

# North Texas Specialty Pharmacy and Infusion Centers

3409 Worth St. Sammons Ste.710 Dallas, TX 75246 (214) 823-2533 FAX (214) 887-0436 www.NTISP.org

## XOLAIR® (Omalizumab) Enrollment Form

### Patient Information

Last Name		First	MI
Street Address	City	State	Zip Code
Phone (daytime)	Phone (cell)	Date of Birth	

### Primary Insurance Information

### Secondary Insurance Information

### Pharmacy Insurance Card

Medical Insurance Name		Secondary Insurance Name		Insurance Name
Cardholder Name	SSN	Cardholder Name	SSN	Member ID
Group / Policy Number	Group / Policy Number		BIN Number	Group Number

### Physician Information

Physician Name		Contact Person	
Street Address	City	State	Zip Code
Physician DEA Number	Phone Number	Fax Number	

### Statement of Medical Necessity

493.92 Severe Asthma (date diagnosed) \_\_\_\_\_  493.91 Moderate Asthma (date diagnosed) \_\_\_\_\_  
 Other: ICD-9 Code: \_\_\_\_\_ Description: \_\_\_\_\_ (date diagnosed) \_\_\_\_\_

### Pertinent Medical History

Patient Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Positive perennial aeroallergen?  Yes  No  
Tuberculin (PPD) skin test date \_\_\_\_\_ results:  Negative  Positive  
Asthma Symptoms controlled by corticosteroids?  Yes  No  
Comments: \_\_\_\_\_

### Prescription Orders

XOLAIR® (Omalizumab) Qty: \_\_\_\_\_ 150mg vials  
 Dispense as written  Substitution Allowed  
Sig: Inject Subcutaneously \_\_\_\_\_ mg every \_\_\_\_\_ week(s) or as directed.  
Xolair Refills:  12 months Refills: \_\_\_\_\_ times  
Anaphylaxis Protocol Orders:  EpiPen 0.3mg Dispense #2 Patients must carry at all times.  
 Dispense as written  Substitution Allowed  EpiPen Refills: \_\_\_\_\_ times

Allergies: \_\_\_\_\_

Physician's signature \_\_\_\_\_

Date \_\_\_\_\_

**Fax completed from to (214) 887-0436.**

Insurance / Clearance questions call (214) 276-5642 or email [mike.ellis@ntisp.org](mailto:mike.ellis@ntisp.org). Pharmacy / Clinical questions call (214)276-5623. Include the following documents when faxing the enrollment form; patient's insurance card(s) front & back, Pharmacy Benefit Card, lab work, letter of medical necessity and any other documentation supporting the use of Xolair ® .

Patient's Preferred Infusion Center Location:  Downtown Dallas  NorthPark

Updated 06/30/2010