Prescription Drug Coverage Determination Form
Anti-asthmatic monoclonal antibody
Xolair® (omalizumab)

Please fax the completed form to Mercy Health Plans' Pharmacy Department at 314-214-8201 or 1-800-466-9854.

Patient Information
Patient Name: ________________ Date of Birth:____________________
Subscriber ID#: ____________________
Address________________________City________________State____Zip Code_________

Physician Information
Name: ________________________ Specialty:_____________Tax ID#: ________________
Office Address________________________City___________State____Zip Code_________
Telephone: __________________ Fax:____________________Contact Person____________

Physician Signature (REQUIRED):______________________________Date____________

Medication Information (requests for non-formulary agents will be considered for members having a documented failure or contraindication to preferred agents.)
Medication name:____________________ J-code:_______________
Dose:___________________________________ Directions:__________________________
Expected Duration of Therapy:_______________________

Prior Authorization Criteria:		
1. Is the medication being requested to treat an FDA-approved indication not otherwise excluded from Part D? Diagnosis: ______________________________ ICD-9 code________________	□ Yes	□ No
2. Will the patient be placed on Xolair® monotherapy?	□ Yes	□ No
3. Has the patient had a positive skin test or in vitro reactivity to common aeroallergens?	□ Yes	□ No
4. Is the patient's pre-treatment serum IgE level between 30 IU/ml and 700 IU/ml?	□ Yes	□ No
5. Is the patient 12 years of age or older?	□ Yes	□ No
6. Is the patient adequately controlled on inhaled corticosteroids?	□ Yes	□ No

Please provide any additional history or medical information that may support coverage (attach office notes as necessary): ____
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Note: If approved coverage will be as specified in above criteria or through the end of the year (December 31, 20xx). Some medications may be subject to quantity limitations or restricted to certain pharmacies.

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