

## XOLAIR PA SUMMARY

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** *Providers must fax the following documentation for members who meet the criteria below: A) documentation of FEV1 (forced expiratory volume) or PEF (peak expiratory flow) results within the last 12 months; results must show a “baseline” value and then “improvement” value with asthma treatment. B) documentation of blood test for IgE antibodies C) documentation of positive skin test results for allergic sensitivity*

**PA CRITERIA:**

- ❖ Approvable for patients 12 years of age or older with a diagnosis of severe persistent asthma
- AND*
- ❖ Member has had at least one prescription for systemic corticosteroids or high dose inhaled corticosteroid in the past 12 months.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

**PA and Appeal Process:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

**Quantity Level Limitations:**

- ❖ For online access to the current Quantity Level Limits please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.