XOLAIR (OMALIZUMAB) (PREFERRED) PRIOR AUTHORIZATION FORM





(form effective 1/9/2023)

Fax to PerformRxSM at **1-888-981-5202**, or to speak to a representative call **1-866-610-2774**.

	INFORMATION					
☐ New request ☐ Renewal request ☐ Total # pages:		Name of office contact:				
Contact's phone number:		LTC facility co	acility contact/phone:			
PATIENT INFORMATION						
Patient name:			Patient ID #:			
Street address:		Apt. #:	Cit	y/state/zip:		
PRESCRIBER INFORMATION			-			
Prescriber name:		Sr	ecialty:			
State license #:	NPI:		,	MA Provider ID #	‡	
Street address:		Suite #:	Ci	y/state/zip:		
Phone:		Fa	IX:	•		
CLINICAL INFORMATION						
Medication requested: ☐ Xolair 150 mg/ml syringe ☐ Xolair 150 mg vial ☐ Xolair 75 mg/0.5 ml syringe ☐ Xolair						
Dose/directions:	<u> </u>			ntity:	Duration:	months
Diagnosis:				ode <i>(required</i>):	Weight:	lbs / kg
	ما من مناه برگزه من اما در مناه مناه			, , ,	ion if applicable).	Ū
PHARMACY INFORMATION (Prescr Deliver to: ☐ Patient's Home ☐ Physician's Off			it is to disp	ense the medical	ion, ir applicable):	
Pharmacy Phone #:	rauent s rieleneu r		narmacy Fax #:			
•	pharmacy chocon for dolivory					
☐ I acknowledge that the patient agrees with the pharmacy chosen for delivery of this medication.						
HCPCS (HEALTHCARE COMMON P				ION (if applicable	·):	
Treatment setting: ☐ Infusion Center ☐ Home	☐ Provider's Office ☐ F	Hospital Outpatio				
Facility name:			Facility NPI:			
J-code:		Nu	umber of units:		Date of service (MM	I/DD/YYYY):
INITIAL REQUESTS						
1. Is Xolair being prescribed by or in consultation with a specialist? \square Yes – <i>Provide specialty:</i> \square No						
2. For a diagnosis of asthma: Is the patient being treated for moderate to severe allergen-induced asthma (allergic asthma confirmed by either a positive skin test or radioallergosorbent test) to an unavoidable perennial aeroallergen (e.g., pollen, mold, dust mite, etc.)? No						
test) to an unavoidable perennial aeroallergen (e		c.)? □ Yes – <i>Su</i>	bmit aocumenta	ation, including results o	f allergen reactivity test.	
3. For a diagnosis of asthma: Will Xolair be used in ☐ Yes — List medications being used:	.g., pollen, mold, dust mite, etc					□ NO
3. For a diagnosis of asthma: Will Xolair be used in ☐ Yes — List medications being used: ☐ No	.g., pollen, mold, dust mite, etc n addition to standard asthma	controller medic	cations (e.g., inf	aled corticosteroids, inh	aled LABAs, etc.)?	
Tor a diagnosis of asthma: Will Xolair be used in ☐ Yes – List medications being used: ☐ No For a diagnosis of chronic idiopathic urticaria.	g., pollen, mold, dust mite, etc n addition to standard asthma (CIU): Does the patient have a	controller medic	cations (e.g., inh	aled corticosteroids, inhoto $1 \ge 6$ weeks? \square Yes -3	aled LABAs, etc.)? Submit documentation.	□ No
Some a diagnosis of asthma: Will Xolair be used in □ Yes – List medications being used: □ No Some a diagnosis of chronic idiopathic urticarial of the statement of the patient require.	g., pollen, mold, dust mite, etc n addition to standard asthma CIU): Does the patient have a the use of systemic steroids to	controller medic history of urtical co control urticar	ria for a period dial symptoms?	aled corticosteroids, inhomographic of ≥ 6 weeks? \square Yes -3	aled LABAs, etc.)? Submit documentation. entation. No	□ No
Tor a diagnosis of asthma: Will Xolair be used in ☐ Yes – List medications being used: ☐ No For a diagnosis of chronic idiopathic urticaria.	g., pollen, mold, dust mite, etc n addition to standard asthma CIU): Does the patient have a the use of systemic steroids to	controller medic history of urtical co control urticar	ria for a period dial symptoms?	aled corticosteroids, inhomographic of ≥ 6 weeks? \square Yes -3	aled LABAs, etc.)? Submit documentation. entation. No	□ No
