

XOLAIR (omalizumab)

Prior Authorization Request (Physician to Complete)



Visit www.wellmark.com for the Wellmark Drug List for current medication tier levels and updated PA Forms

Facsimile Transmittal Sheet

Date: ____/____/____

To: Wellmark Pharmacy Services
Fax Number: (866) 884-4345

From (Prescriber's Name): _____

Prescriber's DEA Number: _____

Phone Number: (800) 600-8065

Prescriber's Phone Number: _____

Prescriber's Specialty: _____

Prescriber's Fax Number: _____

Prescriber's Office Address: _____
Street Suite # City State Zip

Patient Name: _____

Patient ID: _____ Patient DOB: ____/____/____

Please answer the following questions and fax this form back to (866) 884-4345. All fields are REQUIRED.

1. Please provide the diagnosis this therapy has been prescribed for: _____
ICD-9 Code: _____
2. Does the patient have a diagnosis of moderate to severe persistent asthma for greater than 1 year?
 Yes No
3. What is the prescriber's specialty? _____
4. Is the patient using a high dose inhaled corticosteroid **AND** long-acting beta-agonist and compliant with therapy?
 Yes No
5. Lab results:
Pre-treatment serum IgE level: _____ IU/ml Date of test: ____/____/____
FEV1 _____% Date of test: ____/____/____
 History of positive skin or RAST test to perennial aeroallergen (please list aeroallergens):

6. Please list current therapies for this diagnosis:

7. In the past 12 months, does the patient have history of hospitalization for asthma, greater than 2 ER visits for asthma exacerbations, or oral steroid use for greater than 4 weeks?
 Yes No
8. Dose: _____mg Dosage instructions: Qty _____ Days Supply: _____
Attach lab results and other documentation as necessary

Printed Name

Signature

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient, you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received this fax in error, please immediately notify the sender by telephone and destroy this original fax message.