Omalizumab and the risk of an allergic reaction (anaphylaxis)
Information for patients
How does omalizumab work?

Omalizumab is used as an additional treatment for severe asthma caused by allergies. It contains an active ingredient which is a type of medicine called a monoclonal antibody. It is also known under the brand name of Xolair®.

Because of the way it works, omalizumab can sometimes cause a severe allergic reaction (anaphylaxis). It is important that you know about this, how to recognise it and what action you or your family should take if this happens to you.

What is anaphylaxis?

Anaphylaxis (also known as anaphylactic shock) is a severe allergic reaction which has occurred rarely in some patients after they have received omalizumab. In clinical trials to test this medicine the number of patients who had an anaphylactic reaction was less than 1 in 1,000 people (0.1%).

Anaphylaxis is your body’s immune system reacting badly to the presence of a foreign substance (for example nuts or a wasp’s sting). Your whole body is affected, usually within minutes of contact with the foreign substance, but sometimes the reaction can take place hours later.

What are the signs and symptoms of anaphylaxis?

Symptoms can vary – from a mild skin reaction to more severe reactions, including:

- Wheezing, shortness of breath, cough, chest tightness or trouble breathing
- Low blood pressure, dizziness, fainting, rapid or weak heartbeat or anxiety
- Flushing, itching, nettle rash (red, itchy, blotchy skin) or feeling warm
• Swelling of the throat or tongue, throat tightness, hoarse voice or trouble swallowing
• Vomiting, diarrhoea or abdominal cramping.

Some of these symptoms require immediate treatment as they can be life threatening.

How long after having my omalizumab injection could anaphylaxis occur?

• An immediate reaction – within 2 hours of receiving a omalizumab injection.
• A delayed reaction – between 2 and 24 hours after the injection.

Please note: People have had anaphylactic shock after any number of omalizumab injections, not just after the first dose.

The risk of an allergic reaction is greatest within the first two hours following the omalizumab injection. You will therefore be asked to stay in the Respiratory Day Case Unit for 4 hours after your first two omalizumab injections, and 2 hours after any further injections.

If you notice any of the signs of the allergic reactions listed above while in the Respiratory Day Case Unit, tell your nurse or doctor immediately.

What should I do if I have an anaphylactic reaction after leaving the Treatment Centre?

As the anaphylactic reaction can occur up to 24 hours after a omalizumab injection, we will give you 2 Epipens® (injections containing adrenaline) to take home with you. You must use these if you have an anaphylactic reaction after you have left the Respiratory Day Case Unit.

During your first visit for your omalizumab injection, we will teach you how to recognise an anaphylactic reaction and how to use an Epipen®. It is a good idea to make sure that members of your family
and your friends or colleagues know that you might have a reaction after an omalizumab injection. Show them this leaflet so that they can learn to recognise the symptoms of an anaphylactic reaction and know what to do if this happens.

If you notice any signs of an allergic reaction after you have left the Respiratory Day Case Unit (within 24 hours of your last omalizumab injection), you should use your Epipen(s) as instructed and then call 999 immediately.

What else should I remember?

Omalizumab does not work to treat an acute asthma attack. You will normally need to keep taking your other asthma medicines during your treatment with omalizumab. Make sure that you still have your reliever inhaler with you at all times in case you have an asthma attack.

Questions or concerns

If you experience any problems or have any concerns about your treatment, you may contact the:

Respiratory Day Case Unit on
Oxford (01865) 225734 / 225736

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call 01865 221473 or email PALSJR@orh.nhs.uk