3. For a diagnosis of asthma: Will Xolair be used is ☐ Yes — List medications being used: ☐ No 4. For a diagnosis of chronic idiopathic urticaria of For a diagnosis of CIU: Does the patient require 6. For a diagnosis of CIU: Does the patient have a	.g., pollen, mold, dust mite, etc n addition to standard asthma CIU): Does the patient have a the use of systemic steroids to history of trial and failure, con	controller medic history of urtical co control urticar	ria for a period dial symptoms?	aled corticosteroids, inhomographic of ≥ 6 weeks? \square Yes -3	aled LABAs, etc.)? Submit documentation. entation. No	□ No
3. For a diagnosis of asthma: Will Xolair be used in Yes – List medications being used: No 4. For a diagnosis of chronic idiopathic urticaria of the state of the patient require 5. For a diagnosis of CIU: Does the patient require 6. For a diagnosis of CIU: Does the patient have a Yes No List medications tried or explain contraindication	.g., pollen, mold, dust mite, etc n addition to standard asthma CIU): Does the patient have a the use of systemic steroids to history of trial and failure, con	controller medic history of urtical co control urticar	ria for a period dial symptoms?	aled corticosteroids, inhomographic of ≥ 6 weeks? \square Yes -3	aled LABAs, etc.)? Submit documentation. entation. No	□ No
3. For a diagnosis of asthma: Will Xolair be used is ☐ Yes — List medications being used: ☐ No 4. For a diagnosis of chronic idiopathic urticaria of For a diagnosis of CIU: Does the patient require 6. For a diagnosis of CIU: Does the patient have a ☐ Yes ☐ No List medications tried or explain contraindication	g., pollen, mold, dust mite, etc n addition to standard asthma CIU): Does the patient have a the use of systemic steroids to history of trial and failure, con	history of urtical co control urticar traindication, or	ria for a period of ial symptoms?	aled corticosteroids, inhoto of ≥ 6 weeks? ☐ Yes — 3 ☐ Yes — 4 ☐ Yes — 5 ☐ Yes — 5 ☐ Yes — 5 ☐ Yes — 6 ☐ Yes — 6 ☐ Yes — 7 ☐	aled LABAs, etc.)? Submit documentation. entation. No	□ No
3. For a diagnosis of asthma: Will Xolair be used in ☐ Yes — List medications being used: ☐ No 4. For a diagnosis of chronic idiopathic urticaria of For a diagnosis of CIU: Does the patient require 6. For a diagnosis of CIU: Does the patient have a ☐ Yes ☐ No List medications tried or explain contraindication RENEWAL REQUESTS 1. For a diagnosis of asthma, has the patient experts 2. For a diagnosis of asthma, will Xolair continue to the state of the	g., pollen, mold, dust mite, etch addition to standard asthma CIU): Does the patient have a the use of systemic steroids to history of trial and failure, continuation.	history of urtical to control urticar traindication, or of improvement	cations (e.g., inharia for a period dial symptoms? intolerance to a	aled corticosteroids, inh of ≥ 6 weeks? □ Yes − 3 □ Yes − Submit docume in H1 antihistamine take erity? □ Yes □ No	aled LABAs, etc.)? Submit documentation. entation. □ No n for at least 2 weeks? Cl	□ No heck all that apply.
3. For a diagnosis of asthma: Will Xolair be used in ☐ Yes — List medications being used: ☐ No 4. For a diagnosis of chronic idiopathic urticaria of For a diagnosis of CIU: Does the patient require 6. For a diagnosis of CIU: Does the patient have a ☐ Yes ☐ No List medications tried or explain contraindication RENEWAL REQUESTS 1. For a diagnosis of asthma, has the patient experiments of a diagnosis of asthma, will Xolair continue to ☐ Yes — List medications being used: ☐ No	g., pollen, mold, dust mite, etch addition to standard asthma (CIU): Does the patient have a the use of systemic steroids thistory of trial and failure, continuous of the used in addition to standard to standard the used in addition to standard asthmatical the used in the used in addition to standard asthmatical the used in the use	history of urtical to control urticar traindication, or of improvement	cations (e.g., inharia for a period dial symptoms? intolerance to a	aled corticosteroids, inh of ≥ 6 weeks? □ Yes − 3 □ Yes − Submit docume in H1 antihistamine take erity? □ Yes □ No	aled LABAs, etc.)? Submit documentation. entation. □ No n for at least 2 weeks? Cl	□ No heck all that apply.
