



Medicaid Coverage Policies for Xolair (omalizumab) injection

Xolair (omalizumab) injection	
Indication	<ul style="list-style-type: none"> • For patients 6 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 who symptoms are inadequately controlled with inhaled corticosteroids • Treatment of adults and adolescents 12 years of age and older with chronic idiopathic urticaria who remain symptomatic despite H1 antihistamine treatment • Nasal polyps in adult patients 18 years of age and older with inadequate response to nasal corticosteroids, as add-on maintenance treatment
ICD10 Diagnosis Codes	J45, L50, J33.9
Availability NDC	Single dose vial sterile powder without preservatives 150 mg/5 mL NDC 50242-0040-62 75 mg prefilled syringe NDC 50242-0214-01 150 mg prefilled syringe NDC 50242-0215-01
HCSPCS Code	J2357
Prior Authorization Status	Requires a prior authorization
Clinical Criteria for approval	<p>For Severe Persistent Allergic Asthma</p> <ul style="list-style-type: none"> • Children and adults (≥ 6 years of age) • 6 to < 12 years of age IgE level: ≥ 30 and $\leq 1,300$ IU/mL • ≥ 12 years of age IgE level: ≥ 30 and < 700 IU/mL • Positive skin test or in vitro reactivity (≥ 0.35 kUA/L) to perennial aeroallergen (examples: dust mites, pet dander, cockroach) • Symptoms must be inadequately controlled while adherent to high dose ICS with LABA for a period of three months or require use of oral systemic steroid to maintain control • Must be prescribed by allergist/immunologist or pulmonologist <p>For Chronic Idiopathic Urticaria</p> <ul style="list-style-type: none"> • Children and adults (≥ 6 years of age) • History of chronic idiopathic urticaria for at least six months • Presence of wheals and itching despite documented trial of therapy with H1 with or without H2 antihistamines. Doses of agent trials should be titrated to a 4x dose maximum from the starting dose unless intolerant or contraindicated to such titration. Therapy trial must be for at least 3 months in duration • Must be prescribed by allergist/immunologist or pulmonologist <p>For Nasal polyps</p> <ul style="list-style-type: none"> • Member is 18 years or older • The prior authorization is requested by an allergist or otolaryngologist • Member has diagnosis of bilateral nasal polyps AND one of the two following: <ul style="list-style-type: none"> ○ Previous surgical polypectomy or ○ Previous treatment with corticosteroids for chronic rhinosinusitis with nasal polyps within the past six months • Member has a bilateral Endoscopic Nasal Polyp Score ≥ 5 with a minimal score of 2 in each nostril • Member has required treatment with intranasal corticosteroid for at least eight weeks prior to requesting Xolair therapy



	<ul style="list-style-type: none">• Enrollee has documented IgE level of 30-1,500 IU/mL within the last 3 months• Member has two of the following three symptoms<ul style="list-style-type: none">○ Nasal congestion or obstruction○ Loss of smell○ Nasal discharge
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