

XOLAIR® (omalizumab) Referral Form



Preferred Clinic (select one):

PATIENT INFORMATION

Referral Status: New Referral Updated Referral Referral Renewal

| | | | |
|-------------------------|---------------------|----------------------|--------------------|
| DOB: | Patient Name: | Patient Phone: | |
| Patient Address: | | Patient Email: | |
| NKDA Allergies: | Weight (lbs/kg): | | Height: |
| ICD-10 Code (required): | ICD-10 Description: | Last Treatment Date: | Last 4 Digits SSN: |

PROVIDER INFORMATION

| | | | |
|--|--------|-----------------------------|---------------------|
| Referral Coordinator Name: | | Referral Coordinator Email: | |
| Ordering Provider: | | Provider NPI: | |
| Referring Practice Name: | | Phone: | Fax: |
| Practice Address: | | City: | State: Zip Code: |
| Physician Preferred Method of Contact: | Email: | Fax: | Phone: |

NURSING

Infusion to be administered per Vivo protocols.

XOLAIR THERAPY ADMINISTRATION

| | | | |
|--------------|--------|--------|--------|
| Dose: | 75 mg | 150 mg | 225 mg |
| | 300 mg | 375 mg | 450 mg |
| | 525 mg | 600 mg | |

OTHER NOTES

Frequency: every 2 weeks every 4 weeks

REQUIRED DOCUMENTATION

- Patient Demographics**
- Insurance Card/Information**
- Progress Notes Supporting DX**
- Current Medication List and H&P**
- Pretreatment IgE Level (IU/ml)** *Asthma, rhinosinusitis, food allergy indication*
- Positive Skin or RAST test** *Asthma, food allergy indication*

*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. **Order is valid for one year unless otherwise noted**

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

| | | | |
|--|--------------------------|---|-------------------------|
| Email Referrals To: referrals@vivoinfusion.com OR Fax Below | | Have a Question? Call (720) 902-4111 | |
| Colorado: 303-418-4679 | Michigan: 833-957-2188 | New York: 800-540-1852 | Texas: 469-340-0044 |
| Connecticut: 203-724-4838 | Minnesota: 763-290-0903 | Ohio: 216-400-0674 | Virginia: 804-500-5941 |
| Florida: 904-930-4211 | Nevada: 702-489-5744 | Oklahoma: 918-770-4421 | Wisconsin: 414-600-5383 |
| Massachusetts: 781-202-1629 | New Jersey: 609-955-3711 | Pennsylvania: 215-399-9244 | |