

Patient Name _____ DOB _____ MRN _____

Xolair (Omalizumab) Information Sheet

Overview

Xolair (Omalizumab) is a medication used to treat severe, persistent asthma and/or chronic hives. It is administered in the form of a subcutaneous (under the skin) injection.

Your Dosing and Schedule

You will be given _____ mg of Xolair every _____ weeks. You may not receive the injection any earlier than _____ weeks, but going past the scheduled time frame is acceptable.

Risks

With the use of this medication, there is a small risk of a severe, life-threatening allergic reaction called anaphylaxis. Signs and symptoms of anaphylaxis include:

- Wheezing, shortness of breath, cough, chest tightness, or difficulty breathing
- Dizziness, fainting, rapid or weak heartbeat, anxiety, or feeling of “impending doom”
- Flushing, itching, hives, or warm feeling
- Swelling of the throat or tongue, throat tightness, hoarse voice, or trouble swallowing

If these symptoms develop while in the office, please notify the nurse **IMMEDIATELY!** If these symptoms develop outside of the office, please use your EpiPen/EpiPen Jr. or Auvi-Q/Auvi-Q Jr. and **CALL 911 IMMEDIATELY** after use. You **MUST** notify the nurse of this reaction before your next injection.

How to Use Your EpiPen/EpiPen Jr. or Auvi-Q/Auvi-Q Jr.

_____ I have read, reviewed, and understand how to use my EpiPen/EpiPen Jr. or Auvi-Q/Auvi-Q Jr.

- _____ I understand the risks of anaphylaxis and agree to carry an EpiPen/EpiPen Jr. or Auvi-Q/Auvi-Q Jr.
- _____ I understand the risks of anaphylaxis and **DO NOT** wish to carry an EpiPen/EpiPen Jr. or Auvi-Q/Auvi-Q Jr.

Receiving Your Injection

For the first 3 injections, you will need to wait at least 2 hours in the office after you receive your injection to be monitored for any signs or symptoms of a reaction. On the fourth and future injections, you will need to wait at least 30 minutes in the office after each injection. In addition, you will need to call at least one hour before you would like to receive your injection to have the medication mixed and to ensure a provider is in the office. You cannot receive a Xolair injection without a provider present.

I fully understand the information above and accept the risks involved.

Patient/Guardian's Signature _____ Date: _____

Nurse's Signature _____ Date: _____

Provider's Signature _____ Date: _____