

Oxlumo (Lumasiran) Injection Order

Patient Name: _____ DOB: _____ Male Female

Diagnosis (please provide ICD10 code): _____

Other: _____

NKDA Allergies: _____

New Therapy Order Continuation of Therapy Date of last dose: _____

Ordering Provider Name: _____

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

Pre-Medication

- Acetaminophen _____mg by PO
- Cetirizine _____mg by PO
- Diphenhydramine _____mg by PO/ IVP
- Solu-Medrol _____mg by PO/ IVP
- Solu-Cortef _____mg by PO/ IVP
- Other: _____

Required Documentation:

- Patient Demographics
- Patient Insurance (med and pharm card copies, front and back)
- Progress Notes/Labs supporting diagnosis
- Other: _____

Oxlumo is a weight-based medication:

Patient Height (cm): _____

Patient Weight (kg): _____

Oxlumo Medication Order (Please select ONE):

Subcutaneous Induction dosing on weeks 0, 4 and 8, followed by maintenance

- Dosing (Please choose one)
 - If < 10kg, 6mg/kg
 - If 10kg to ≤ 20kg, 6mg/kg
 - If ≥ 20kg, 3mg/kg
 - Other: _____
- Maintenance Frequency (Please choose one)
 - Every 4 weeks following week 8
 - Every 12 weeks following week 8
 - Other: _____

Subcutaneous Maintenance dosing only

- Dosing (Please choose one)
 - If < 10kg, 3mg/kg
 - If 10kg to ≤ 20kg, 6mg/kg
 - If ≥ 20kg, 3mg/kg
 - Other: _____
- Maintenance Frequency (Please choose one)
 - Every 4 weeks
 - Every 12 weeks
 - Other: _____

Additional Instructions/Notes:

Ordering Provider:

Signature: _____

Date: _____

Provider: _____

Phone: _____ Fax: _____

Best Contact Person in Office: _____

Phone: _____

Locations:

- Skokie, IL: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
- Libertyville, IL: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
- Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400