



Clinical Information for Xolair® (omalizumab)

PART A: Patient/Provider Information – Please Print

Patient Name (Last, First, MI)	Sponsor SSN	Date of Birth (mm/dd/yyyy)
Requesting Provider		Provider Fax #

PART B: Clinical Information – Please check appropriate boxes and make comments as indicated – Please Print

Diagnosis: _____

History of positive skin or RAST test to a perennial aeroallergen

Pretreatment serum IgE level: _____ (IU/ml) Serum IgE test date: _____

Please indicate which of the following medications the patient has tried:

	Drug	Dose	Length of Therapy
<input type="checkbox"/> Short Acting Beta Agonist			
<input type="checkbox"/> Long Acting Beta Agonist (LABA)			
<input type="checkbox"/> Inhaled Corticosteroid (ICS)			
<input type="checkbox"/> Oral Steroid			
<input type="checkbox"/> Combination Therapy (LABA/ICS)			
<input type="checkbox"/> Leukotriene Modifier			
<input type="checkbox"/> Immunotherapy			
<input type="checkbox"/> Other			

PART C: Treatment Plan – Please check appropriate boxes and make comments as indicated – Please Print

Dosage (please specify) _____ (150-375 mg) Frequency: Every 2 weeks every 4 weeks

New OR Continued Prescription Starting date requested (mm/dd/yyyy): _____

Who is administering medication (please specify)? _____

Where is medication being delivered? Patient's residence Other (please specify): _____

PART D: Codes

HCPCS code: J2357 NCD Code (**REQUIRED**): _____

Please fax this completed form with supporting clinical documentation and/or other relevant data to:

TriWest Healthcare Alliance – Fax: 866-269-5892

TRICARE Prime Remote, TRICARE Reserve Select – Fax: 866-312-5831

Note: HIPAA authorization requirements do not apply to protected information used for treatment, payment, or health care operations including medical records requested for the provision of health care services.
 Privacy Act Statement: This information is protected under the Privacy Act of 1974 and shall be handled as "for official use only."
 Violations of this may be punishable by fines, imprisonment, or both.