MEDICAL POLICY – 5.01.513
Xolair® (omalizumab)

Effective Date: Dec. 1, 2017
Last Revised: Nov. 21, 2017
Replaces: N/A

RELATED MEDICAL POLICIES:
2.01.500  Allergy Testing

Select a hyperlink below to be directed to that section.

POLICY CRITERIA  |  CODING  |  RELATED INFORMATION
EVIDENCE REVIEW  |  REFERENCES  |  APPENDIX  |  HISTORY

∞  Clicking this icon returns you to the hyperlinks menu above.

Introduction

Asthma is a long-term lung condition affecting the airways of the lung. Asthma causes the airways to become inflamed. Inhaling certain substances such as tobacco smoke, pet dander, and dust mites can set off a chain reaction. The immune system produces substances — antibodies — to attack the foreign substance that’s creating the asthma attack. Xolair is a drug that helps prevent the body from reacting to the substance that would normally cause an asthma attack. It’s typically prescribed to treat severe asthma when symptoms aren’t controlled by inhaled corticosteroids. Xolair is also used to treat hives without a known cause that don’t respond to usual treatments. Hives are itchy red areas on the skin. They can be small as a pencil point to the size of a hand, or even larger. They are often caused by an allergic reaction. This policy describes when Xolair may be considered medically necessary to treat asthma or hives.

Note:  The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria
Xolair® (omalizumab) may be considered medically necessary for the following FDA-approved indications:

<table>
<thead>
<tr>
<th>Indication</th>
<th>Medical Necessity</th>
</tr>
</thead>
</table>
| Severe persistent asthma          | Adults and adolescents (6 years of age and above) with severe persistent asthma who have a positive skin test or in vitro reactivity to a perennial aeroallergen, and who also meet the following criteria:  
  • An allergy, immunology or pulmonary specialist has evaluated the patient and ALL of the following are documented in the medical record:  
    o Severe allergic asthma (FEV1 40-80% of predicted)  
    AND  
    o Total serum IgE 30 IU/mL to 1,300 IU/mL for 6 to 12 years of age AND 30 IU/mL to 700 IU/mL for 12 years of age and older  
    AND  
    o Daily use of inhaled corticosteroid (ICS) and long-acting beta agonist is required  
    AND  
    o Positive skin test or RAST (when skin test is not appropriate) to a perennial aeroallergen (ie, dust mite, cockroach, dog, cat or molds)  
  • Xolair® (omalizumab) dose should be less than or equal to 750mg every four weeks, based on serum IgE and body weight according to the most recent manufacturer’s dosing table.  
  • The initial approval is for a 6 month trial period.  
  • Subsequent approvals require chart notes that show efficacy in any of the following parameters:  
    o Decrease in requirement for oral steroids, exacerbation frequency, ER and urgent care visits, hospitalizations  
    OR  
    o Decrease in frequency and severity of asthma symptoms  
    OR  
    o Increase in quality of life measures and ability to perform activities of daily living |
| Severe chronic idiopathic urticaria| Adults and adolescents (12 years of age and above) with moderate to severe chronic idiopathic urticaria who remain |
### Indication | Medical Necessity
---|---
**symptomatic despite treatment with first line agents, when the following criteria are met:**
- An allergist, immunologist or dermatologist has evaluated the member and documented the following in the medical record:
  - No evidence of another cause of the urticarial reaction.
  - At least 3 months of symptoms including chronic urticaria, itching, hives or angioedema.
  - Failure to respond to at least any two of the following therapeutic regimens (unless contraindicated):
    - Two or more H1 antihistamines in high doses (2-3 times normal dosing).
    - One H1 inhibitor used in combination with any one or more of the following: an H2 antihistamine, oral corticosteroids, or Leukotriene modifiers.
- The initial trial of therapy is for 12 weeks, and subsequent approval requires documentation of improved symptoms (second approval for 12 months).
- Usual dosing is 150-300 mg every four weeks.
- Patients need to continue a low dose of H1 antihistamines.
- Some patients may be able to adjust dose or interval (ie, to 6 weeks) once they have been stable for four months or longer.

