

Priority Health Medicare Prior Authorization Criteria (Part D)

Xolair®

Products affected

- Xolair®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	For diagnosis of asthma, patient must have had a positive skin test or in-vitro reactivity to a perennial aeroallergen.
Age restrictions	For diagnosis of chronic urticaria, patient must be age 12 or older
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	For diagnosis of asthma, patient's symptoms must be inadequately controlled with inhaled corticosteroids. For diagnosis of chronic urticaria, patient must first try two or more H1 antihistamines, or patient must first try one H1 antihistamine and one or more of the following: H2 antihistamines, oral corticosteroids, or leukotriene modifiers.