SOMC Cancer Center & Infusion
Ph: (740) 356-7490
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Omalizumab (Xolair) Order Form

PATIENT & PRESCRIBER INFORMATION

Patient Name: _____ DOB: _____ Phone: (H) _____ (C) _____

Patient Address: _____

Ht.: _____ Wt.: _____ ☐lbs. ☐kg. Allergies: _____

Prescriber Name/Title: _____ Address: _____

Phone: _____ Fax: _____ Prescriber NPI #: _____

REQUIRED: **Most Recent H&P, clinical notes, & medication list are required unless the patient is established with SOMC. Supporting clinical notes should include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.**

LAB RESULTS: **Include IgE levels and RAST or Skin Test for asthma diagnosis. Include IgE levels for nasal polyps.**

DIAGNOSIS, CLINICAL INFORMATION, & PRESCRIPTION

Omalizumab (Xolair)

☒ **In the event of an adverse reaction, line maintenance/flushes, or O2 are required, the SOMC AIC established protocols will be utilized.**

☒ **Monitor for any adverse events post administration for at least 30 minutes or until clinically stable.**

AND

Diagnosis (Check all that apply)

☐ Moderate Persistent Asthma, Uncomplicated

☐ Severe Persistent Asthma, Uncomplicated

Dose: ☐ **Omalizumab (Xolair) SubQ,** x 1 injection

☐ **75 mg** ☐ **150 mg** ☐ **225 mg**

☐ **300 mg** ☐ **375 mg**

Frequency:

☐ **Every 2 weeks, x 1 year** ☐ **Other**

☐ **Every 4 weeks, x 1 year** _____

OR

Diagnosis (Check all that apply)

☐ Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)

Dose: ☐ **Omalizumab (Xolair) SubQ,** x 1 injection

☐ **75 mg** ☐ **150 mg** ☐ **225 mg**

☐ **300 mg** ☐ **375 mg** ☐ **450 mg**

☐ **525 mg** ☐ **600 mg**

Frequency:

☐ **Every 2 weeks, x 1 year** ☐ **Other**

☐ **Every 4 weeks, x 1 year** _____

OR

Diagnosis (Check all that apply)

☐ Chronic Spontaneous Urticaria

Dose: ☐ **Omalizumab (Xolair) SubQ,** x 1 injection

☐ **150 mg** ☐ **300 mg**

Frequency:

☐ **Every 2 weeks, x 1 year** ☐ **Other**

☐ **Every 4 weeks, x 1 year** _____

☐**Additional order(s)**_____

PROVIDER:	**DATE:**	**TIME:**	**SIGNATURE:**

Southern Ohio Medical Center
Very Good things are happening here

OMALIZUMAB

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