3. For a diagnosis of asthma: Will Xolair be used in ☐ Yes — List medications being used: ☐ No 4. For a diagnosis of chronic idiopathic urticaria of For a diagnosis of CIU: Does the patient require 6. For a diagnosis of CIU: Does the patient have a ☐ Yes ☐ No List medications tried or explain contraindication RENEWAL REQUESTS 1. For a diagnosis of asthma, has the patient experiments of a diagnosis of asthma, will Xolair continue to ☐ Yes — List medications being used: ☐ Yes — List medications Defined The Yes — Y	g., pollen, mold, dust mite, etch addition to standard asthma (CIU): Does the patient have a the use of systemic steroids thistory of trial and failure, continuous of the used in addition to standard to standard the used in addition to standard asthmatical the used in the used in addition to standard asthmatical the used in the use	history of urtical to control urticar traindication, or of improvement	cations (e.g., inharia for a period dial symptoms? intolerance to a	aled corticosteroids, inh of ≥ 6 weeks? □ Yes − 3 □ Yes − Submit docume in H1 antihistamine take erity? □ Yes □ No	aled LABAs, etc.)? Submit documentation. entation. □ No n for at least 2 weeks? Cl	□ No heck all that apply.
3. For a diagnosis of asthma: Will Xolair be used in Yes – List medications being used: No 4. For a diagnosis of chronic idiopathic urticaria of the street of the st	g., pollen, mold, dust mite, etch addition to standard asthma CIU): Does the patient have a the use of systemic steroids to history of trial and failure, continuation of the used in addition to standard with a specialist?	history of urticar o control urticar traindication, or of improvement	cations (e.g., inheria for a period of ial symptoms? intolerance to a strict in asthma severaller medication	aled corticosteroids, inhomotopic of ≥ 6 weeks? \square Yes -3 Yes -3 Yes -3 West -3 Yes -3 Handbook and -3 Handbook and -3 Handbook and -3 Yes \square No is (e.g., inhaled corticost	aled LABAs, etc.)? Submit documentation. entation.	□ No neck all that apply.
3. For a diagnosis of asthma: Will Xolair be used in Yes − List medications being used: No 4. For a diagnosis of chronic idiopathic urticaria of the state o	g., pollen, mold, dust mite, etch addition to standard asthma CIU): Does the patient have a the use of systemic steroids to history of trial and failure, continuation of the used in addition to standard with a specialist?	history of urticar o control urticar traindication, or of improvement	cations (e.g., inheria for a period of ial symptoms? intolerance to a strict in asthma severaller medication	aled corticosteroids, inhomotopic of ≥ 6 weeks? \square Yes -3 Yes -3 Yes -3 West -3 Yes -3 Handbook and -3 Handbook and -3 Handbook and -3 Yes \square No is (e.g., inhaled corticost	aled LABAs, etc.)? Submit documentation. entation.	□ No neck all that apply.
3. For a diagnosis of asthma: Will Xolair be used in Yes − List medications being used: No 4. For a diagnosis of chronic idiopathic urticaria of the state o	g., pollen, mold, dust mite, etch addition to standard asthma CIU): Does the patient have a the use of systemic steroids to history of trial and failure, continuation of the used in addition to standard with a specialist?	history of urticar o control urticar traindication, or of improvement	cations (e.g., inheria for a period of ial symptoms? intolerance to a strict in asthma severaller medication	aled corticosteroids, inhomotopic of ≥ 6 weeks? \square Yes -3 Yes -3 Yes -3 West -3 Yes -3 Handbook and -3 Handbook and -3 Handbook and -3 Yes \square No is (e.g., inhaled corticost	aled LABAs, etc.)? Submit documentation. entation.	□ No neck all that apply. c.)?

Confidentiality Notice: The documents accompanying this telecopy may contain confidential information belonging to the sender. The information is intended only for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any telecopy is strictly prohibited.

Prescriber signature: