arise infusion
THERAPY SERVICES
A DIVISION OF ARTHRITIS AND RHEUMATISM ASSOCIATES, PC

Fax To: 301-424-3590
Have a Question? Call: 240-514-5000

XOLAIR (Omalizumab) ORDER FORM

REFERRAL TYPE

☐ New Referral ☐ Order Renewal ☐ Restart ☐ Frequency Change ☐ Dosage Change

PREFERRED LOCATION

☐ 2730 University Blvd. West | Suite 714 Wheaton, MD 20902	☐ 14995 Shady Grove Road | Suite 250 Rockville, MD 20850	☐ 5454 Wisconsin Avenue | Suite 600 Chevy Chase, MD 20815
☐ 18111 Prince Philip Drive | Suite 323 Olney, MD 20832	☐ 161 Thomas Johnson Drive | Suite 250 Frederick, MD 21702	☐ 2021 K Street, NW | Suite 300 Washington, DC 20006
	☐ 8270 Willow Oaks Corporate Drive | Suite 150 Fairfax, VA 22031	

PATIENT INFORMATION

Name:	DOB:	Male	Female	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 DIAGNOSIS, DOSE and FREQUENCY

Dosing/Frequency:

☐ _____mg injection every _____weeks

Diagnosis: (PLEASE REFRAIN FROM USING AN UNSPECIFIED ICD10 CODE)

☐ 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.