



PHYSICIAN ORDER SET :

**XOLAIR**

CDH 208-208 – Approved 2/18 - Page 1 of 4

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_

Provider Facility Name: \_\_\_\_\_ Provider Facility Address: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Complete, Sign, and fax this document to: **CDH Central Scheduling at 413-582-2183**

\*\*Please include H&P/current medications list/allergies, and ensure that med authorizations have been obtained\*\*

**Pre-Medications**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>acetaminophen (TYLENOL) tablet 325 mg</b> 650 mg, Oral, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i>	Once		1 treatment
<input type="checkbox"/> <b>diphenhydrAMINE (BENADRYL) tablet 25 mg</b> 25 mg, Oral, Once, Starting at treatment start time, For 1 dose <i>HOLD IF: Given IV. Administer at least 30 mins prior to treatment.</i>	Once		1 treatment
<input type="checkbox"/> <b>hydrocortisone sodium succinate (PF) (Solu-CORTEF) injection 50 mg</b> 50 mg, Intravenous, Once, Starting when released, For 1 dose <i>Administer at least 30 mins prior to treatment.</i>	Once		1 treatment
<input type="checkbox"/> <b>loratadine (CLARITIN) tablet 10 mg</b> 10 mg, Oral, Once, Starting when released, For 1 dose <i>Administer at least 30 mins prior to treatment.</i>	Once		1 treatment
<input type="checkbox"/> <b>methylprednisolone sodium succinate (PF) (SOLU-Medrol) injection 25 mg</b> 25 mg, Intravenous, Once, Starting when released, For 1 dose <i>Administer at least 30 mins prior to treatment.</i>	Once		1 treatment
<input type="checkbox"/> <b>ondansetron (ZOFTRAN) tablet 4 mg</b> 4 mg, Oral, Once, Starting when released, For 1 dose <i>HOLD IF: Giving IV. Administer at least 30 mins prior to treatment.</i>	Once		1 treatment
<input type="checkbox"/> <b>ondansetron (ZOFTRAN) 8 mg in sodium chloride 0.9% 50 mL IVPB</b> 8 mg, Intravenous, Once, Starting when released, For 1 dose <i>HOLD IF: Giving PO. Administer at least 30 mins prior to treatment.</i>	Once		1 treatment
<input type="checkbox"/> <b>dexamethasone (DECADRON) 40 mg in sodium chloride 0.9% 50 mL IVPB</b> 40 mg, Intravenous, Once, Starting at treatment start time, For 1 dose <i>Administer at least 30 mins prior to treatment.</i>	Once		1 treatment



(Patient Sticker)

PHYSICIAN ORDER SET :

**XOLAIR**

CDH 208-208 – Approved 2/18 - Page 2 of 4

**Medications**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>omalizumab (XOLAIR) subcutaneous injection 150 mg</b>	Once		1 treatment

150 mg, Subcutaneous, Once, Starting at treatment start time, For 1 Dose

*Pharmacy's Suggested Dose Instructions: Dose and dose frequency are determined by pretreatment serum IgE level. Doses >150 mg are divided among more than 1 injection site. Instructions: Infuse over 5-10 seconds. Doses and dose frequency are based on body weight.*

**Specialty Ordering, please answer the following medical necessity questions below:**

Please select the diagnosis/indication for Omalizumab or choose Other:

**Moderate-to-severe Asthma (please circle yes or no):**

- Has this patient failed 3 months of high-dose inhaled or oral steroids? Yes / No
- Has the patient had a positive skin test or in vitro testing for one or more perennial aeroallergen? Yes / No
- Has the patient had IgE levels within the range of 30-700 IU/mL in the past 6 months? Yes / No

**Chronic idiopathic urticarial symptomatic despite H1 treatment**

**Other or No to any answer above:**

*Does not meet standard medical necessity. Please provide additional medical necessity documentation here including diagnosis/indication, treatment history, prerequisite testing, etc.*

**Labs**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>CBC</b> Once, Starting when released.	Once		1 treatment
<input type="checkbox"/> <b>BUN</b> Once, Starting when released.	Once		1 treatment
<input type="checkbox"/> <b>Creatinine, random urine</b> Once, Starting when released.	Once		1 treatment
<input type="checkbox"/> <b>Urinalysis</b> Once, Starting when released.	Once		1 treatment
<input type="checkbox"/> <b>PTT</b> Once, Starting when released.	Once		1 treatment
<input type="checkbox"/> <b>PT-INR</b> Once, Starting when released.	Once		1 treatment
<input type="checkbox"/> <b>Glucose</b> Once, Starting when released.	Once		1 treatment
<input type="checkbox"/> <b>CPK (creatine kinase)</b> Once, Starting when released.	Once		1 treatment
<input type="checkbox"/> <b>Alanine aminotransferase (ALT)</b> Once, Starting when released.	Once		1 treatment



