



Nucara Pharmacy      Nucara Infusion Center  
 6111 Burnet Rd      6013 Burnet Rd  
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 Phone: 512-454-9923      Phone: 512-454-9923 x8  
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Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Wt(kg): \_\_\_\_\_

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

## Xolair (Omalizumab) SubQ Injection Orders

### Required Information:

Signed order from prescribing provider  
 Patient demographics including insurance information  
 Supporting clinical documentation: Visit notes, diagnostic results

### Primary Diagnosis:

Allergic Asthma (ICD-10 : \_\_\_\_\_)  
 Chronic Idopathic Uricaria(ICD-10: \_\_\_\_\_)  
 Other: \_\_\_\_\_(ICD-10: \_\_\_\_\_)

### XOLAIR ORDERS

Xolair \_\_\_\_\_mg

Date of Last Xolair: \_\_\_\_\_

Frequency:      Every 2 weeks  
                     Every 4 weeks

**\*\*Pt must have Epi-Pen present at each visit\*\***

*Administered per manufacturer guidelines*

### PRE-MEDICATIONS

PO Tylenol \_\_\_\_\_mg

PO Cetirizine \_\_\_\_\_mg

IV Solu-medrol \_\_\_\_\_mg

PO Loratadine \_\_\_\_\_mg

PO IV Diphenhydramine \_\_\_\_\_mg

PO IV Other: \_\_\_\_\_ mg

### LABS

CBC

ESR

Uric Acid

Frequency:      Every Visit  
                     Every Other Visit  
                     One time only  
                     Other: \_\_\_\_\_

CMP

TB Quantiferon Gold

Other: \_\_\_\_\_

CRP

Hep B Core/Surface AG

Other: \_\_\_\_\_

CPL Acct #: \_\_\_\_\_

### ADDITIONAL INSTUCTIONS

Please include accommodations to be made for the patient, catheter care, prn orders, etc.

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Physician Name:	Phone:	Fax:
Physician Signature:	NPI:	Date: