

Today's date _____

Date medication needed _____



Prior Authorization Form Xolair®

ONLY COMPLETED REQUESTS WILL BE REVIEWED

Xolair®

Check one: New start Continued treatment

Patient information (please print)

Patient Name _____

Address _____

City, State, ZIP Code _____

Patient Telephone # _____

Patient ID # _____

Date of Birth _____ Height _____ Weight _____

Physician information (please print)

Prescribing Physician _____

Office Address _____

City, State, ZIP Code _____

Office Contact _____

Office Telephone # _____

Fax # _____ NPI _____

Upon approval, delivery is available by completing the section below.

N/A – No delivery requested, authorization only - physician will use office supply

Delivery requested (indicate where medication should be delivered: Physician's office Patient's home)

****A copy of the prescription must accompany the medication request for delivery.****

1. **Physician specialty (required; specify all specialties)** _____

2. **Diagnosis for drug requested (must include ICD-9):**

493.____ Moderate to severe asthma Other (specify ICD-9) _____

3. **Patient medical information:**

a. Has the patient had a positive skin test or in vitro reactivity to a perennial aeroallergen? Yes No

b. Has the patient failed, is unresponsive to, or inadequately controlled on high-dosed inhaled corticosteroids in combination with a long-acting beta agonist? Yes No

c. Does the patient have a baseline serum IgE level between 30 iu/ml and 700 iu/ml? Yes No

4. **Patient history (please list any previous or current therapies related to the diagnosis):**

Drug name	Dates	Duration
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please add any other supporting medical information that may be useful in the decision-making process:

5. **Prescription information:**

Quantity _____ Refill x _____ month(s)

Instructions (include dose) _____ every _____ day(s)/ week(s)/ month(s)

Physician's signature _____

Fax completed form to 215-761-9165. Your office will receive a response by fax within two business days.