Trillium Health Resources
Pharmacy Prior Approval Request for

Trillium HEALTH RESOURCES
Transforming Lives. Building Community Well-Being.

Xolair IgE Mediated Food Allergy

Member Information

1. Last Name: _____ 2. First Name: _____
3. Trillium ID #: _____ 4. Date of Birth: _____ 5. Gender: _____

Prescriber Information

1. Prescriber Name: _____ 2. NPI #: _____
3. Requestor Name (Nurse/Office Staff): _____
4. Mailing Address: _____ City: _____ State: ____ Zip: _____
5. Phone #: _____ Ext. _____ Fax #: _____

Drug Information

1. Drug Name: **Xolair** 2. Strength: _____ 3. Quantity per 30 Days _____
4. Length of Therapy (**in Days**): ☐ up to 30 ☐ 60 ☐ 90 ☐ 120 ☐ 180 ☐ 365

Clinical Information

IgE Mediated Food Allergy: New Therapy

1. Is the beneficiary 1 year of age or older? ☐ **Yes** ☐ **No**
2. Does the beneficiary have a history and physical exam demonstrating involvement of at least two organ systems as a method for determining IgE-mediated allergic response (ex. hives, wheezing, palpitations)? ☐ **Yes** ☐ **No**
List: _____

3. Does the beneficiary have a confirmed IgE-mediated food allergy confirmed by an allergy diagnostic test (ex. skin prick test, or serum specific IgE test) or oral food challenge? ☐ **Yes** ☐ **No** **Please list test results and date:**
_____
4. Can the provider confirm the requested agent is **NOT** being used for the emergency treatment of allergic reactions, including anaphylaxis? ☐ **Yes** ☐ **No**

IgE Mediated Food Allergy - Continuation of Therapy (please answer questions 1-5)

5. Is the beneficiary receiving continued clinical benefit from baseline (such as fewer episodes of food related allergies) supported by medical records? ☐ **Yes** ☐ **No** - **If Yes, please attach medical records**

Signature of Prescriber: _____ Date: _____

(Prescriber Signature Mandatory)

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.