

Xolair® reorder form



Please complete for all patient refills and return with any pertinent patient information.
Fax: **1-866-926-0463** Phone: **877-409-9347**

For internal use only

Image Indexing Team: Reference Category = Asthma/Allergy; Referral Source = Office Based Deliveries

Important Update:

Reorder Office-Based Medications Online 24/7. It's the easiest, most secure way to reorder.
Please begin using our online submission process at <https://specialty.optumrx.com/provider>

Patient information

Patient name: _____ Date of birth (mm/dd/yyyy): _____
Insurance ID #: _____ Primary insurance name: _____ Secondary insurance name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone number: _____ Alternate phone: _____ Sex: Male Female
I confirm this is my current address and insurance information. _____ Patient Initial here _____

Provider and shipping information

Physician's name: _____ Physician ID (NPI/DEA): _____
Address: _____ Suite number: _____
City: _____ State: _____ ZIP: _____
Phone number: _____ Fax: _____
Contact name: _____ Phone: _____ Office hours: _____

Delivery consent

Date of last injection: / /

I received an injection of Xolair on the date shown above. Please ship my next Xolair shipment to the Provider Shipping address indicated above on the date indicated below. I authorize Optum® Specialty Pharmacy to bill my insurance company for the shipment and that I am financially responsible for any copay/coinsurance and amounts not covered by my insurance that is associated with these shipments. I understand that either myself, or an authorized representative will need to contact Optum Specialty Pharmacy at **1-866-863-7543** should circumstances change and I no longer need this next Xolair shipment or the shipment date changes for any reason.

Patient signature: X

I administered the injection of Xolair on the date shown above.

Requested delivery date: / / Note: Tuesday–Friday only

Supplies to be included: Sterile water for injection Needle BD SYR 18G x 1.5" 3 ml Needle BD 25GX5/8"

Requestor name: _____ Title: _____

Requestor signature: X **Date:** _____

This electronic fax transmission, including any attachments, contains information from Optum Specialty Pharmacy that may be confidential and/or privileged. The information contained in this facsimile is intended to be for the sole use of the individual(s) or entity named above. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is strictly prohibited by law and will be vigorously prosecuted. If you have received this electronic fax transmission in error, please notify the sender immediately and destroy all electronic and hard copies of the communication, including attachments.

All Optum trademarks and logos are owned by Optum, Inc. All other trademarks are the property of their respective owners.

© 2023 Optum, Inc. All rights reserved.