MRN:_____
For Internal Use Only

Palmetto Infusion Services

STANDARD XOLAIR® PLAN OF TREATMENT

(Re)Certification Period From_____to_____

PATIENT'S NAME _____**Height**_____ **WEIGHT** _____

Allergies:_____

DIAGNOSIS: Please check one:

- ☐ **493.00 Extrinsic Asthma, unspecified**
- ☐ **493.01 Extrinsic asthma with status asthmaticus**
- ☐ **493.02 Extrinsic asthma with acute exacerbation**

SECONDARY DIAGNOSIS: _____

HISTORY:

Other Asthma Therapies (check all that apply)

☐ Short-acting Beta-agonist ☐ Inhaled Corticosteroids ☐ Combination Therapy (LABA/ICS)
☐ Long-acting Beta-Agonist ☐ Leukotriene Modifier ☐ Oral Steroids
☐ Other _____

Lab Results

☐ History of positive skin or RAST test to a perennial aeroallergen

Pre-treatment serum IgE level: _____ IU/ml Test Date: _____

1.0 kU/L = 1.0 IU/ml; 2.4 ng/ml = 1.0 IU/ml

Please send documentation regarding treatment history & labs to support the above

Medical Justification for Prescribing Xolair:

ORDERS:

Obtain weight each visit.
Vital signs prior to subcutaneous administration, then again 15 minutes after administration and every 30 minutes during the extended observation of the first 2 doses.
Monitor patient for 2 hours after 1st injection, 1 hour after 2nd injection, 30 minutes after 3rd injection and then for 20 minutes after subsequent injections.
Instruct patient/caregiver on medications, signs/symptoms of adverse reaction.
Assess patient for response to therapy.
If adverse drug reaction, implement the Standing Adverse Reaction Protocol.
Supplies as needed to complete prescribed therapy.

DOSE AND FREQUENCY: (Select a frequency *and* a dose)

☐ Subcutaneously every 4 weeks **OR** ☐ Subcutaneously every 2 weeks

☐150mg/dose ☐ 300mg/dose ☐ 225mg/dose ☐ 300mg/dose ☐ 375mg/dose

_____ Special Orders:_____

OTHER:

Pharmacist to perform clinical drug monitoring.

Physician's Signature: _____/_____Date: _____

(Dispense as written) (Substitution permitted)

PLEASE FAX DEMOGRAPHIC & INSURANCE INFORMATION and SPOC Release to

TOLL FREE FAX (866) 872-8920 TOLL FREE PHONE (800) 809-1265