

## XOLAIR Patient Injection Record

Use this form to record the injection history of your XOLAIR patient.

Patient name:	Medical record number:
Date of birth:	
Home phone:	Other phone:
Specialty Pharmacy:	SP phone:
Dose: <input type="checkbox"/> 150 mg <input type="checkbox"/> 225 mg <input type="checkbox"/> 300 mg <input type="checkbox"/> 375 mg	Frequency: <input type="checkbox"/> q2wk <input type="checkbox"/> q4wk

	Injection date	Injection site(s)	Comments/observations	Lot #	Refill needed	RN initials
1.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
2.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
3.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
4.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
5.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
6.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
7.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
8.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
9.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
10.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
11.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
12.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
13.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
14.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
15.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
16.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
17.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
18.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
19.					<input type="checkbox"/> Y / <input type="checkbox"/> N	

Please see accompanying Full Prescribing Information, including Boxed WARNING and Medication Guide, for additional important safety information.



	Injection date	Injection site(s)	Comments/observations	Lot #	Refill needed	RN initials
20.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
21.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
22.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
23.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
24.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
25.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
26.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
27.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
28.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
29.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
30.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
31.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
32.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
33.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
34.					<input type="checkbox"/> Y / <input type="checkbox"/> N	
35.					<input type="checkbox"/> Y / <input type="checkbox"/> N	

**XOLAIR IS INDICATED FOR:** Adults and adolescents (aged  $\geq 12$  years) with moderate-to-severe persistent asthma who have a positive skin test or *in vitro* reactivity to a perennial aeroallergen and whose symptoms are inadequately controlled with inhaled corticosteroids. XOLAIR has been shown to decrease the incidence of asthma exacerbations in these patients. Safety and efficacy have not been established in other allergic conditions.

**WARNING:** Anaphylaxis, presenting as bronchospasm, hypotension, syncope, urticaria, and/or angioedema of the throat or tongue, has been reported to occur after administration of XOLAIR. Anaphylaxis has occurred as early as after the first dose of XOLAIR, but also has occurred beyond 1 year after beginning regularly administered treatment. Because of the risk of anaphylaxis, patients should be closely observed for an appropriate period of time after XOLAIR administration, and health care providers administering XOLAIR should be prepared to manage anaphylaxis that can be life-threatening. Patients should also be informed of the signs and symptoms of anaphylaxis and instructed to seek immediate medical care should symptoms occur (see WARNINGS, and PRECAUTIONS, Information for Patients).

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