Fiscal Year 2009 Annual Review of Xolair® (omalizumab)

Oklahoma Healthcare Authority, April 2010

Prior Authorization of this category was implemented in February 2004. The current criteria are as follows:

Prior Authorization Criteria:

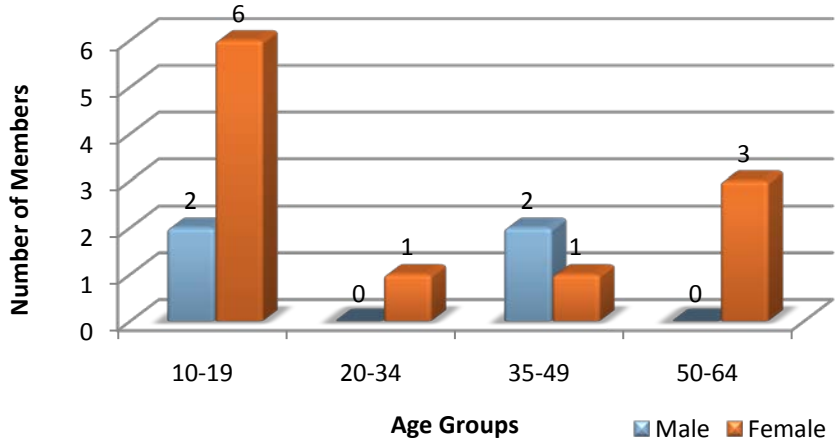
1. Member must be between 12-75 years of age.
2. Member must have a diagnosis of severe persistent asthma (as per NAEPP guidelines).
3. Member must have a positive skin test to at least one perennial aeroallergen. Positive perennial allergens must be listed on the petition.
4. Member must have a pretreatment serum IgE level between 30-700 IU/ml.
5. Member weight must be between 30-150kg.
6. Member must have been on high dose ICS (as per NAEPP Guidelines) for at minimum the past 3 months.
7. Medication must be prescribed by either a pulmonary or an allergy/asthma specialist.
8. Member must have been in the ER or hospitalized, due to an asthma exacerbation, twice in the past 6 months (date of visits must be listed on petition), or have been dependent on systemic steroids to prevent serious exacerbations.

Petitions meeting criteria for coverage will be approved for 12 months of therapy. Renewal petitions after 12 months will be assessed for compliance. If two or more doses have been missed, the member will not be approved for continuing therapy.

Utilization Trend and Details

Fiscal Year	Members	Claims	Cost	Cost/Claim	Perdiem	Units	Days
2008	12	85	$169,950.08	$1,999.41	$70.64	328	2,406
2009	15	101	$201,478.58	$1,994.84	$70.52	388	2,857
Percent Change	**25.00%**	**18.80%**	**18.60%**	**-0.20%**	**-0.20%**	**18.30%**	**18.70%**
Change	**3**	**16**	**$31,528.50**	**-$4.57**	**-$0.12**	**60**	**451**

Demographics of Members Utilizing Xolair®



Prior Authorization of Xolair®

Approved	17
Denied	10
Incomplete	28
Total	**55**

Recommendations

The College of Pharmacy recommends no changes at this time.