

Xolair

Xolair (Omalizumab) is a recombinant DNA-derived humanized IgG1k monoclonal antibody that selectively binds to human IgE and is used for Moderate to Severe persistent asthma where Inhaled corticosteroids AND long acting beta 2 agonists with or without a leukotriene modifier have failed AND

1. Patient age must be equal to or greater than 12 years of age
2. Positive skin-prick test to a perennial allergen
3. Serum total immunoglobulin E (IgE) level measured PRIOR to start of treatment
4. Doses and dosing frequency are within accepted standards and based upon serum IgE levels and body weight

Serum IgE (IU/mL)	Body Weight (kg)			
	30 – 60	> 60 – 70	> 70 – 90	> 90 – 150
> 30 – 100	150 mg every 4 wks	150 mg every 4 wks	150 mg every 4 wks	300 mg every 4 wks
> 100 – 200	300 mg every 4 wks	300 mg every 4 wks	300 mg every 4 wks	225 mg every 2 wks
> 200 – 300	300 mg every 4 wks	225 mg every 2 wks	225 mg every 2 wks	300 mg every 2 wks
> 300 – 400	225 mg every 2 wks	225 mg every 2 wks	300 mg every 2 wks	DO NOT DOSE
> 400 – 500	300 mg every 2 wks	300 mg every 2 wks	375 mg every 2 wks	DO NOT DOSE
> 500 – 600	300 mg every 2 wks	375 mg every 2 wks	DO NOT DOSE	DO NOT DOSE
> 600 – 700	375 mg every 2 wks	DO NOT DOSE	DO NOT DOSE	DO NOT DOSE

Member Information

Name _____
 Enrollment / Cardholder ID _____
 Group / Plan _____
 Birth date _____
 Address: _____
 City State Zip _____

Relationship (Circle)

Subscriber Spouse Dependent

Gender (Circle)

Male Female

AGE: _____ Body Weight _____ (kgs)

Practitioner Information

Name _____
 Agent / Contact Name _____
 Specialty _____
 Office / Clinic Name _____
 Address _____
 City State Zip _____
 Phone () - _____
 Fax () - _____
 Email _____ @ _____

Skin Test & Serum IgE Performed?

Yes No (circle)

Strength / Dose

Duration of Therapy (Expected)

Type of Request (Circle)

One-Time On-Going

Contact Pharmacy? Y N

Pharmacy Phone Number

Requested Drug / Pharmaceutical

Xolair – Omalizumab

Condition / Diagnosis Related - Reason for Request

Clinical Drug / Lab History Pertinent to Request

Formulary Alternative(s) Attempted YES NO (Circle)

Practitioner Signature