



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Xolair (omalizumab)

Phone: 215-991-4300 Fax back to: 866-240-3712

HEALTH PARTNERS manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please print clearly.**

Patient Name: Member Number: Date of Birth: Group Number: Address: City, State, Zip:	Physician Name: Fax: Phone: Office Contact: NPI: State Lic. Id: Address: City, State, Zip:
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Drug Name: Expedited/Urgent

Directions:

Please answer the following questions and sign below:
Q1. What is the patients diagnosis? moderate to severe allergic asthma for greater than 1 year clinically documented severe persistent asthma for greater than 1 year
Q2. What is the duration of the therapy requested? Six(6) months or less More than 6 months
Q3. Does the patient have FEV1 greater than 40% to less than 80% of predicted normal pre-inhaled steroids? Yes No
Q4. Does the patient have the following? reversible airflow obstruction challenged bronchial hyperactivity
Q5. Is the patient 12 years of age or older? Yes No
Q6. Is there documentation of one of the following tests? a positive skin test positive RAST (radioallergosorbent test) positive in-vitro reactivity to at least one perennial aeroallergen
Q7. Has the patient tried and failed oral corticosteroids and combination therapies (high dose inhaled steroids, long acting beta-agonists, antileukotrienes, theophylline)? Yes No
Q8. Is the patient intolerant to oral corticosteroids and combination therapies (high dose inhaled steroids, long acting beta-agonists, antileukotrienes, theophylline)? Yes No
Q9. Has the patient been prescribed or recommended Xolair by a pulmonologist or allergist? Yes No
Q10. Is there clinical documentation showing IgE levels between 30 and 700 IU/ml?



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Physician Name:

Yes	No
Q11. Have non-asthma diagnoses (such as hyperventilation, laryngeal dysfunction, panic disorder) been ruled out?	
Yes	No
Q12. Have co-morbidities that can cause asthma exacerbation (sinusitis, GERD, allergic rhinitis, OTC and Rx medications) been ruled out?	
Yes	No
Q13. Deliver to:	
Physician's Office	Home Delivery
Q14. Delivery date needed:	

Physician Signature

Date

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