### Indication | Investigational
---|---
**As listed**
Omaluzimab is considered investigational for all other uses including, but not limited to the following:
- Allergic rhinitis
- Atopic dermatitis
- Other IgE-mediated allergic conditions not listed in this document
- Peanut and other food allergies
- Latex allergy
- Bullous pemphigoid
- Eosinophilic gastrointestinal disorders
<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Drug Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inhaled corticosteroids</td>
<td>Asmanex® (mometasone furoate), Flovent® HFA (fluticasone propionate), QVAR® (beclomethasone dipropionate HFA)</td>
</tr>
<tr>
<td>Long Acting Bronchodilators</td>
<td>Foradil® Aerolizer (formoterol fumarate), Severent® Diskus (salmeterol xinafoate)</td>
</tr>
<tr>
<td>H1 Antihistamines</td>
<td>Bromphenamine, chlorphenamine (Chlor-Trimeton), clemastine (Tavist), cyproheptadine (periactin), debrormpheniramine, dexochlorpheniramine, diphenhydramine (Benadryl), hydroxyzine (Vistaril), cetirizine (Zyrtec), desloratidine (Clarinex), fexofenadine (Allegra), loratidine (Claritin)</td>
</tr>
<tr>
<td>H2 Antihistamines</td>
<td>ranitidine, famotidine, nizatidine, cimetidine</td>
</tr>
<tr>
<td>Combination Long-acting Bronchodilator and Corticosteroid</td>
<td>Advair® (fluticasone/salmeterol), Symbicort® (budesonide/fomoterol fumarate)</td>
</tr>
<tr>
<td>Oral Corticosteroids</td>
<td>methylprednisolone, prednisone, prednisolone</td>
</tr>
<tr>
<td>Leukotriene Modifiers</td>
<td>Singulair® (montelukast sodium), Accolate® (zafrilukast)</td>
</tr>
<tr>
<td>Other anti-inflammatory medications</td>
<td>Cyclosporine, dapsone, methotrexate, sulfasalazine, corticosteroids</td>
</tr>
</tbody>
</table>

**H1 and H2 Antihistamines (Only dosing for adults and children \( > \text{ or } = 12 \) years is included in the following table [according to the current Xolair labeling]).**

