SoonerCare
Oklahoma Health Care Authority

Statement of Medical Necessity for Xolair

Pharmacy Management Consultants
Prior Authorization Unit

Phone: 405-522-6205 Opt 4 or 1-800-522-0114 Opt 4
Fax: 405-271-4014 or 1-800-224-4014

After completing the request form please **fax** to Pharmacy Management Consultants to process this authorization.

TO BE COMPLETED BY PHYSICIAN

PHYSICIAN INFORMATION	MEMBER INFORMATION
Physician Name:	Member ID Number:
Address:	Member Name:
City: State: Zip:	Address:
Phone ( )	City: State: Zip:
Fax ( )	Member Date of Birth: / /

Compliance with all of the prior authorization criteria is a condition for payment for this drug by OHCA.

All information must be provided and OHCA may verify through further requested documentation and the member's drug history will be reviewed prior to approval.

1. Detailed description of diagnosis: _____
2. Date diagnosed: _____
3. List daily medications and dose prescribed for the treatment of this diagnosis:

   Drug/Dose: _____ Drug/Dose: _____

   Drug/Dose: _____ Drug/Dose: _____
4. Was a spacer for inhaled medications used? _____ If 'No', why not? _____
5. Compliant on daily inhaled corticosteroids for a minimum of 3 months prior to request? _____
6. List frequency of: Exacerbations – Number _____ Per _____; AND Nightly Symptoms – Number _____ Per _____
7. List place and dates of asthma related hospitalizations and/or ER visits in the past 6 months: _____

   _____
8. Patients weight: _____ kg; Baseline IgE level: _____ IU/ml; Xolair Dose: _____
9. Asthma reaction due to food or peanut allergy? _____; Or List the perennial aeroallergen _____
10. Physician's specialty? _____

The above format is to assist the physician to provide medical documentation that OHCA needs to review this request. This information should come directly from the prescriber and NOT the pharmacy provider.
**** Please provide copies of medical documentation supporting the information above.**

Physician Signature: _____ Date: _____
(By signature, the physician confirms the criteria information above is accurate and verifiable in patient records.)
http://www.okhca.org

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