

<b>POLICY NAME</b>	Xolair (omalizumab)	<b>POLICY #</b>	1059P
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## Criteria

### Coverage Criteria for Asthma

- ☐ 1.1 Member age 6 years or older
- ☐ 1.2 Diagnosis of moderate to severe persistent asthma
- ☐ 1.3 Availability of a rapid-acting beta2 agonist (Ventolin, ProAir, Proventil)
- ☐ 1.4 Prescribed by immunologist (immune system doctor) or pulmonologist (lung doctor)
- ☐ 1.5 Planned use of Xolair with other chronic therapeutic agents for the treatment of asthma
- ☐ 1.6 Positive skin or in vitro reactivity to at least 1 perennial aeroallergen
- ☐ 1.7 Pretreatment IgE level 30 IU/mL
- ☐ 1.8 Documented use with one of the following:
  - An inhaled corticosteroid (ICS, such as Asmanex, Pulmicort or QVAR) treatment one additional asthma controller medication with lack of asthma control
  - A maximally tolerated inhaled corticosteroid (ICS)/long-acting beta2 agonist (LABA) such as Symbicort or Dulera

### Coverage Criteria for Chronic Idiopathic Urticaria

- ☐ 2.1 Documented itchy hives for at least 6 weeks
- ☐ 2.2 Member is age 12 and older
- ☐ 2.3 Documented failure on at least two different high-dose H1-antihistamines, unless contraindicated
  - High dose defined by the total daily dose ☐ Cetirizine 20mg ☐ Fexofenadine 360mg ☐ Loratidine 20mg daily ☐ Hydroxyzine 200mg ☐ Diphenhydramine 400mg
- ☐ 2.4 Documented failure, intolerance, or contraindication to ranitidine or famotidine used in combination with a H1-antihistamine
- ☐ 2.5 Documented failure, intolerance, or contraindication to montelukast or zafirlukast
- ☐ 2.6 Prescribed by an immunologist (immune system doctor) or allergist (allergy specialist)

### Coverage Criteria for Rhinosinusitis Nasal Polyposis

- ☐ **3.1** Documented diagnosis of rhinosinusitis with nasal polyps
  - ☐ **3.2** Prescribed by an otolaryngologist (ear, nose and throat doctor), allergist (allergy specialist), or immunologist (immune system doctor)
  - ☐ **3.3** Age 18 years or older
  - ☐ **3.4** Documented failure, intolerance, or contraindication to intranasal glucocorticoids
- Criteria  
References

### Coverage Criteria for IgE-mediated Food Allergy

- ☐ **4.1** Documented diagnosis of IgE-mediated food allergy confirmed by history of IgE-mediated allergy to one or more foods
- ☐ **4.2** Patient has one or more demonstrated food allergies through positive skin prick test or positive serum IgE
- ☐ **4.3** Age 1 year or older
- ☐ **4.4** Prescribed by an allergist or immunologist
- ☐ **4.5** Documentation Xolair is medically necessary despite a diet avoiding food allergens
- ☐ **4.6** Xolair will not be used in conjunction with Palforzia