



XOLAIR REFERRAL FORM

Phone: (855) 896.9254 Fax: (877) 645.7514
10004 S. 152nd St, Suite A, Omaha NE 68138

Patient Information			PLEASE FAX INSURANCE CARD (FRONT AND BACK)			Prescriber Information		
Last Name	First Name	DOB	Practice/Facility Name					
Address			Address					
City	State	ZIP	City	State	ZIP			
SSN	Allergies		Prescriber Name					
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Weight (kg)	Height (ft,in)	Prescriber NPI					
Emergency Contact		Phone	Nurse/Key Contact		Phone/Pager			
Insurance Plan		Plan ID #	Fax					

Prescriber Specialty: Allergist Pulmonologist ENT Primary Care Pediatrician Dermatologist Other:

Diagnosis/Clinical Information FOR APPROPRIATE PATIENTS WITH ALLERGIC ASTHMA OR CIU

ICD-10-CM: J45.40 Moderate persistent asthma, uncomplicated J45.50 Severe persistent asthma, uncomplicated
L50.1 Idiopathic urticaria Other:

Concomitant therapies (check all that apply): Short acting beta agonist Long acting beta agonist Systemic glucocorticoids
H1 Antihistamines Decongestants Immunotherapy Inhaled corticosteroid Leukotriene modifiers Nasal steroids
Proton pump inhibitor H2 antagonist Other:

Allergic Asthma: History of positive skin or RAST test to a perennial aeroallergen Symptoms inadequately controlled with ICS
Pretreatment serum IgE level: _____ IU/mL Test date: ____/____/____
Pretreatment FEV1 (if available): _____% Date obtained: ____/____/____

Chronic Idiopathic Urticaria: Patient has had CIU for 6 weeks or more

Prescription type: Naive/New Start Restart Continued Treatment Last Injection Date: / /

Prescription Information

MEDICATION	STRENGTH	DIRECTIONS	QTY	REFILLS
Xolair - Allergic Asthma Every FOUR weeks dosing. (dose dependent on weight and IgE levels)	150mg single use vials Current weight: _____kg Weight date: ____/____/____	Administer 75mg/dose every 4 weeks Administer 150mg/dose every 4 weeks Administer 225mg/dose every 4 weeks Administer 300mg/dose every 4 weeks Other: Administer _____mg/dose every 4 weeks		
Xolair - Allergic Asthma Every TWO weeks dosing. (dose dependent on weight and IgE levels)	150mg single use vials Current weight: _____kg Weight date: ____/____/____	Administer 225mg/dose every 2 weeks Administer 300mg/dose every 2 weeks Administer 375mg/dose every 2 weeks Other: Administer _____mg/dose every 2 weeks		
Xolair - CIU Every FOUR weeks dosing. (fixed dose, not dependent on weight or IgE)	150mg single use vials	Administer 150mg/dose every 4 weeks Administer 300mg/dose every 4 weeks Other: Administer _____mg/dose every 4 weeks		
EpiPen		Use as directed	2	
EpiPen Jr.		Use as directed	2	

Do you require diluent and supplies? No Yes - 10mL vial preservative-free sterile water for injection, USP; ancillary supplies: 3-mL syringe as needed for reconstitution, 18 gauge needles as needed for reconstitution; 25 gauge needles as needed for administration

Date needed: ____/____/____ Medication delivery to (choose one): Prescriber Other:

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary," or your state-specific required language to prohibit substitution: _____

PRESCRIBER MUST MANUALLY SIGN - STAMP SIGNATURE, SIGNATURE BY OTHER PERSONNEL AND COMPUTER-GENERATED SIGNATURES WILL NOT BE ACCEPTED

PRODUCT SUBSTITUTION PERMITTED/Brand exchange permitted (Date) DISPENSE AS WRITTEN/Do Not Substitute (Date)

Confidentiality Statement: This message is intended only for the individual or entity to which it is addressed. It may contain information which may be proprietary and confidential. It may also contain privileged, confidential information which is exempt from disclosure under applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this information (other than to the intended recipient) or copying this information. If you received this communication in error, please notify the sender immediately at the address and telephone number set forth herein and obtain instructions as to proper destruction of the transmitted material. Thank you.