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Drug Name</th>
<th>Standard Drug Dosage</th>
</tr>
</thead>
</table>
| H1            | J-Tan PD® (brompheniramine): 1mg/mL (30mL); Respa-BR® (brompheniramine): 11 mg ER tablet | Adult dosing varies depending on product type/combo.  
Some combination products contain 2mg per 5 mL of the brompheniramine Maleate component, with standard dosing for adults and children 12 years and older of 10mL every 4 hours (i.e. 4mg of brompheniramine component every 4 hours). |
| H1            | Chlor-Trimeton® (chlorpheniramine)+ multiple other brand names            | Adult Immediate Release:  
4mg every 4 to 6 hours; NTE 24mg/24 hours.  
Adult Extended Release:  
12mg every 12 hours; NTE 24mg/24 hours.  
Children Immediate/Extended Release:  
> or = 12 years: see adult dosing above. |
| H1            | Tavist®; Dayhist® (clemastine)                                           | Adult: 1.34mg (1mg base*) twice daily to 2.68mg three times daily; NTE 8.04mg/day (6mg base).  
OTC labeling: 1.34mg (1mg base*) twice daily; NTE 2mg base/24 |
<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Drug Name</th>
<th>Standard Drug Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1</td>
<td>Periactin® (cyproheptadine)</td>
<td>Adult: 4 to 20mg daily divided every 8 hours (NTE: 0.5mg/kg/day). Some patients may require up to 32mg daily for optimal symptom management. Children 7 to 14 years: 4mg every 8 to 12 hours (NTE: 16mg daily). Children &gt; or = 15 years: start with 4mg every 8 hours; range 12 to 16mg/day. Some patients may require up to 32mg; Max daily dose: 0.5mg/kg/day.</td>
</tr>
<tr>
<td>H1</td>
<td>Polaramine® (dexchlorpheniramine)</td>
<td>Adult: 2mg every 4 to 6 hours. Children &gt; or = 12 years: see adult dosing above.</td>
</tr>
<tr>
<td>H1</td>
<td>Benadryl® (diphenhydramine)</td>
<td>Adult Oral: 25 to 50mg ever 4 to 8 hours, max: 300mg daily. Adult IM/IV: 10 to 50mg per dose; single doses up to 100mg may be used; NTE: 400mg daily. Children &gt; or = 12 years: see adult dosing above.</td>
</tr>
<tr>
<td>H1</td>
<td>Vistaril® (hydroxyzine)</td>
<td>Adult: 25mg three to four times daily. Children &gt; or = 6 years: 50 to 100mg daily in divided doses.</td>
</tr>
<tr>
<td>H1</td>
<td>Zyrtec® (cetirizine)</td>
<td>Adult: 5 to 10mg once daily; Max: 10mg daily. Children &gt; or = 6 years to adults: 5 to 10 mg/day as a single dose or divided into 2 doses.</td>
</tr>
<tr>
<td>H1</td>
<td>Clarinex® (desloratadine)</td>
<td>Adult: 5mg once daily. Children &gt; or = 12 years: see adult dosing above.</td>
</tr>
<tr>
<td>H1</td>
<td>Allegra® (fexofenadine)</td>
<td>Adult: 60mg twice daily OR 180mg once daily. Children &gt; or = 12 years: see adult dosing above.</td>
</tr>
<tr>
<td>H1</td>
<td>Claritin® (loratadine)</td>
<td>10mg once daily or 5mg twice daily. Children &gt; or = 6 years: see adult dosing above.</td>
</tr>
<tr>
<td>H2</td>
<td>Zantac® (ranitidine)</td>
<td><strong>Dosing for adults and children &gt; or = 12 years depends on the indication and may vary. Dosing for common indications is as follows:</strong> Adult: 150mg twice daily or 300mg once before bedtime Children &gt; or = 12 years in the setting of heartburn prophylaxis: 75mg per day; Max 150mg/24 hours. Treatment (vs. maintenance) dosage can go up to adult dosage.</td>
</tr>
<tr>
<td>H2</td>
<td>Pepcid® (famotidine)</td>
<td><strong>Dosing for adults and children &gt; or = 12 years depends on the indication and may vary. Dosing for common indications is as follows:</strong></td>
</tr>
</tbody>
</table>
Drug Class | Drug Name | Standard Drug Dosage
--- | --- | ---

**Note: dosage differs depending on clemastine base versus clemastine fumarate formulation.**

**Note: dosage differs depending on indication, and if therapy is used for prophylaxis versus active treatment vs. maintenance. Please double check dosages provided in this table based on the case-specific information.**

### Sources:


### Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>HCPCS</td>
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</tr>
<tr>
<td>J2357</td>
<td>Injection, omalizumab (Xolair®) – 5 mg</td>
</tr>
</tbody>
</table>

**Note:** CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).
Consideration of Age

The ages stated in this policy for which Xolair® (omalizumab) is considered medically necessary is based on the FDA labeling for this drug.

Benefit Application

Xolair® is an injectable drug that must be administered in a health care provider’s office. We have contracted with two specialty pharmacies to supply the drug to a provider’s office if needed. Their contact numbers are:

- Accredo Health Group (an Express Scripts company) – Call 1-877-244-2995
- Walgreens Specialty Pharmacy – Call 1-877-223-6447

These specialty pharmacies will deliver the drug to the health care provider’s office and bill Premera directly.

A Pre-service Review is advised for Xolair®.

Evidence Review

Description

Xolair® (omalizumab) is a recombinant, humanized construct of murine antibody MaE11 directed against human Immunoglobulin E (IgE). The critical amino acids responsible for the binding of the murine monoclonals to IgE were engrafted onto a human Immunoglobulin GR1R (IgGR1R) subclass framework to yield a humanized antibody with the properties of the selected murine monoclonal. The antibody has a molecular weight of approximately 149 kilo-daltons and is produced by a Chinese hamster ovary cell suspension culture in a nutrient medium containing the antibiotic gentamicin.

Omalizumab inhibits the binding of IgE to the high-affinity IgE receptor (FcRI) on the surface of mast cells and basophils. Reduction in surface-bound IgE on FcRI-bearing cells limits the degree of release of mediators of the allergic response. Treatment with omalizumab also reduces the number of FcRI receptors on basophils in atopic patients.
**Maintenance Therapy of Asthma**

Asthma is a chronic airway disorder that affects an estimated 17 million Americans. About 10 million of these have allergic asthma, mediated by a cascade in which IgE is bound to high-affinity FcRI receptors on the surface of basophils and mast cells, and is cross-linked by an allergen that results in the degranulation of these effector cells and the release of inflammatory mediators, such as histamine and leukotrienes. These mediators then produce the symptoms of asthma, as well as other related conditions such as allergic rhinitis, atopic dermatitis and anaphylaxis. The severity of the response varies from trivially annoying to immediately life-threatening. As their common mechanism would predict, these diseases share overlapping populations.

Treatment with anti-inflammatory drugs such as inhaled corticosteroids can reverse some of these processes; however, successful response often requires weeks to achieve and sometimes a complete reversal is not achieved, even with optimal combinations of steroids, long-acting beta agonists and other agents. A smaller percentage of patients may have persistent airflow limitations for which no current therapy has been found to be effective (steroid-resistant asthma). The paradigm of asthma has been expanded from bronchospasm and airway inflammation to include airway remodeling in some patients. The concept that asthma may be a continuum of these processes that can lead to moderate and severe persistent disease is of critical importance to understanding this disease's pathogenesis and pathophysiology.

Since the asthma patient population is heterogeneous, successful maintenance treatment requires an individualized regimen. Current guidelines suggest that patients with chronic persistent asthma be started on an inhaled corticosteroid. For patients with moderate to severe symptoms, a long-acting inhaled beta agonist (salmeterol or formoterol) is generally initiated at the same time as the corticosteroid. Patients with mild symptoms should receive a beta agonist if they fail to achieve full response with a corticosteroid. Other agents such as leukotriene modifiers and theophylline may be added. Xolair® (omalizumab) now offers an additional therapeutic option for patients who have not achieved control with these strategies.

**Rationale**

In two well-designed pivotal trials over 1000 patients age 12 and above with moderate to severe chronic steroid-resistant asthma, Xolair® (omalizumab) reduced the overall frequency of asthma exacerbations by 40-50%. Hospitalizations and emergency visits for asthma exacerbation were
also reduced. Reduction in protocol defined exacerbations was observed in approximately 15% of the subjects (NNT = 6); the majority of patients therefore did not benefit according to the primary endpoint; however reduction in asthma symptom scores and improvement in quality of life scores were observed in the overall population.

After subcutaneous (SC) administration, omalizumab has an average absolute bioavailability of 62%. Following a single SC dose in adult and adolescent patients with asthma, omalizumab reached peak serum concentrations after an average of 7-8 days. Following multiple doses, areas under the serum concentration-time curve from Day 0 to Day 14 at steady state were up to 6-fold of those after the first dose. In vitro, omalizumab forms complexes with IgE. Precipitating complexes are not observed. Clearance involves IgG clearance processes as well as hepatic clearance of the omalizumab:IgE complexes. Intact IgG is also excreted in bile. In asthma patients elimination half-life averaged 26 days, with apparent clearance averaging 2.4 ± 1.1 mL/kg/day. Doubling body weight approximately doubled apparent clearance.

