



## VNSNY CHOICE SelectHealth Plan Medical Benefit Drug Policy

# XOLAIR® (OMALIZUMAB)

### COVERAGE RATIONALE

Xolair (omalizumab) for subcutaneous use is FDA indicated for:

- Moderate to severe persistent asthma in patients 6 years of age and older with a positive skin test or in vitro reactivity to a perennial aeroallergen and symptoms that are inadequately controlled with inhaled corticosteroids.
- Chronic idiopathic urticaria in adults and adolescents 12 years of age and older who remain symptomatic despite H1 antihistamine treatment.

#### Limitations of use:

- Not indicated for other allergic conditions or other forms of urticaria.
- Not indicated for acute bronchospasm or status asthmaticus.

### APPLICABLE CODES

**Coverage of this medication is available under the member's medical benefit via the buy-and-bill process for provider-administered drugs.** The following list(s) of procedure codes is provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

HCPCS Code	Description
J2357	Injection, omalizumab, 5 mg
CPT Administration Codes	Description
96372	Therapeutic, Prophylactic, and Diagnostic Injections and Infusions
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic

### BACKGROUND

Omalizumab is a monoclonal antibody that binds to human immunoglobulin E (IgE)'s high affinity Fc receptor, thereby preventing the binding of IgE to a variety of cells associated with the allergic response. Reduction in surface-bound IgE on FcεRI-bearing cells limits the degree of release of mediators of the allergic response. Omalizumab has been found in clinical trials to reduce free serum IgE concentrations by more than 96%, considerably suppress eosinophils in induced sputum, and blunt both early- and late-phase allergic reactions.