PHYSICIAN ORDER SET :

**XOLAIR**

CDH 208-208 – Approved 2/18 - Page 3 of 4

**Labs (continued)**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Aspartate aminotransferase (AST)</b> Once, Starting when released.	Once		1 treatment
<input type="checkbox"/> <b>Bilirubin, total</b> Once, Starting when released.	Once		1 treatment
<input type="checkbox"/> <b>C-reactive protein</b> Once, Starting when released.	Once		1 treatment
<input type="checkbox"/> <b>Sedimentation rate (ESR)</b> Once, Starting when released.	Once		1 treatment
<input type="checkbox"/> <b>Comprehensive metabolic panel</b> Once, Starting when released.	Once		1 treatment

**Catheter management**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Line Access</b> Routine, Once, Starting S For 1 Occurrences, As needed. Starting when released. Until Specified. <i>Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment.</i>	PRN		Until discont'd
<input type="checkbox"/> <b>alteplase (CATHFLO) 1 mg/mL injection 2 mg</b> 2 mg, Intracatheter, As needed, line care, For central venous access device requiring clearance. Administer per institutional guidelines. May repeat once per lumen., Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>lidocaine-prilocaine (EMLA) cream</b> Topical, As needed, pre procedure/treatment, Apply prior to the PIV insertion or port access, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>heparin 100 units/mL flush 5 mL</b> 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>heparin 10 units/mL flush 3 mL</b> 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>heparin 10 units/mL flush 5 mL</b> 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>heparin 1000 units/mL flush 2 mL</b> 2 mL, Intracatheter, As needed, line care, APHERESIS LINE CARE ONLY per institutional policy. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride (NS) 0.9 % syringe flush 3 mL</b> 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride (NS) 0.9 % syringe flush 10 mL</b> 10 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride (NS) 0.9 % syringe flush 20 mL</b> 20 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride 0.9% infusion</b> 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>D5W infusion</b> 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment, Starting S	PRN		Until discont'd



(Patient Sticker)

PHYSICIAN ORDER SET :

**XOLAIR**

CDH 208-208 – Approved 2/18 - Page 4 of 4

**Emergency Medications/Anaphylaxis**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Provider and Nurse Communication</b> Routine, Until discontinued, Starting S, Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.	PRN		Until discont'd
<input type="checkbox"/> <b>EPINEPHrine injection 0.3 mg</b> 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting S <i>For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 is equivalent to 1 mg/mL</i>	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride 0.9% bolus 1,000 mL</b> 1,000 mL, Intravenous, Once as needed, other (free text field), For hypotension, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>Oxygen Therapy - Non-Rebreather</b> Routine <i>Select a Mode of Therapy: Non-Rebreather</i>	PRN		Until discont'd

**Hypersensitivity**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Provider and Nurse Communication</b> Routine, Until discontinued, Starting S For Until specified, Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		Until discont'd
<input type="checkbox"/> <b>albuterol (ACCUNEB) nebulizer solution 2.5 mg</b> 2.5 mg, Nebulization, Once as needed, shortness of breath, wheezing, wheezing, shortness of breath, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>acetaminophen (TYLENOL) tablet 975 mg</b> 975 mg, Oral, Once as needed, fever, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>diphenhydramine (BENADRYL) injection 25 mg</b> 25 mg, Intravenous, As needed, itching, itching, hives. Begin with 25 mg. If patient has continued reaction, administer additional 25 mg, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>famotidine (PEPCID) injection 20 mg</b> 20 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction Hold if: given as premed, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>cetirizine (ZyrTEC) tablet 10 mg</b> 10 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses <i>HOLD IF giving fexofenadine.</i>	PRN		Until discont'd
<input type="checkbox"/> <b>fexofenadine (ALLEGRA) tablet 180 mg</b> 180 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses <i>HOLD IF giving cetirizine.</i>	PRN		Until discont'd
<input type="checkbox"/> <b>methylprednisolone sodium succinate (SOLU-Medrol) IV 40 mg</b> 40 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>ondansetron (ZOFTRAN) injection 4 mg</b> 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting S, For 2 Doses	PRN		Until discont'd