

# Oxlumo® (lumasiran) Referral Form



**Preferred Clinic** (select one):

## PATIENT INFORMATION

New Referral

Updated Referral

Referral Renewal

DOB:	Patient Name:	Patient Phone:	
Patient Address:		Patient Email:	
NKDA Allergies:	Weight (lbs/kg):		Height:
ICD-10 Code (required):	ICD-10 Description:	Last Treatment Date:	Last 4 Digits SSN:

## PROVIDER INFORMATION

Referral Coordinator Name:		Referral Coordinator Email:	
Ordering Provider:		Provider NPI:	
Referring Practice Name:		Phone:	Fax:
Practice Address:		City:	State: Zip Code:
Physician Preferred Method of Contact:	Email:	Fax:	Phone:

## STANDING ORDERS

Infusion to be administered per Vivo protocols.

## REQUIRED DOCUMENTATION

Patient Demographics

Insurance Card/Information

Progress Notes Supporting DX

Current Medication List and H&P

Patient does not have a history of kidney or liver transplant

AGXT mutation test result (if available)

Urine or plasma oxalate level (if available)

## OXLUMO ADMINISTRATION

### Loading Dose

6 mg/kg (patient weight less than 20 kg)  
monthly x 3 doses

3 mg/kg (patient weight 20 kg and above)  
monthly x 3 doses

### Maintenance (begins one month after last loading dose)

3 mg/kg once monthly (patient weight  
less than 10 kg)

6 mg/kg once every 3 months (patient  
weight 10 to less than 20 kg)

3 mg/kg once every 3 months (patient  
weight 20 kg and above)

\*\*Referral is valid for one year unless otherwise noted\*\*

Provider Name (Print)

Provider Signature

Date

Email Referrals To: [referrals@vivoinfusion.com](mailto:referrals@vivoinfusion.com) OR Fax Below

Have a Question? Call (720) 902-4111

Colorado: 303-418-4679	Massachusetts: 781-202-1629	New Jersey: 609-955-3711	Oklahoma: 918-770-4421	Virginia: 804-500-5941
Connecticut: 203-724-4838	Michigan: 833-957-2188	New York: 800-540-1852	Pennsylvania: 215-399-9244	Wisconsin: 414-600-5383
Florida: 904-930-4211	Minnesota: 763-290-0903	Ohio: 216-400-0674	Texas: 469-340-0044	

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