

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 Wheaton, MD 20902	<input type="checkbox"/> 14995 Shady Grove Road Suite 250 Rockville, MD 20850	<input type="checkbox"/> 5454 Wisconsin Avenue Suite 600 Chevy Chase, MD 20815
<input type="checkbox"/> 18111 Prince Philip Drive Suite 323 Olney, MD 20832	<input type="checkbox"/> 71 Thomas Johnson Drive Frederick, MD 21702	<input type="checkbox"/> 2021 K Street, NW Suite 300 Washington, DC 20006
	<input type="checkbox"/> 8270 Willow Oaks Corporate Drive Suite 150 Fairfax, VA 22031	

PATIENT INFORMATION

Name:	DOB:	Email:
Address:	Weight: _____ KG _____ LBS	Phone:

REFERRING PHYSICIAN INFORMATION

Name:	NPI:	
Office Contact Name:	Phone:	Fax:
Address:		

XOLAIR ORDER

We do not accept off-label diagnoses, dosages, or frequencies.

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.