Free IgE decrease was greater than 96% using recommended doses. Serum total IgE levels increased due to the formation of omalizumab:IgE complexes, which have a slower elimination rate. The increase in total IgE and decrease in free IgE were reversible, with no observed rebound in IgE levels after drug washout. Total IgE levels did not return to pre-treatment levels for up to one year after discontinuation.

Subsequently published studies continue to affirm the hypothesis that omalizumab is an appropriate last-line agent in patients who are inadequately controlled, despite best standard therapy with inhaled corticosteroids in combination with other controllers. The bulk of the evidence suggests that many of these patients will achieve significant benefit when omalizumab is added to their existing treatment.

A published cost-effectiveness analysis concluded that:

...from a pharmacoeconomic standpoint, omalizumab would be better used in allergic asthmatic patients with poorly controlled symptoms despite maximal therapy, given the high cost and modest efficacy of this agent. It could be cost saving if given to nonsmoking patients who are hospitalized 5 or more times or 20 days or longer per year despite maximal asthma therapy.

2007 Update

A September 2007 literature review update did not identify any published reports that would change the conclusions of our assessment of the policy statement above.
The Expert Panel Report 3 (EPT-3) from the National Heart Lung and Blood Institute contains updated definitions of asthma.²⁷

**2008 Update**

The American Academy of Allergy Asthma & Immunology supports the FDA labeling of Xolair and states: “Xolair is indicated for the moderate to severe persistent asthmatic patient who is 12 and older, has a positive skin test or in-vitro reaction to a perennial aeroallergen, and does not have control of their symptoms with inhaled corticosteroids. Clinical studies have shown that serum-free IgE levels were reduced by 96% within one hour after using the proper dosing requirements (total serum IgE level and body weight.)

A PubMed literature search through September 2008 did not reveal any published studies which would prompt a reconsideration of the policy statement. The policy was recommended for approval without changes by the P & T Committee (September 2008).

**2009 Update**

A PubMed literature search through October 2009 did not reveal any published studies which would prompt a reconsideration of the policy statement. The policy was recommended for approval without changes by the P & T Committee in November 2009.

**2011 Update**

A literature search from Jan 2008 to Jan 2011 did not identify any studies that would prompt reconsideration of the policy statement. A 2011 published review of MEDLINE search spanning from September 2008 to August 2010 revealed investigations and case reports of Xolair® (omalizumab) as an add-on agent to standard therapy. The policy statements remain unchanged. The policy was recommended for approval without changes by the P & T Committee in November 2010.
2012 Update

A literature search from Jan 2011 to Dec 2011 did not identify any studies that would prompt reconsideration of the policy statement. Hanania, et al., reported results of an 850 patient RCT evaluating the impact of Xolair® (omalizumab) as add on therapy in patients with severe asthma treated with high dose inhaled corticosteroid (ICS) plus long-acting beta agonist (LABA), with or without other controllers. Patients were followed for 48 weeks. Asthma exacerbations were significantly reduced in the omalizumab arm (RRR=0.75, p=0.006). Patients on omalizumab also reported improved quality of life (AQLQ) scores, reduced albuterol use and decreased mean asthma symptom score. In Feb 2011, a disturbing report from the ongoing EXCELS prospective cohort study, suggested that they might be seeing an imbalance of arterial thrombotic events; however, the finding was not statistically significant at the time of report. As of this update, no further information on this report is available.

