

Medicare Part D – 2016**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 FOR ASTHMA: Confirmation of a reduction in asthma exacerbations.

Age Restrictions:

Asthma: Patient is 6 years of age or older. Chronic Idiopathic Urticaria: Patient is 12 years of age or older.

Prescriber Restrictions:

Asthma: Pulmonologist or Allergist. Urticaria: 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).