

HealthAlliance**MEDICARE**

PURPOSE OF THE POLICY

To establish guidelines to evaluate the appropriateness of use for Xolair®

STATEMENT OF THE POLICY

Xolair® will be covered if the following criteria are met:
Applies to new starts only for Medicare Part D members

PROCEDURES

1. Criteria for use

- 1.1 Patient age ≥ 12 **AND**
- 1.2 Patient is a non smoker **AND**
- 1.3 Prescribed by a physician specializing in Allergy or Pulmonary Medicine **AND**
- 1.4 Patient has at least 1 of the following criteria to meet the diagnosis of moderate to severe asthma;
 - Daily asthma symptoms
 - Daily use of inhaled short-acting beta₂ agonist (e.g., albuterol).
 - Exacerbations ≥ 2 times a week.
 - Nighttime symptoms > 1 time a week.
 - FEV₁ or PEF $< 80\%$ predicted.
 - PEF variability $> 30\%$. **AND**
- 1.5 Patient has a positive skin prick or RAST test to a perennial aeroallergen **AND**
- 1.6 Patient has tried and failed an inhaled corticosteroid product at a moderate dose combined with a second asthma controller agent such as a long acting inhaled beta₂-agonist (Serevent, Foradil or Advair) and a leukotriene modifier (Singulair or Accolate). **AND**
- 1.7 Patient has a history of intubation secondary to an asthma exacerbation. **AND**
- 1.8 Patient has had two emergency room visits or required hospitalization two times a year directly related to and/or for an asthma exacerbation, or required two or more pulses of oral corticoid use in one year for the treatment of an asthma exacerbation **OR**
- 1.9 Baseline IgE serum level ≥ 30 IU/ml
- 1.10 If approved, quantity limit of 6 vials/30 days