Oxlumo® (lumasiran) Referral Form

Preferred Clinic (select one): _____

VIVO infusion®

PATIENT INFORMATION

☐ New Referral ☐ Updated Referral ☐ Referral Renewal

DOB: Patient Name: Patient Phone:

Patient Address: Patient Email:

☐ NKDA Allergies: Weight (kg): Height:

ICD-10 Code (required): ICD-10 Description: Last Infusion 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 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	