2013 Update

A Phase III, multicenter, double-blind RCT evaluated the efficacy and safety of Xolair® (omalizumab) in patients with moderate-to-severe chronic idiopathic urticaria refractory to H1-antihistamine therapy. 323 patients were randomized to receive 3 subcutaneous injections at 4 week intervals, of omalizumab 75 mg, 150 mg, or 300 mg or placebo, followed by a 16-week observation period. The primary endpoint was change weekly itch-severity score (ISS, ranging from 0 to 21, with higher scores indicating more severe itching). Baseline weekly ISS was ~14 in all groups. At week 12, the mean (±SD) change from baseline in weekly ISS was −5.1±5.6 in the placebo group, −5.9±6.5 in the 75-mg group (P = 0.46), −8.1±6.4 in the 150-mg group (P = 0.001), and −9.8±6.0 in the 300-mg group (P<0.001). Adverse events were similar across groups. Serious AE were infrequent but higher in the 300-mg group (6%). A literature search from Jan 2012 to Dec 2012 did not identify other studies that would prompt reconsideration of the policy statement.

2014 (April) Update

A literature search conducted from 1/1/2013 through 2/28/2014 found no new evidence that would change this policy. An updated Cochrane meta-analysis published in January 2014 confirmed a reduction in both the frequency of asthma exacerbations and hospitalizations in patients treated with Xolair® (omalizumab) versus placebo. Patients dependent on systemic corticosteroids were able to reduce or eliminate the requirement for systemic steroids. The
authors identified a need for double-dummy trials and more studies in pediatric patients. Given the drug’s high cost it would be valuable to identify biomarkers predictive of response.

2014 (May) Update

In November 2013 two additional Phase II clinical trials were presented at the European Academy of Dermatology and Venerology combined with the study reported above. The three studies included close to 1,000 patients between the ages of 12 and 75 years, who were severely affected by chronic idiopathic/spontaneous urticaria despite treatment with high doses of H1-antihistamines. The results were consistent across the studies with 80-90% response rate of symptomatic improvement (decreased itching, wheals, and increased days without angioedema). The response was dose dependent, with most response to the highest dose tested (400 mg q 4 weeks). Patients were able to decrease the daily dose of H1 antihistamines.

On March 21, 2014, the FDA approved Xolair® (omaluzimab) for use in the treatment of chronic idiopathic urticaria for people age 12 and older who have failed first line treatment with H1 antihistamine therapy.

2015 Update

A literature search conducted from 1/1/2013 through 2/28/2014 found no new evidence that would change this policy.

2017 Update

A literature search conducted from 1/1/2014 through 10/31/2017 found no new evidence that would change this policy.

References


20. Premera Pharmacy and Therapeutics Committee reviewed and recommended for approval on September 26, 2006.


36. Reviewed by P & T Committee in November 2010; January 2012; March 2013.


41. Maurer M. Phase III randomized, double-blind, placebo-controlled study evaluating efficacy and safety of omalizumab in H1-antihistamine-refractory chronic idiopathic/spontaneous urticaria. European Academy of Dermatology and Venereology (EADV) annual meeting 2013. Oral Presentation. 5 October 2013, 11:30 a.m.


Appendix

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Dosage for Asthma

Administration Every 4 Weeks

Xolair® (omalizumab) Doses (milligrams) Administered by Subcutaneous Injection Every 4 Weeks for Adults and Adolescents (12 years of age and older) with Asthma

<table>
<thead>
<tr>
<th>Pre-treatment Serum IgE (I/mL)</th>
<th>Body Weight (kg)</th>
<th>30 – 60</th>
<th>&gt;60 – 70</th>
<th>&gt;70 – 90</th>
<th>&gt;90 – 150</th>
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<tr>
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</table>

Administration Every 2 Weeks

Xolair® (omalizumab) Doses (milligrams) Administered by Subcutaneous Injection Every 2 Weeks for Adults and Adolescents (12 years of age and older) with Asthma

<table>
<thead>
<tr>
<th>Pre-treatment Serum IgE (I/mL)</th>
<th>Body Weight (kg)</th>
<th>30 – 60</th>
<th>&gt;60 – 70</th>
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<tbody>
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</table>
Subcutaneous Xolair® (omalizumab) Doses Every 2 or 4 Weeks* for Pediatric Patients with Asthma Who Begin Xolair® (omalizumab) Between the Ages of 6 to <12 Years

