

### XOLAIR (Omalizumab) ORDER FORM

#### REFERRAL TYPE

- New Referral     
  Order Renewal     
  Restart     
  Frequency Change     
  Dosage Change

#### PREFERRED LOCATION

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 2730 University Blvd. West   Suite 714<br>Wheaton, MD 20902 | <input type="checkbox"/> 14995 Shady Grove Road   Suite 250<br>Rockville, MD 20850 | <input type="checkbox"/> 5454 Wisconsin Avenue   Suite 600<br>Chevy Chase, MD 20815 |
| <input type="checkbox"/> 18111 Prince Philip Drive   Suite 323<br>Olney, MD 20832    | <input type="checkbox"/> 71 Thomas Johnson Drive<br>Frederick, MD 21702            | <input type="checkbox"/> 2021 K Street, NW   Suite 300<br>Washington, DC 20006      |

#### PATIENT INFORMATION

Name:	DOB:	Email:
Address:		Weight: <span style="margin-left: 20px;">KG</span> <span style="margin-left: 20px;">LBS</span> Phone:

#### REFERRING PHYSICIAN INFORMATION

Name:	NPI:
Office Contact Name:	Phone: <span style="margin-left: 20px;">Fax:</span>
Address:	

#### XOLAIR ORDER

**Dosing/Frequency:**  
 \_\_\_\_\_mg injection every \_\_\_\_\_weeks

**Diagnosis:**

J45.40—Moderate persistent asthma, uncomplicated  
 J45.50—Severe persistent asthma, uncomplicated  
 J45.51—Severe persistent asthma with (acute) exacerbation  
 J45.52—Severe persistent asthma with status asthmaticus  
 L50.1—Idiopathic urticaria

Other Diagnosis: \_\_\_\_\_ ICD-10 Code (Required): \_\_\_\_\_

**Special Instructions:**

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_ *(Order is Valid for One Year)*

#### REQUIRED DOCUMENTATION

- Please fax the following documents and records:**
- Patient Demographics
  - Two most recent office notes (Supporting the DX and treatment ordered)
  - Most recent labs that include values for:
    - Immunoglobulin E ( IgE) (drawn within the last 3 months)
    - If available radioallergosorbent test (RAST) results
  - Copy of the patient’s insurance card(s) – front and back
  - Medication History
  - For continuation of treatment, include the last infusion note

Requirement: Patient needs to bring an unexpired EPI pen at time of injection and must be competent in its use

*We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.*