider Order Form rev. 3/25/2022

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

FAX NUMBERS

Fax this form, insurance card (both sides), demographics, recent H&P, labs, and supporting clinicals to:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> BAY AREA: 844-889-0275 | <input type="checkbox"/> DAYTONA: 386-259-6096 | <input type="checkbox"/> KANSAS CITY: 844-900-1292 | <input type="checkbox"/> SOUTHWEST FL: 813-283-9144 |
| <input type="checkbox"/> CHARLOTTE: 336-663-0143 | <input type="checkbox"/> HARRISBURG: 844-859-4235 | <input type="checkbox"/> ORLANDO: 844-946-0867 | <input type="checkbox"/> TAMPA: 844-946-0849 |
| <input type="checkbox"/> CINCINNATI: 844-946-0868 | <input type="checkbox"/> HARTFORD: 860-955-1532 | <input type="checkbox"/> PALM BEACH: 561-768-9044 | <input type="checkbox"/> WEST TN/AR: 888-615-1445 |
| <input type="checkbox"/> CHICAGO: 312-253-7244 | <input type="checkbox"/> INDIANAPOLIS: 844-983-2028 | <input type="checkbox"/> PHILADELPHIA: 844-820-9641 | <input type="checkbox"/> MIDDLE TN: 888-615-1445 |
| <input type="checkbox"/> COLUMBUS: 844-627-2675 | <input type="checkbox"/> JACKSONVILLE: 904-212-2338 | <input type="checkbox"/> SARASOTA: 941-870-6550 | <input type="checkbox"/> EAST TN: 615-425-7427 |