Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)

Complete form in its entirety and fax to 1-855-964-0556, Attn. PA pharmacist.

Contact Blue Advantage Medical Management at 1-866-508-7145 if you have questions.

PART B DRUG PRIOR AUTHORIZATION REQUEST FORM

XOLAIR® (omalizumab)

Request Type:

☐ Standard Review (72 hours)

☐ Expedited Review (24 hours) – By checking this box I certify that applying the 72-hour standard review timeframe might seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

NOTE: Please complete all fields in the form. Missing information and lack of prompt response to requests for additional information may delay response time. Please attach relevant supporting documentation such as labs, results of diagnostic tests and office visit notes to this request.

PATIENT INFORMATION

Patient Name			DOB	
Street Address, City, State, ZIP				
Blue Advantage member ID#	Sex ☐ M ☐ F	Weight	Height	BMI
Drug Allergies				

PRESCRIBER INFORMATION

Prescriber Name	Office Contact Person and Direct Extension
Street Address, City, State, ZIP	
Office Phone	Office Fax

DRUG DISPENSING AND ADMINISTRATION INFORMATION

Who is furnishing the drug?	Facility Where Drug is to be Administered
☐ Physician's office or facility will furnish drug ☐ Member picking up drug at a pharmacy IMPORTANT NOTE: If member is picking up drug at pharmacy, this request must be faxed to the Part D drug prior authorization department at 1-877-251-5896.	☐ Physician's Office ☐ Outpatient Infusion Center Center Name: ____________________ ☐ Home Infusion Agency Name: ____________________ ☐ Self-inject

Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, incorporated as Louisiana Health Service & Indemnity Co., offers Blue Advantage (PPO). Both are independent licensees of the Blue Cross and Blue Shield Association.

Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal.

MEDICATION

Xolair dose, route, frequency:

☐ New start ☐ Continued treatment

Next treatment date:

DIAGNOSIS (select one)

☐ Moderate-to-severe persistent asthma
☐ Chronic idiopathic urticaria
☐ Other *(please specify):* ______________________________

CLINICAL INFORMATION: PLEASE ATTACH SUPPORTING DOCUMENTATION, INCLUDING LABS, RESULTS OF DIAGNOSTIC TESTS AND OFFICE VISIT NOTES

Asthma, newly starting Xolair:

Has the patient had a positive skin test OR in vitro reactivity to a perennial aeroallergen (e.g., positive RAST test)?

☐ Yes
☐ No *(please explain):* ______________________________

Pre-treatment serum IgE level (IU/ml):	Date
Forced expiratory volume in one second (FEV1):	Date

Has the patient failed either an oral or inhaled corticosteroid in combination with another asthma controller medication (i.e., long-acting beta2-agonist, leukotriene modifier or theophylline)?

☐ Yes, list medication tried: ______________________________
☐ No *(please explain):* ______________________________

Asthma, reauthorization request for continued treatment:

Has treatment with Xolair resulted in clinical improvement as documented by one or more of the following?

☐ No *(please explain rationale for continued use):*
☐ Yes *(check all that apply below):*

- ☐ Physician attestation of patient improvement from their pre-Xolair baseline asthma exacerbations in the previous year
- ☐ Patient has been able to reduce their oral or inhaled corticosteroid dose from their pre-Xolair baseline dose

Chronic idiopathic urticaria:

Does the patient have a documented inadequate response (minimum 2-week trial) to an antihistamine?

☐ Yes ☐ No, please explain: ______________________________

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Feel free to provide additional information you feel is relevant to the request below:	
Prescriber Signature	Date

Information on this form is protected health information and subject to all privacy and security regulations under HIPAA.

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