Faxed prescriptions will only be accepted from a prescribing practitioner. Prescribers are reminded patients may choose any pharmacy of their choice.

Itemate Caregiver Name: Prefered Phone: Insurance Information: Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical) 2: Prescriber Information: Phone: NPIF: Test: Phone: Fax: (b) State Zip: Key Contact: Phone: State Zip: Contact: No. Medications: Photo: State Zip: Latex allergy? Yes BPPD test given? No. Serious/Active Infection of department/tesson for department/tesson		sthma/Al	lergy l	Referra	I Form			233 Corpora Ellicott City, M	
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3: Diagnosis: Clinical Information Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization in an one of the prior failed medications BirPD test aller years ICO-10 Code Location: Hands Feet Knees Spin Other: Latex allergy? Yes Prior failed medications (medication and duration of treatment/resson for d/c) Patient Special Plearance of the point of the plearance of the mand-clurer support pregram that potisms to the prescribed themp; The partices of this evolution that the mand-clurer may consist any performed information the mand-clurer may consist any performed information that the mand-clurer may consist any performed information the mand-clurer may consist any performed information of the patient's origin data and performed information that the mand-clurer may consist any performed information the performed information the performed information of the performance of the performance data and performance of the performance of									
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EpiPen 0.3mg (0.3mL) \geq 30kg At first sign of allergic reaction, inject the single-dose EpiPen intranuscularly or subcutaneously into the anterolateral side of the thigh, through clothing if necessary 0.15mg (0.3mL) 15-30kg Frequency: PRN Other Image: Comparison of the pharmaceutical company assisted patient support programs: Please sign and date below to enroll in the pharmaceutical company assisted patient support program intent Signature: Prescriber, please sign and date below escriber Signature: Prescriber, please sign and date below Image: Company assisted patient support program intent Support Programs intent Support Prescriber, please sign and date below uppense as written Date Substitution Permissible Date		 300 mg PFS 200 mg Pen 300 mg Pen 75 mg PFS 150 mg PFS 	Patients aged 6 to 17 years old Patients aged 6 months to 5	15kg to <30kg 30kg to <60kg ≥ 60kg 5kg to <15kg	Induction Dose: Maintenance: In Induction Dose: Maintenance: Inj Induction Dose: Maintenance: Inj Induction Dose: Maintenance: Inj Induction/Mainte Dosing: 75 mg 150 r	Inject 600 mg on day 1, then 30 ect 300mg SQ every 2 weeks Inject 600 mg on day 1, then 30 ect 300mg SQ every 4 weeks Inject 400 mg on day 1, then 20 ect 200mg SQ every 2 weeks Inject 600 mg on day 1, then 30 ect 300mg SQ every 2 weeks enance Dose: Inject 200mg SQ enance Dose: Inject 300mg SQ enance Dose: Inject 300mg SQ	0 mg on day 29 0 mg on day 15 0 mg on day 15 every 4 weeks every 4 weeks		
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Internet Support Programs: Please sign and date below to enroll in the pharmaceutical company assisted patient support program ient Signature: Date: escriber Signature: Prescriber, please sign and date below ipense as written Date Date Date ipense as written Date	Xolair	 300 mg PFS 200 mg Pen 300 mg Pen 300 mg Pen 150 mg PFS 150 mg vial kit 	Patients aged 6 to 17 years old Patients aged 6 months to 5 years old	15kg to <30kg 30kg to <60kg ≥ 60kg 5kg to <15kg 15kg to <30kg	Induction Dose: Maintenance: In Induction Dose: Maintenance: Inj Induction Dose: Maintenance: Inj Induction Dose: Maintenance: Inj Induction/Mainte Dosing: 75 mg 150 r 450 mg 525 Frequency: SC every 2 week Dosing: At first sign of alle	Inject 600 mg on day 1, then 30 ect 300mg SQ every 2 weeks Inject 600 mg on day 1, then 30 ect 300mg SQ every 4 weeks Inject 400 mg on day 1, then 20 ect 200mg SQ every 2 weeks Inject 600 mg on day 1, then 30 ect 300mg SQ every 2 weeks enance Dose: Inject 200mg SQ enance Dose: Inject 300mg SQ mg	0 mg on day 29 0 mg on day 15 0 mg on day 15 every 4 weeks every 4 weeks arrow 4 weeks arr	ary	
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