



UMPQUA HEALTH

ALLIANCE

OHP MEDICATION GUIDELINE DCIPA, LLC

XOLAIR®

Approved by: Quality Improvement & Utilization Committee

Last Date Approved: 6/12

POLICY:

1. Coverage is limited to treatment of above the line diagnoses.
2. Use of generic medications where available will always be preferred to high cost generic or non-preferred brand name medications.
3. Certain medications are not covered when similar medications are available at lower cost.

Guidelines:

- All of these requirements must be met:
 1. Prior authorization is required.
 2. Age ≥ 12 .
 3. The patient must be a non-smoker.
 4. Documentation of failure of environmental controls.
 5. Positive skin-prick test or RAST test to a perennial aeroallergen.
 6. Total serum IgE level ≥ 30 iu/ml and ≤ 700 iu/ml.
 7. Documented poor control of asthma symptoms after 3 months of therapy with continued high-dose inhaled steroids and long-acting Beta-2 agonist.
 8. Must be prescribed by a physician specializing in allergy or pulmonary medicine.

Please note: In February 2007, an FDA Safety Alert was issued. It is recommended that patients be observed for at least two hours after Xolair® is given due to the reported occurrence of anaphylaxis.

References:

Christine M. Seals, MD, Medical Director of DCIPA, LLC

Date

Originated: _____
Reviewed: 06/12/02, 10/30/03, 06/07/06, 4/20/2011

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