

Omalizumab (Xolair) Every 4 Weeks

Omalizumab (Xolair) every 28 days

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 358 days

Orders

	Interval	Defer Until	Duration
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Provider Communication

☒ Provider communication	Every visit		Until discontinued
Until discontinued Starting when released Until Specified			
Patient must be given prescription for an EPINEPHrine auto-injector (EPIPEN) and instructed to bring one to each infusion appointment. If patient does not bring an EPINEPHrine auto-injector (EPIPEN), then they must stay for 2 hours of observation after administration.			

Anaphylaxis may occur during or after the first dose or with repeat dosing. Anaphylaxis may occur upon restart of therapy following a 3-month gap. There have been reports of anaphylaxis up to 4 days after administration of omalizumab. Monitor patients closely after administration.

☒ Provider communication	Every visit		Until discontinued
Until discontinued Starting when released Until Specified			
Pre-treatment serum IgE level needed based on indication:			
-For chronic idiopathic urticaria, serum IgE level not needed.			
-For asthma, chronic rhinosinusitis with nasal polyps, and IgE-mediated food allergy, serum IgE level must be obtained before the first treatment with Omalizumab. Dose is determined by initial IgE level and body weight. If therapy is interrupted for more than 1 year, retest total serum IgE levels for dose determination. If therapy interruption is less than 1 year, use initial serum IgE levels. Dose should be adjusted during therapy only for significant changes in body weight.			

Labs

☒ Immuglobulin E	Once		1 treatment
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, ARUP LABORATORY (BEAKER)			

Nursing Orders

☒ Nursing communication	Every visit		Until discontinued
Until discontinued Starting when released Until Specified			
Serum IgE level needed based on indication:			
-For chronic idiopathic urticarial, serum IgE level not needed.			
-For asthma, chronic rhinosinusitis with nasal polyps, and IgE-mediated food allergy diagnosis, ensure result of IgE serum level.			

Observe patient for hypersensitivity reactions, including anaphylaxis, for 2 hours after administration of the first

	Interval	Defer Until	Duration
dose and 30 minutes after any subsequent administrations. Patient must have an EPINEPHrine auto-injector (EPIPEN) on hand. If patient does not have an EPINEPHrine auto-injector (EPIPEN), then patient must stay for 2 hours of observation.			
☒ Treatment conditions	Every visit		Until discontinued
Until discontinued Starting when released Until Specified For asthma and IgE-mediated food allergy, notify provider if there is a significant change in the patient's body weight since previous dose was administered. Dose may need to be adjusted.			
Therapeutic Medications			
☒ omalizumab (Xolair) injection	Every 28 days		Until discontinued
subcutaneous, Once, Starting when released Max 150 mg per injection site separated by greater than or equal to 1 inch. Doses greater than 150 mg will be divided for injection at separate sites. Use a 25 gauge needle for subcutaneous injection. Administration may take 5-10 seconds due to product viscosity.			
Emergency Medications			
☒ Nursing communication	PRN		Until discontinued
STAT, Until discontinued Starting when released Until Specified If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.			
☒ Vital Signs	PRN		Until discontinued
STAT, Every 15 min Starting when released If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.			
☒ Nursing communication	PRN		Until discontinued
Once Starting when released If hypersensitivity reaction occurs: - Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible - Start 2 liters oxygen per nasal cannula and maintain airway - Change and maintain IV line with 1000 mL 0.9% Normal Saline			
☒ sodium chloride 0.9 % infusion	PRN		Until discontinued
30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day			
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg	PRN		Until discontinued
2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day			
☒ albuterol HFA 90 mcg/act inhaler 2 puff	PRN		Until discontinued
2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL			
☒ acetaminophen (Tylenol) tablet 650 mg	PRN		Until discontinued
650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus			
☒ diphenhydramine (BENADryl) injection 25 mg	PRN		Until discontinued
25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus			
☒ diphenhydramine (BENADryl) injection 50 mg	PRN		Until discontinued
50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg	PRN		Until discontinued
100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus - OR - For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			

	Interval	Defer Until	Duration
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg	PRN		Until discontinued
0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose			
For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			

Appointment Requests

☒ Infusion Appointment Request	Once		1 treatment
Status: Once, Expected: S, Sched. Duration: 120 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after			
☒ Infusion Appointment Request	Every 28 days	S+28	Until discontinued
Status: Once, Expected: S, Sched. Duration: 30 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after			

*Provider signature

Provider printed name

*Date

Time

*Provider phone#

***Denotes field that must be completed by healthcare worker**