

Date: _____
Patient Name: _____ DOB: _____
Diagnosis: _____ Diagnosis Code: _____ Height: _____
Allergies: _____ Weight: _____

Pre-appointment Documentation:

Please fax most recent office visit note documenting the patient's diagnosis as well as a copy of the patient's demographic information along with this order form.

Pre-appointment Lab Results:

The following lab tests must be ordered, completed within 90 days of treatment, and results documented prior to **initiation** of omalizumab.

☐ Pretreatment serum IgE **Date obtained:** _____ **Result:** _____

Treatment:

☐ **Chronic spontaneous urticaria**

Omalizumab (Xolair®) ☐ 150mg **OR** ☐ 300mg subcutaneously every 4 weeks

Duration of therapy (1 year unless otherwise specified): _____

☐ **Asthma, moderate to severe allergic**

		Weight (kg)			
		30 to 60	>60 to 70	>70 to 90	>90 to 150
Pretreatment serum IgE (units/mL)	≥ 30 to 100	150mg every 4 weeks			300mg every 4 weeks
	>100 to 200	300mg every 4 weeks			225mg every 2 weeks
	>200 to 300	300mg every 4 weeks	225mg every 2 weeks		300mg every 2 weeks
	>300 to 400	225mg every 2 weeks		300mg every 2 weeks	Use not recommended
	>400 to 500	300mg every 2 weeks		375mg every 2 weeks	Use not recommended
	>500 to 600	300mg every 2 weeks	375mg every 2 weeks	Use not recommended	
	>600 to 700	375mg every 2 weeks	Use not recommended		

Omalizumab (Xolair®) _____ mg subcutaneously every _____ weeks

Duration of therapy (1 year unless otherwise specified): _____

☒ **Hypersensitivity/Anaphylaxis Medications and Extravasation Management (PRN):** Follow Adult Hypersensitivity Protocol as needed per Nursing Protocol for the treatment of allergic/hypersensitivity reaction. Follow established hospital protocol for extravasation.

Physician's Name (Print): _____ Signature: _____ Date: _____

Contact Number: _____ Fax Number: _____

SINAI HOSPITAL
FAX TO: 410-601-4452
410-601-9311
PHONE: 410-601-4779

NORTHWEST HOSPITAL
FAX TO: 410-521-7385
410-521-8889
PHONE: 410-521-8393

Wm. E. KAHLERT CANCER CENTER
(CARROLL HOSPITAL)
FAX TO: 410-871-6521
PHONE: 410-871-6400