



Xolair® (Omalizumab) Prior Authorization Request

Fax the completed form to (816) 271-1228
or mail to 137 North Belt Highway, St. Joseph, MO 64506.

Questions? Call (816) 271-4019 or (800) 447-5819.

Provider Information

Prescriber's Name: _____

Specialty: _____ Phone: _____ Fax: _____

Contact Name: _____

Patient Information

Name: _____ CHP Member ID: _____

DOB: _____ Age: _____ Sex: Female Male

Diagnosis: _____

Does the patient have FEV₁ less than 80% predicted despite treatment with inhaled corticosteroid? (dose equivalent to 1000mcg Beclomethasone) Yes No

Does the patient have a serum IgE level between 30kU/L and 750kU/L? Yes No

Perennial Aeroallergen: _____ IgE level: _____

Perennial Aeroallergen: _____ IgE level: _____

Current treatment Regimen:

Drug/Dose: _____ Result: _____

Drug/Dose: _____ Result: _____

Drug/Dose: _____ Result: _____

Dose requested: _____ Frequency of Dose: _____

Other Information:

Requesting prescriber's signature: _____

Coverage policy: Community Health Plan will cover the cost of therapy of Omalizumab for adults and adolescents (12 years of age and older) with moderate to severe persistent asthma who have a positive skin test or *in vitro* reactivity to a perennial aeroallergen and whose symptoms are inadequately controlled with inhaled corticosteroids. The member must also be 80% compliant with prescribed inhaled Corticosteroid and long-acting β_2 -agonist therapy. Enrollment and participation with the Asthma Disease Management Program is also required.

The information contained in this form is privileged and confidential and is intended for the use of the addressee listed above. If you are neither the intended recipient nor the employee or agent responsible for delivering this information to the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in reference to the content of this telecopied information is strictly prohibited. If you have received this copy in error, please immediately notify us by telephone to arrange for return of this document.