<table>
<thead>
<tr>
<th>Pre-treatment Serum IgE (I/mL)</th>
<th>Dosing Freq</th>
<th>Body Weight (kg)</th>
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<tbody>
<tr>
<td>&gt;30 – 100</td>
<td>Every 4 weeks</td>
<td>75 75 75 150 150 150 150 150 300 300</td>
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<tr>
<td>&gt;100 – 200</td>
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<td>&gt;1000-1100</td>
<td></td>
<td>225 300 375</td>
</tr>
<tr>
<td>&gt;1100-1200</td>
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<td>300 300</td>
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<tr>
<td>&gt;1200-1300</td>
<td></td>
<td>300 375</td>
</tr>
</tbody>
</table>

Dosing Adjustments

Total IgE levels are elevated during treatment and remain elevated for up to one year after the discontinuation of treatment. Therefore, re-testing of IgE levels during Xolair® treatment cannot be used as a guide for dose determination. Dose determination after treatment interruptions lasting less than 1 year should be based on serum IgE levels obtained at the initial dose determination. Total serum IgE levels may be re-tested for dose determination if treatment with Xolair® has been interrupted for one year or more.

Doses should be adjusted for significant changes in body weight. (See tables above.)

Dosage for Chronic Idiopathic Urticaria

Administer Xolair® 150 or 300 mg by subcutaneous injection every 4 weeks.
Dosing of Xolair® in CIU patients is not dependent on serum IgE (free or total) level or body weight. The appropriate duration of therapy for CIU has not been evaluated. Periodically reassess the need for continued therapy.

