

| INFUSION SUITE | | XOLAIR INJECTION ORDERS | |
|--|---|--------------------------------------|--|
| Durango Infusion Center 270 E 8th Ave Ste N101 Durango, CO 81301 | | Phone: 970-828-3500 | Fax: 970-828-3501 |
| PATIENT INFORMATION - Include Patient Demographics and Insurance Cards | | | |
| Name: | | DOB: | |
| MEDICAL INFORMATION | | | |
| ICD10: | | Patient Height: | |
| Patient Weight (kg): | | Allergies: | |
| *Weigh patient prior to each infusion | | | |
| REQUIRED TESTING | | | |
| <input type="checkbox"/> Serum IgE: | | | |
| Additional labs: | | | |
| PREMEDICATIONS 30 minutes prior to starting | | | |
| <input type="checkbox"/> Acetaminophen: | <input type="checkbox"/> 325mg PO X1 | <input type="checkbox"/> 500mg PO X1 | <input type="checkbox"/> 650mg PO X1 <input type="checkbox"/> 1000mg PO X1 |
| <input type="checkbox"/> Diphenhydramine: | <input type="checkbox"/> 25mg IV X1 | <input type="checkbox"/> 25mg PO X1 | <input type="checkbox"/> 50mg IV X1 <input type="checkbox"/> 50mg PO X1 |
| <input type="checkbox"/> Solumedrol: | <input type="checkbox"/> 40mg IV X1 | <input type="checkbox"/> 100mg IV X1 | <input type="checkbox"/> 125mg IV X1 |
| <input type="checkbox"/> Antihistamine: | <input type="checkbox"/> Cetirizine 10mg PO X1 <input type="checkbox"/> Loratadine 10mg PO X1 | | |
| <input type="checkbox"/> Additional PRN: | | | |
| XOLAIR ORDERS | | | |
| <input type="checkbox"/> Xolair | _____ mg subcutaneous once every _____ weeks X _____ | | |
| Dosing calculator: https://www.xolairhcp.com/starting-treatment/dosing.html | | | |
| POST INJECTION | | | |
| <input type="checkbox"/> Discharge home | | | |
| Referring Provider Printed: | | | |
| Referring Provider Signature: | | Date: | |
| Referring Provider Phone: | | Referring Provider Fax: | |
| DNG Provider Printed: | | | |
| DNG Provider Signature: | | Date: | |

**Credentials must be included*

Injection Directions:

- Remove pre-filled syringes and allow to sit at room temperature for at least 30 minutes; If no PFS,
- Reconstitute Xolair with 1.4mL Sterile Water for Injection using a 3mL syringe and 18G needle
- Gently swirl for 1 minute to wet powder and then gently swirl vial for 5-10 seconds every 5 minutes to dissolve
- Using a new 3mL syringe and 18G needle to withdraw required dosage, replace needle with 25G needle
- Injection may take 5-10 seconds due to viscosity
- Inject in the thigh or outer area of upper arm
- Do not administer more than 150mg per injection site
- Discard and document any wastage

Table 4. Number of Prefilled Syringes, Injections and Total Injection Volumes

| XOLAIR Dose* | 75 mg Syringes | 150 mg Syringes | Total Volume Injected |
|--------------|----------------|-----------------|-----------------------|
| 75 mg | 1 | 0 | 0.5 mL |
| 150 mg | 0 | 1 | 1 mL |
| 225 mg | 1 | 1 | 1.5 mL |
| 300 mg | 0 | 2 | 2 mL |
| 375 mg | 1 | 2 | 2.5 mL |
| 450 mg | 0 | 3 | 3 mL |
| 525 mg | 1 | 3 | 3.5 mL |
| 600 mg | 0 | 4 | 4 mL |

Table 5. Number of Vials, Injections and Total Injection Volumes

| XOLAIR Dose* | Number of Vials | Number of Injections | Total Volume Injected |
|--------------|-----------------|----------------------|-----------------------|
| 75 mg | 1 | 1 | 0.6 mL |
| 150 mg | 1 | 1 | 1.2 mL |
| 225 mg | 2 | 2 | 1.8 mL |
| 300 mg | 2 | 2 | 2.4 mL |
| 375 mg | 3 | 3 | 3.0 mL |
| 450 mg | 3 | 3 | 3.6 mL |
| 525 mg | 4 | 4 | 4.2 mL |
| 600mg | 4 | 4 | 4.8 mL |