# Omalizumab (Xolair)

***Provider Order Form*** *rev. 3/13/24*

IVX HEALTH

## PATIENT INFORMATION

**Referral Status:** ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: Patient Name: DOB:

ICD-10 code (required): ☐ J45.50 (severe persistent asthma, uncomplicated) ☐ L50.8 (Chronic urticaria) ☐ Other

If Other, give ICD-10 description:

☐ NKDA Allergies: Weight (lbs/kg): Height:

**Patient Status:** ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: Next Due Date:

## PROVIDER INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

## NURSING

☑ Serum IgE level and date resulted (results)

_____

☑ Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation **NOTE:** IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 05.01.2023)

## SPECIAL INSTRUCTIONS

## THERAPY ADMINISTRATION

☑ Omalizumab (Xolair)

- Dose: ☐ 75mg ☐ 150mg ☐ 225mg ☐ 300mg ☐ 375mg ☐ 450mg ☐ 525mg ☐ 600mg
- Route: subcutaneous injection
- Frequency: ☐ every 2 weeks ☐ every 4 weeks /
- ☐ other: _____

☐ Refills: ☐ Zero / ☐ for 12 months / ☐ _____
(if not indicated order will expire one year from date signed)

## OBSERVATION/EPI PEN (PLEASE SELECT BELOW)

☐ Patient is required to have Epi Pen with each treatment
☐ Patient is NOT required to have Epi Pen
☐ Patient is required to stay for 30 minutes observation period
☐ Other: _____

Determine dose (mg) and dosing frequency by serum total IgE level (IU/mL) measured before the start of treatment, and by body weight (kg).

Because of the risk of anaphylaxis, observe patients closely for an appropriate period of time after XOLAIR administration.

**Provider Name (Print)** **Provider Signature** **Date**

**FAX NUMBERS**

| | | | | |
|---|---|---|---|---|
| ☐ AUSTIN: 512-772-2824 | ☐ CONNECTICUT: 860-955-1532 | ☐ INDIANAPOLIS: 844-983-2028 | ☐ NORTH CENTRAL FL: 352-756-4191 | ☐ RALEIGH: 919-287-2551 |
| ☐ BAY AREA: 844-889-0275 | ☐ DAYTONA: 386-259-6096 | ☐ JACKSONVILLE: 904-212-2338 | ☐ NORTH JERSEY: 551-227-2823 | ☐ SAN ANTONIO: 726-238-9950 |
| ☐ CHARLOTTE: 336-663-0143 | ☐ DELAWARE: 302-596-8553 | ☐ KANSAS CITY: 844-900-1292 | ☐ NORTHWEST AR: 888-615-1445 | ☐ SARASOTA: 941-870-6550 |
| ☐ CHICAGO: 312-253-7244 | ☐ EAST TN: 615-425-7427 | ☐ LAKELAND: 863-316-3910 | ☐ ORLANDO: 844-946-0867 | ☐ SOUTH JERSEY: 856-519-5309 |
| ☐ CINCINNATI: 844-946-0868 | ☐ FT. LAUDERDALE: 754-946-2052 | ☐ LITTLE ROCK: 501-451-5644 | ☐ PALM BEACH: 561-768-9044 | ☐ SOUTHWEST FL: 813-283-9144 |
| ☐ COLUMBUS: 844-627-2675 | ☐ HARRISBURG: 844-859-4235 | ☐ MIAMI: 786-744-5687 | ☐ PHILADELPHIA: 844-820-9641 | ☐ TAMPA: 844-946-0849 |
| | ☐ HOUSTON: 832-631-9595 | ☐ MIDDLE TN: 888-615-1445 | ☐ PIEDMONT TRIAD: 336-790-2200 | ☐ WEST TN: 888-615-1445 |