

# HEALTHCHOICE

3545 NW 58<sup>th</sup>, Suite 500, Oklahoma City, OK 73112  
Phone: 1-800-543-6044 or 1-405-717-8879  
FAX: 1-405-717-8947 or 1-405-717-8935

## XOLAIR REQUEST

**This information is private and confidential.**

(◆) Billing Provider: \_\_\_\_\_ (◆) Date: \_\_\_\_\_

(◆) Billing Address: \_\_\_\_\_

(◆) TIN: \_\_\_\_\_ Contact Person : \_\_\_\_\_

Phone: \_\_\_\_\_ (◆) Fax # : \_\_\_\_\_

(◆) Patient: \_\_\_\_\_ (◆) DOB: \_\_\_\_\_

(◆) Member: \_\_\_\_\_ (◆) Member ID #: \_\_\_\_\_

Diagnosis & Summary of Care: \_\_\_\_\_

(◆) Physician's Name: \_\_\_\_\_

**Xolair authorization:** Below is the information required for the certification of Xolair:

- 1) a diagnosis of moderate to severe persistent asthma (as per NAEPP guidelines);
- 2) a positive skin test or in vitro reactivity to at least one perennial aeroallergen. Positive perennial allergens must be included in submitted documentation;
- 3) a pre-treatment serum IgE level between 30-700 IU/ml.;
- 4) failure to respond to documented treatment for moderate persistent asthma:
  - moderate dose ICS (inhaled corticosteroid) or
  - low-moderate dose OCS and long-acting inhaled beta<sub>2</sub>agonist;OR
- failure to respond to documented treatment for severe persistent asthma:
  - high dose inhaled steroid and long-acting inhaled beta<sub>2</sub>agonist;
- 5) medication must be prescribed by either a pulmonary or an allergy/asthma specialist;
- 6) documentation of symptoms, including daily coughing, wheezing, or dyspnea and/or exacerbation affecting activity and sleep despite compliance with the highest appropriate dose of inhaled corticosteroids.

**CPT/HCPCS Codes Utilized:** \_\_\_\_\_

**Number of Treatments Requested:** \_\_\_\_\_

**CERT MET  / PENALTY APPLIES**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**CERT MET  / PENALTY APPLIES**

Extension # 1: \_\_\_\_\_ End Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** These benefits are applicable only if the patient is eligible for HealthChoice, and are subject to ALL POLICY PROVISIONS. Please remember to verify benefits and eligibility by calling 1 (800) 782-5218.

**MEDICARE PATIENTS:** If HealthChoice is supplement, all services requested must initially be approved by Medicare.

(◆) **DENOTES INFORMATION REQUIRED TO COMPLETE REVIEW FOR CERTIFICATION**