



Drug Name: Xolair (omalizumab)
Revised Date: 12/2018

Drug Name: Xolair(omalizumab)	
Exclusion Criteria:	n/a
Required Medical Information:	<p>Allergic Asthma Authorization of 12 months may be granted for treatment of allergic asthma when all of the following criteria are met:</p> <ul style="list-style-type: none"> • Member is 6 years of age or older. • Member has a positive skin test or in vitro reactivity to at least one perennial aeroallergen. • Member has a pre-treatment IgE level greater than or equal to 30 IU/mL. • Member has inadequate asthma control despite current treatment with both of the following medications at optimized doses: <ul style="list-style-type: none"> ○ Inhaled corticosteroid ○ Additional controller (long acting beta₂-agonist, leukotriene modifier, or sustained-release theophylline) <p>Chronic Idiopathic Urticaria Authorization of 6 months may be granted for treatment of chronic idiopathic urticaria when all of the following criteria are met:</p> <ul style="list-style-type: none"> • Member is 12 years of age or older. • Member has been evaluated for other causes of urticaria, including bradykinin-related angioedema and interleukin-1-associated urticarial syndromes (auto-inflammatory disorders, urticarial vasculitis). • Member has experienced a spontaneous onset of wheals, angioedema, or both, for at least 6 weeks
Renewal Criteria	<p>Allergic Asthma Authorization of 12 months may be granted for treatment of allergic asthma when all of the following criteria are met:</p> <ul style="list-style-type: none"> • Member is 6 years of age or older. • Asthma control has improved on Xolair treatment as demonstrated by at least one of the following: <ul style="list-style-type: none"> ○ A reduction in the frequency or severity of symptoms and exacerbations ○ An improvement in FEV₁ since initiation of therapy ○ A reduction in the daily maintenance oral corticosteroid dose



Chronic Idiopathic Urticaria

Authorization of 12 months may be granted for continuation of treatment of chronic idiopathic urticaria when all of the following criteria are met:

- Member is 12 years of age or older.
- Member has experienced a response (e.g., improved symptoms) since initiation of therapy.