

Xolair® (omalizumab)

When requesting Xolair® (omalizumab), the individual requiring treatment must be diagnosed with an FDA-approved indication and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

FDA-Approved Indications

Asthma

Xolair is indicated 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 whose symptoms are inadequately controlled with inhaled corticosteroids.

Chronic Spontaneous Urticaria

Xolair is indicated for the treatment of adults and adolescents 12 years of age and older with chronic spontaneous urticaria who remain symptomatic despite H1 antihistamine treatment.

Nasal Polyps

Xolair is indicated for add-on maintenance treatment of nasal polyps in adults patients 18 years of age and older with inadequate response to nasal corticosteroids.

Coverage Guidelines

Asthma

Initial authorization:

The individual must meet **all** of the following criteria approval:

- Has a baseline serum total immunoglobulin E (IgE) level greater than or equal to 30 IU/mL;
- Has a baseline positive skin test or *in vitro* test (i.e., a blood test) for allergen-specific IgE for one or more perennial aeroallergens and/or for one or more seasonal aeroallergens;
- Has received at least 3 consecutive months of combination therapy with an inhaled corticosteroid and one additional asthma controller/maintenance medication (e.g., monoclonal antibody therapies, inhaled long-acting beta₂-agonists, inhaled long-acting muscarinic antagonists, leukotriene receptor antagonists, a combination inhaler containing both an inhaled corticosteroid and a long acting beta₂-agonist);
- Asthma is uncontrolled defined by ONE of the following:
 - o Has experienced two or more asthma exacerbations requiring treatment with systemic corticosteroids in the previous year; OR
 - o Has experienced one or more asthma exacerbations requiring hospitalizations, emergency room visits, or urgent care visits in the previous year; OR
 - o Has a forced expiratory volume in 1 second (FEV₁) less than 80% predicted; OR
 - o Has an FEV₁/forced vital capacity (FVC) less than 0.80; OR
 - o Asthma worsens upon tapering of oral corticosteroids therapy;
- Is 6 years of age or older;

- Xolair is prescribed by or in consultation with an allergist, immunologist, or pulmonologist.

Reauthorization:

The individual must meet **all** of the following criteria for approval:

- Has already received at least 4 months of Xolair therapy (*NOTE: Patients who have received less than 4 months of therapy or those who are restarting therapy with Xolair should be considered under initial criteria*);
- Continues to receive therapy with one inhaled corticosteroid (ICS) or one ICS-containing combination inhaler (i.e., Flovent Diskus/HFA, ArmonAir RespiClick, Arnuity);
- Has responded to Xolair therapy (i.e., decreased asthma symptoms or exacerbations; decreased hospitalizations, emergency room visits, urgent care visits, or medical clinic visits due to asthma; decreased reliever/rescue medication use; increased lung function parameters).

Chronic Idiopathic Urticaria (Chronic Spontaneous Urticaria)

Initial authorization:

The individual must meet **all** of the following criteria for approval:

- Had urticaria for more than 6 weeks, with symptoms present for more than 3 days per week;
- Has experienced inadequate control of symptoms despite treatment with daily non-sedating H₁ antihistamine therapy (i.e., cetirizine, desloratadine, fexofenadine, levocetirizine, loratadine) with doses that have been titrated up to a maximum of four times the standard FDA-approved dose;
- Is 12 years of age or older;
- Xolair is prescribed by or in consultation with an allergist, immunologist, or dermatologist.

Reauthorization:

The patient must meet **all** of the following criteria for approval:

- Has already received at least 4 months of Xolair therapy (*NOTE: Patients who have received less than 4 months of therapy or those who are restarting therapy with Xolair should be considered under initial criteria*);
- Has responded to Xolair therapy (i.e., decreased severity of itching, decreased number and/or size of hives)

Nasal Polyps

Initial authorization:

The individual must meet **all** of the following criteria for approval:

- Has a baseline IgE level greater than or equal to 30 IU/mL;
- Has chronic rhinosinusitis with nasal polyposis as evidenced by direct examination, endoscopy, or sinus computed tomography (CT) scan;
- Has experienced two or more of the following symptoms for at least 6 months: nasal congestion, nasal obstruction, nasal discharge, and/or reduction/loss of smell;
- Has received at least 3 months of therapy with an intranasal corticosteroid and will continue to receive an intranasal corticosteroid concomitantly with Xolair;

- Meets one of the following:
 - o Has received at least one course of treatment with a systemic corticosteroid for 5 days for more within the previous 2 years; OR
 - o Has a contraindication to systemic corticosteroid therapy; OR
 - o Has had prior surgery for nasal polyps;
- Is 18 years of age or older;
- Xolair is prescribed by or in consultation with an allergist, immunologist, or otolaryngologist (i.e., ear, nose, and throat [ENT] physician specialist).

Reauthorization:

The individual must meet **all** of the following criteria for approval:

- Has already received at least 6 months of Xolair therapy (*NOTE: Patients who have received less than 6 months of therapy or those who are restarting therapy with Xolair should be considered under initial criteria*)
- Continues to receive an intranasal corticosteroid therapy;
- Has responded to Xolair therapy (i.e., reduced nasal polyp size, improved nasal congestion, reduced sinus opacification, decreased sino-nasal symptoms, and/or improved sense of smell).

Approval duration (initial): Nasal polyps 6 months, other indications 4 months

Approval duration (renewal): 12 months

Dosing Recommendations

Asthma

The recommended dose of Xolair is 75 mg to 375 mg by subcutaneous injection every 2 or 4 weeks based on serum total IgE level measured before the start of treatment and by body weight.

Chronic Spontaneous Urticaria

The recommended dose of Xolair is 150 mg or 300 mg by subcutaneous injection every 4 weeks.

Nasal Polyps

The recommended dose of Xolair is 75 mg to 600 mg by subcutaneous injection every 2 or 4 weeks based on serum total IgE level measure before the start of treatment and by body weight.

References

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