MONTGOMERY CANCER CENTER
A BAPTIST MEDICAL CENTER SOUTH FACILITY

MEDICATION ORDERS

XOLAIR (OMALIZUMAB)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS

❑ New Referral ❑ Dose or Frequency Change ❑ Order Renewal

INFUSION OFFICE PREFERENCE (Optional)

Preferred Location: ❑ Montgomery ❑ Prattville

DIAGNOSIS AND ICD 10 CODE

❑ Severe Eosinophilic Asthma	ICD 10 Code: J45.50
❑ Chronic Idiopathic Urticaria	ICD 10 Code: L50.1
❑ Other: _____	ICD 10 Code: _____

REQUIRED DOCUMENTATION/TESTING

❑ This signed order form by the provider	❑ Clinical/ Progress notes
❑ Patient demographics AND insurance information	❑ Labs and tests supporting primary diagnosis
❑ Pulmonary Function Tests (asthma only)	❑ Serum IgE level
❑ Perennial aeroallergen test or skin test results (asthma only)	

List tried AND failed therapies, including duration of treatment:

1)

2)

3)

MEDICATION ORDERS

Severe Eosinophilic Asthma Dosing:	Please indicate dose, in increments of 75mg, based on pretreatment eosinophil count and body weight. ❑ Xolair _____ mg subQ injection every 2 weeks ❑ Xolair _____ mg subQ injection every 4 weeks
Chronic Idiopathic Urticaria Dosing:	❑ Xolair 150mg subQ injection every 4 weeks ❑ Xolair 300mg subQ injection every 4 weeks

Refills: ❑ x 6 months ❑ x 1 year ❑ _____ doses

- New orders and progress notes required at least once yearly. A medication substitution may be required based on insurance payer policy due to preferred versus non-preferred medications or based on payer step therapy guidelines.
- Please note: if an infusion reaction occurs, the Montgomery Cancer Center provider will order appropriate rescue medications as deemed medically necessary. This may also include pausing, reducing the rate of infusion or discontinuing the medication.

PROVIDER INFORMATION

Office Contact Name:			
Prescribing Providers Name:		Provider NPI:	
Office Address:	City:	State:	Zip:
Office Phone Number:	Office Fax Number:		
Physician Signature:	Date:		

Contact us with questions at: Montgomery (334) 273-7000 or Prattville (334) 351-1000

Fax completed form and all documentation to Montgomery (334) 260-2011 or Prattville (334) 358-1207