### History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/12/03</td>
<td>Add to Prescription Drug Section. - New policy developed at time FDA approved the drug.</td>
</tr>
<tr>
<td>01/01/04</td>
<td>Replace Policy - HCPC code updates only.</td>
</tr>
<tr>
<td>09/01/04</td>
<td>Replace Policy - Policy renumbered from PR.5.01.113. No changes to dates.</td>
</tr>
<tr>
<td>09/14/04</td>
<td>Replace Policy - Scheduled review; policy statement unchanged. Reference section updated.</td>
</tr>
<tr>
<td>10/11/05</td>
<td>Replace Policy - Scheduled review, policy statement unchanged.</td>
</tr>
<tr>
<td>02/06/06</td>
<td>Codes updated - No other changes.</td>
</tr>
<tr>
<td>06/16/06</td>
<td>Update Scope and Disclaimer - No other changes.</td>
</tr>
<tr>
<td>10/10/06</td>
<td>Replace Policy - Policy updated with literature search; no change in policy statement. Reviewed by P&amp;T committee on September 26, 2006.</td>
</tr>
<tr>
<td>11/13/07</td>
<td>Replace Policy - Policy updated with literature search. Policy statement includes changes in severity, “long-acting beta-agonists” as medically necessary; also includes “Peanut and other food allergies” and “Latex allergy” as investigational. References updated.</td>
</tr>
<tr>
<td>10/14/08</td>
<td>Replace Policy - Policy updated with literature search; no change to policy statement. References and codes added.</td>
</tr>
<tr>
<td>12/08/09</td>
<td>Replace Policy - Policy updated with literature search; no change to policy statement. References added. Reviewed by P&amp;T in November 2009.</td>
</tr>
<tr>
<td>02/08/11</td>
<td>Replace Policy - Policy updated with literature review; no change in policy statement. Reviewed by P&amp;T in November 2010.</td>
</tr>
<tr>
<td>10/11/12</td>
<td>Minor Update – Medco is now Express Scripts.</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
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<tr>
<td>2013.</td>
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<tr>
<td>02/24/14</td>
<td>Replace policy. Policy updated with literature review; no change in policy statement.</td>
</tr>
<tr>
<td>04/14/14</td>
<td>Interim update. Policy updated with literature; no change in policy statement. References 39 and 40 added.</td>
</tr>
<tr>
<td>05/12/14</td>
<td>Interim update. Policy section updated. The indication for severe persistent asthma rewritten; criteria moved from Policy Guidelines and is now listed within the Policy section. A notation was added that Xolair® is not FDA-approved for patients under age 12 in the US; however, cases may be approved on an individual member basis for those with severe persistent asthma with informed consent by a responsible adult on behalf of the child based upon approval for children age 6 and above in the EU. A new indication is added for treatment of severe chronic idiopathic urticaria for those aged 12 and above when the indicated criteria are met and documentation provided; this indication was approved by the FDA in March 2014. Reference 40 added. HCPCS code J3590 removed; there is a specific code for Xolair (J2357) which is listed in the policy.</td>
</tr>
<tr>
<td>05/22/15</td>
<td>Annual Review. Policy updated with literature review, policy statements unchanged.</td>
</tr>
<tr>
<td>06/09/15</td>
<td>Interim update. Table added to the Policy Guidelines section to provide dosage information for brand/generic names for H1 and H2 antihistamines and normal dosage ranges for H1 antihistamines. ICD-9 diagnosis codes removed; these were informational only.</td>
</tr>
<tr>
<td>09/09/15</td>
<td>Minor edit. Clarification made to policy statement, added “of” to: Severe allergic asthma (FEV1 40-80% of predicted).</td>
</tr>
<tr>
<td>10/01/16</td>
<td>Annual Review, approved September 13, 2016. Age limit update for Xolair in the setting of moderate to severe asthma.</td>
</tr>
<tr>
<td>11/08/16</td>
<td>Minor update. Information added to the Rationale section to indicate the age limit of application for this drug is based on FDA-labelling. No change in policy statements.</td>
</tr>
<tr>
<td>09/01/17</td>
<td>Minor update, changed title from Omalizumab (Xolair®) to Xolair® (omalizumab).</td>
</tr>
<tr>
<td>12/01/17</td>
<td>Annual Review, approved November 21, 2017. Information added to Appendix section for dosing children aged 6 to &lt;12 years for asthma and dosage for chronic idiopathic urticaria.</td>
</tr>
</tbody>
</table>

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2017 Premera All Rights Reserved.
**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.
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Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:
Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

Oromo (Cushite):

French (French):

Kreyòl ayisyen (Creole):
Avi sila a gen Enfòmasyon Enpòtan lidann. Avis sila a kapab genyen enfòmasyon enpòtan konsènas aplikasyon w lan oswa kon konsènas kouvèti asisans lan atrave Premera Blue Cross. Kapab genyen dat ki enpòtan nan av si lwa. Ou ka gen pou pran kék aksyon aven seten dat limit pou ka kente kouvèti asisans sante w lan oswa pou yo ka ede w av ek depans yo. Se dwa w pou resewa enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rate nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

Hmoob (Hmong):

Ilokano (Ilocano):
Daytoy a Pakdaak ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaak mabalini nga adda ket naglaon iti napateg nga impormasion maipanggip iti aplikasyyon weny coverage babaen iti Premera Blue Cross. Daytoy ket mabalini dagiti importante a pelsa iti daytoy a pakdaak. Mabalini nga adda rumeng nga aramipeno nga adda sakybay dagiti parikular a naituing nga adda aldaw tapno mapagtalainedyo ti coverage ti salun-ayyo weny tulong kadagit gastos. Adda karbangemya a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagasasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):
Premera Blue Cross

この通知には重要な情報を含まれています。この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれていますので、この通知について読むことが重要です。健康保険や有料サービスを維持するには、特定の期間内に行動を取りなければなりません。ご自身の言語による情報とサポーテが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

Fa’samoa (Samoan): Atonu ua i i lenei fa’asilasiga ni fa’amatala e sili ona tatau e 800-722-1471 (TTY: 800-842-5357).