

## **Trinity Health Muskegon & Shelby Infusion Clinics**

Muskegon: 1500 Sherman BLVD, Muskegon, MI 49444 Shelby: 72 S. State St. Shelby, MI 49455 Fax (shared): 231-672-3970

## Omalizumab (Xolair®)

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes. Trinity Health Muskegon will obtain any necessary medication authorizations for patients receiving infusion therapies

Order Date: / / **Site of Service:** TH Muskegon TH Shelby **Referral Status**:  $\Box$  New Referral  $\Box$  Dose or Frequency Change  $\Box$  Renewal Patient Name: \_\_\_\_ Primary Insurance: \_\_\_\_\_ \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_/\_\_\_\_ Member ID: Weight: \_\_\_\_kg Height: \_\_\_\_cm Secondary Insurance: Allergies: \_\_\_\_\_ Member ID: \_\_\_\_\_ Diagnosis Labs Diagnosis Code (ICD-10): \_\_\_\_\_ [] Baseline serum total IgE Indication: \_\_\_\_\_ [ ] Other: \_\_\_\_\_ Target start date: \_\_\_\_\_ **Pre-medications:** No pre-medications are routinely given. Pre-medications may be ordered at physician discretion. Other: Note to provider: Dose based on pretreatment serum IgE and patient weight **R** Omalizumab (Xolair<sup>®</sup>) Subcutaneous Injection **Dosing**:  $\Box$  150mg  $\Box$  225mg  $\Box$  300mg  $\Box$  375mg  $\Box$  Other: Frequency: 🗆 Every 2 Weeks 🗆 Every 4 weeks 🗆 Other: Nursing orders: Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy if necessary: sodium chloride 0.9 % bolus 500 mL PRN; acetaminophen tablet 650 mg PRN; albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg PRN; albuterol HFA inhaler 2 puff PRN; epinephrine injection 0.3 mg PRN; famotidine injection 20 mg PRN; diphenhydramine injection 50 mg PRN; diphenhydramine injection 25 mg PRN; hydrocortisone sodium succinate injection 100 mg PRN Provider Name: \_\_\_\_\_ Provider Signature: \_\_\_\_\_ Office Phone Number: \_\_\_\_ Office Fax Number: \_\_\_\_\_ Attending Physician Name: (If ordering provider is an advanced practice practitioner, attending physician name required)

Note: This order is valid for 12 months from date of physician signature.