



Aultman Infusion Services 2600 Sixth St. SW Canton, OH 44714
Ph 330-363-1410 Fax 330-363-2380

Infusion Order – Omalizumab (Xolair)

Name: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Diagnosis: _____ ICD-10: _____
Allergies: _____

Parameters for dose selection

- Weight _____ Kg
- Obtain weight in Kg at least once a month, document in patient record. Notify RPh of any major weight fluctuations.
- Pre-treatment IgE level _____ units/mL
- Dose and frequency are based on actual weight and pre-treatment IgE level (see dose chart on back)

Treatment Regimen

- Omalizumab _____ mg (usual dose 150 – 375 mg) subcutaneously every _____ weeks
 - Doses greater than 150 mg should be divided and administered into more than 1 injection site and separated by at least 1 inch
 - Administer 225 mg and 300 mg doses as 2 injections
 - Administer 375 mg doses as 3 injections
- Observe patient for 1 hour following the first dose. Observe for 15 to 30 minutes after subsequent doses.

Duration of Order: 1 year (unless otherwise specified: _____)

For Anaphylactic reactions, check which therapies to be included (patients >40kg):

- **Epinephrine** 1:1000, 0.3mg (0.3mL) IM x 1, may repeat every 5-15 minutes x 2 doses (or sooner if clinically indicated) if the patient does not respond.
- **Diphenhydramine** 50mg IV Push x 1 over 2 minutes
- **Sodium Chloride 0.9% 250mL** IV x 1 at 250mL/hour

Additional orders: _____

Physician Signature: _____ **Print:** _____

Date: _____ **Phone:** _____ **Fax:** _____

Subcutaneous XOLAIR Dosing for Appropriate Allergic Asthma Patients Aged ≥12 years

		Body Weight			
		Pounds			
		66-132 lb	>132-154 lb	>154-198 lb	>198-330 lb
		Kilograms			
		30-60 kg	>60-70 kg	>70-90 kg	>90-150 kg
		Dose (mg)			
Pretreatment serum IgE (IU/mL)	Dosing freq.	● 150	● 150	● 150	●● 300
	●● 300	●● 300	●● 300	●● 300	●● 225
>200-300	●● 300	●● 300	●● 225	●● 225	●● 300
>300-400	Every 2 weeks	●● 225	●● 225	●● 300	
>400-500		●● 300	●● 300	●●● 375	
>500-600		●● 300	●●● 375	Insufficient data to recommend a dose	
>600-700		●●● 375	Insufficient data to recommend a dose		

Prefilled Syringe Dosing Strength

- 75 mg injection
- 150 mg injection

Dosing frequency:

- Subcutaneous doses to be administered every 4 weeks
- Subcutaneous doses to be administered every 2 weeks

XOLAIR Dosing for CSU

Administer XOLAIR 150 mg or 300 mg By Subcutaneous Injection Every 4 Weeks

Dosing of XOLAIR in CSU patients is NOT dependent on serum IgE (free or total) level or body weight.¹

Subcutaneous XOLAIR Dosing for Appropriate Nasal Polyps Patients Aged ≥18 years

Pretreatment serum IgE (IU/mL)	Dosing freq.	Body Weight							
		Pounds							
		>66-88 lb	>88-110 lb	>110-132 lb	>132-154 lb	>154-176 lb	>176-198 lb	>198-276 lb	>276-330 lb
Kilograms									
Dose (mg)									
30-100	Every 4 weeks	● 75 ● 150 ● 150 ● 150 ● 150 ● 150 ● 300 ● 300							
>100-200		● 150 ● 300 ● 300 ● 300 ● 300 ● 300 ● 450 ● 600							
>200-300		● 225 ● 300 ● 300 ● 450 ● 450 ● 450 ● 600 ● 375							
>300-400		● 300 ● 450 ● 450 ● 450 ● 600 ● 600 ● 450 ● 525							
>400-500		● 450 ● 450 ● 600 ● 600 ● 375 ● 375 ● 525 ● 600							
>500-600		● 450 ● 600 ● 600 ● 375 ● 450 ● 450 ● 600							
>600-700	Every 2 weeks	● 450 ● 600 ● 375 ● 450 ● 450 ● 525							
>700-800		● 300 ● 375 ● 450 ● 450 ● 525 ● 600							
>800-900		● 300 ● 375 ● 450 ● 525 ● 600							
>900-1000		● 375 ● 450 ● 525 ● 600							
>1000-1100		● 375 ● 450 ● 600							
>1100-1200		● 450 ● 525 ● 600							
>1200-1300	● 450 ● 525	Insufficient data to recommend a dose							
>1300-1500	● 525 ● 600								

Prefilled Syringe Dosing Strength

- 75 mg injection
- 150 mg injection

Dosing frequency:

- Subcutaneous doses to be administered every 4 weeks
- Subcutaneous doses to be administered every 2 weeks