PRIOR AUTHORIZATION FORM
Xolair (omalizumab) for asthma

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.

PRESCRIBING PHYSICIAN INFORMATION

NAME _____

NPI # _____

ADDRESS _____

_____

PHONE #_____FAX #_____

CONTACT NAME _____

PROVIDER SIGNATURE _____

Dose & Frequency _____

Diagnosis: **ICD-9 code:**

Please indicate how medication will be obtained:

□ Obtain at MVP's specialty pharmacy (CVS Caremark) to be shipped to office for administration

□ (Circle One) Office/Hospital/Infusion Center: Other_____

□ Facility Name _____

□ Facility NPI _____ □ Facility Address _____

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** 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, Exchange, Medicaid, Child Health Plus, ASO)

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