INFUSACARE
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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

□ *Orland Park, IL*: 16612 107th Ct, Ste B. P: 847-324-6800. F: 224-251-7141

□ *Houston, TX*: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400