# Fiscal Year 2011 Annual Review of Xolair® (omalizumab)

Oklahoma Healthcare Authority, April 2012

#### 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.

### **Pharmacy Claims Utilization Trend**

Fiscal Year	Members	Claims	Cost	Cost/Claim	Perdiem	Units	Days
2010	13	112	\$226,236.83	\$2,019.97	\$72.16	390	3,135
2011	11	84	\$174,286.14	\$2,074.84	\$73.54	294	2,370
% Change	-15.40%	-25.00%	-23.00%	2.70%	1.90%	-24.60%	-24.40%
Change	-2	-28	-\$51,950.69	\$54.87	\$1.38	-96	-765

#### **Medical Claims Utilization Trend**

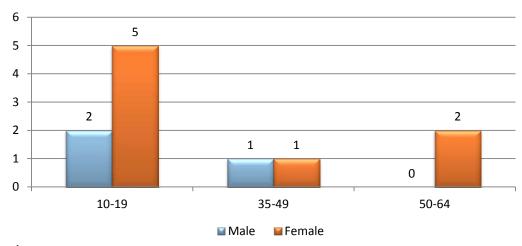
Fiscal Year	Members	Claims	Cost	Cost/Claim
2010	0	0	0	0
2011	4	24	\$46,730.70	\$1,947.11

### Prescriber Specialties by Claims and Cost FY 2011\*

Specialty	Number of Claims	Total Amount Paid
Family Nurse Practitioner	27	\$57,230.44
Allergist	21	\$57,284.46
Internist	14	\$26,617.30
General Pediatrician	7	\$6,010.22
Family Practitioner	6	\$3,657.96
Physician Assistant	5	\$18,717.20
Pulmonary Disease Specialist	2	\$2,384.28
Unknown	2	\$2,384.28

<sup>\*</sup>Pharmacy data only

# **Member Demographics FY 2011\***



\*Pharmacy data only

## Recommendations

The College of Pharmacy recommends no changes to the Xolair® prior authorization criteria at this time.