



Edward-Elmhurst Cancer Centers  
120 Spalding Drive; Suite 111; Naperville, IL 60540  
Phone: 630/646-2273 Fax: 630/548-6617

24600 W. 127<sup>th</sup> Street; Plainfield, IL 60585  
Phone: 630/646-2273 Fax: 630/548-6617

177 E. Brush Hill Road; Elmhurst, IL 60126  
Phone: 630/646-2273 Fax: 331/221-3887

## Xolair Injection Orders

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**\*\*\*Please include current history and physical and any recent labs/tests, if applicable\*\*\***

**\*PLEASE ATTACH COPY OF INSURANCE CARD WITH THIS ORDER\***

Pre-Authorization # or  
Call Reference #:

\_\_\_\_\_  
(Ordering Physician Office is Responsible to Obtain Authorization/Referral)

Please check box if medication is to be sent from specialty pharmacy

Contact Name and Phone Number  
of Insurance Company:

\_\_\_\_\_

If you have any questions regarding pre-authorizations, please contact (630) 527-3788 and ask for the billing department.

\*PRIMARY DIAGNOSIS (ICD-10 REQUIRED): \_\_\_\_\_

### Dosing (please select one):

**Xolair 150mg** subcutaneous injection

**Xolair 300mg** subcutaneous injection

**Xolair 225mg** subcutaneous injection

**Xolair 375mg** subcutaneous injection

Frequency: \_\_\_\_\_ Length of Treatment: \_\_\_\_\_

Observation:

Patient to wait 30 minutes post-injection

Patient to wait 2 hours post-injection

In the event of a hypersensitivity reaction during the infusion of this medication, we will implement the reaction protocol. A designated nurse practitioner will evaluate your patient and your office will receive notification of the event.

In the event that your patient has a central line, it will be used per the Cancer Center protocol, unless otherwise directed.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ordering Physician NPI: \_\_\_\_\_

Swedish Hospital  
NPI:

1831151257

Physician Name (Please Print)

Office Phone

Fax Number

Revision/Review Date 12/2024