PREMIER INFUSION CENTER

📄 Oxlumo (lumasiran) Injection Order Form

📞 405-442-7577 📠 405-442-7223
📧 orders@premierinfusioncenter.com

👤 Patient Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Phone:** _____ **Email:** _____
- **Address:** _____
- **Weight:** _____ kg **Height:** _____ cm/in
- **Allergies:** ☐ NKDA ☐ _____
- **Treatment Status:** ☐ New ☐ Continued **Last Treatment Date:** ____ / ____ / ____

🔹 Diagnosis (ICD-10 Selection)

☐ E72.53 – Primary hyperoxaluria
☐ Other: _____ **ICD-10 Code:** _____

🔹 Injection Order

- **Loading Dose (monthly × 3 doses):**
  ☐ < 10 kg: 6 mg/kg SC monthly x 3
  ☐ 10– < 20 kg: 6 mg/kg SC monthly x 3
  ☐ ≥20 kg: 3 mg/kg SC monthly × 3

- **Maintenance Dose (begin 1 month after last loading dose):**
  ☐ < 10 kg: 3 mg/kg SC monthly
  ☐ 10– <20 kg: 6 mg/kg SC every 3 months
  ☐ ≥20 kg: 3 mg/kg SC every 3 months
- ☐ Observation: ☐ 30 minutes post-injection
- ☐ Refills: ☐ None ☐12 months ☐ Other: _____

🔹 Line Use & Access

☐ Start PIV ☐ Access CVC ☐ Use PICC Line ☐ Flush per standard injection protocol

🔹 Adverse Reaction & Anaphylaxis Orders

☐ Premier Infusion Center Protocol (premierinfusioncenter.com)
☐ Other – please fax preferred reaction orders to 405-442-7223

🔹 Premedication (Optional)

☐ Acetaminophen: ☐ 650 mg ☐ PO
☐ Diphenhydramine: ☐ 25 mg ☐ 50 mg ☐ PO ☐ IV
☐ Cetirizine: ☐ 10 mg ☐ PO
☐ Methylprednisolone: ☐ 125 mg ☐ IV
☐ Other: _____ **Dose:** _____ **Route:** _____

🔹 Laboratory Monitoring

☐ CBC ☐ CMP ☐ Urine or plasma oxalate level
☐ AGXT genetic test
☐ Other: _____
Frequency: ☐ Prior to first dose ☐ Monthly ☐ Other: _____
☐ Physician office will order labs only

🔹 Clinical Documentation Checklist

☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list
☐ Documentation of prior therapies, intolerance, or contraindications

🔹 Ordering Provider & Demographics

- **Name:** _____
- **NPI:** _____ **License #:** _____
- **Contact:** _____ **Phone:** _____ **Fax:** _____
- **Email:** _____
- **Signature:** _____ **Date:** ____ / _____ / _____