



**PRIOR AUTHORIZATION FORM  
Xolair (omalizumab)**

DATE OF REQUEST: \_\_\_\_\_

**MEMBER INFORMATION**

NAME \_\_\_\_\_

ID # \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

**PLEASE NOTE:** By signing this form, you are attesting to the accuracy of the information provided, and that medical record documentation is available if requested.

**PROVIDER INFORMATION**

NAME \_\_\_\_\_

NPI # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

PROVIDER SIGNATURE \_\_\_\_\_

**Dose & Frequency** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **ICD-9 code:** \_\_\_\_\_

**Initial Therapy** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **Weight** \_\_\_\_\_ (kg)

Drug regimen in place for last 3 months:

Inhaled corticosteroids – dose and frequency \_\_\_\_\_

Oral corticosteroids – dose and frequency \_\_\_\_\_

Beta agonist- dose and frequency \_\_\_\_\_

Leukotriene- dose and frequency \_\_\_\_\_

Skin Test Results: \_\_\_\_\_

Initial (pre-omalizumab) serum IgE level: \_\_\_\_\_ IU/mL

**Continuation of Therapy**

Reduction in Inhaled corticosteroids – dose and frequency \_\_\_\_\_

Reduction in oral corticosteroids – dose and frequency \_\_\_\_\_

Reduction in beta agonist- dose and frequency \_\_\_\_\_

Reduction in # of asthma exacerbations \_\_\_\_\_

Reduction in # of asthma related emergency department visits \_\_\_\_\_

Other \_\_\_\_\_

**Additional comments to support severity of asthma:**

**PLEASE NOTE:** ALL CHART NOTES/LAB REPORTS IN REFERENCE TO THIS REQUEST MUST BE RECEIVED BEFORE A REVIEW CAN BEGIN. REQUESTS SUBMITTED WITHOUT THIS DOCUMENTATION MAY BE DENIED.

*Refer to the MVP Formulary at [www.mvphealthcare.com](http://www.mvphealthcare.com) for those drugs that require prior authorization or are subject to quantity limits or step therapy.*

**FAX THIS REQUEST TO:**

Commercial **1-800-376-6373**  
(HMO, EPO/PPO, Option, Healthy NY,  
Personal Plan, CompCare, ASO)

Medicare Part D **1-800-401-0915**  
(Preferred Gold, GoldAnywhere, GoldValue, USA Care, MVP RxCare)