

**Diagnosis:**

<input type="checkbox"/> J45.40 – Moderate persistent asthma, uncomplicated	<input type="checkbox"/> J45.50 – Severe persistent asthma, uncomplicated
<input type="checkbox"/> J45.41 – Moderate persistent asthma with (acute) exacerbation	<input type="checkbox"/> J45.51 – Severe persistent asthma with (acute) exacerbation
<input type="checkbox"/> J45.42 – Moderate persistent asthma with status asthmaticus	<input type="checkbox"/> J45.52 – Severe persistent asthma with status asthmaticus
<input type="checkbox"/> Other:	

**1. FDA Indications:**

- patient 12 years of age and older
- moderate to severe persistent allergic asthma (positive reactivity to perennial aeroallergens) with baseline IgE levels 30–700 International Units/mL
- presence of a positive skin test or *in vitro* reactivity to a perennial aeroallergen
- symptoms are inadequately controlled with inhaled corticosteroids

**2. Please check to activate the order desired:**

(Note: Dose and frequency are determined by baseline serum total IgE level and body wt in kg– refer to tables 1&2).

**Baseline IgE level \_\_\_\_\_ International Units/mL (provider to complete)**

Dose: Subcutaneously, every **4 weeks**:

☐ 150 mg

☐ 300mg

Subcutaneously, every **2 weeks**:

☐ 225mg

☐ 300 mg

**3. In the event of anaphylaxis:**

☐ 375 mg

- Epinephrine (EPIPEN AUTOINJECTOR) 0.3 mg (0.3 ml) IM X 1 STAT, administered into the anterolateral aspect of the thigh.
- Diphenhydramine 50mg IM x1 STAT
- Bring patient to Emergency Department if they do not respond to above treatment

*Table 1. Xolair doses administered every 4 weeks*

Pre-Treatment Serum IgE Levels (International Units/mL)	30–60 kg	>60–70 kg	>70–90 kg	>90–150 kg
≥30–100	150mg	150mg	150mg	300mg
>100–200	300mg	300mg	300mg	
>200–300	300mg			
>300–400			See Table 2	
>400–500				
>500–600				

*Table 2. Xolair doses administered every 2 weeks.*

Pre-Treatment Serum IgE Levels (International Units/mL)	30–60 kg	>60–70 kg	>70–90 kg	>90–150 kg
≥30–100		See Table 1		
>100–200				225mg
>200–300		225mg	225mg	300mg
>300–400	225mg	225mg	300mg	
>400–500	300mg	300mg	375mg	
>500–600	300mg	375mg		No Dose
>600–700	375mg			

**Administration notes:**

- RN to review "Med Guide" with patient prior to each treatment.
- Doses greater than 150 mg must be divided into multiple injection sites. Do not inject more than 150mg per site.
- Patient must remain in ITC for 60 minutes to monitor for signs and symptoms of anaphylaxis following the first Xolair administration, and 30 minutes following subsequent administrations.
- Patient must bring their own EpiPen to their appointment
- Xolair elevates IgE levels for up to one year after treatment. If treatment is discontinued and restarted in less than one year, dose should be determined by original baseline IgE level.

\_\_\_\_\_  
**Prescriber Signature**

\_\_\_\_\_  
**Date/Time**

\*Report any potential adverse drug reactions to the Rx ADR Hotline (x2512) or in Midas via the Beacon\*

Wentworth–Douglass Hospital  
PHYSICIAN ORDERS  
**XOLAIR (OMALIZUMAB)**



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