



Medicare Part D – 2015

Prior Authorization Group Description

XOLAIR

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:

Required Medical Information:

Moderate to severe persistent asthma: Patient has a positive skin test or in vitro reactivity to a perennial aeroallergen AND Patient has a confirmed total serum IgE level greater than 30 IU/ml. MAINTENANCE REQUESTS: Confirmation of a reduction in asthma exacerbations.

Age Restrictions:

Patient is 12 years of age or older.

Prescriber Restrictions:

Pulmonologist, Allergist, Dermatologist or Rheumatologist

Coverage Duration:

Length of Benefit.

Other Criteria:

Moderate to severe persistent asthma: Failure or clinically significant adverse effects to one inhaled corticosteroid (such as beclomethasone, budesonide, flunisolide, fluticasone, mometasone, triamcinolone). Chronic Idiopathic Urticaria: Failure or clinically significant adverse effects to one H1 Antihistamine (such as levocetirizine or desloratadine).