

5.45.02

Section:	Prescription Drugs	Effective Date:	April 1, 2021
Subsection:	Respiratory Agents	Original Policy Date:	December 1, 2009
Subject:	Xolair	Page:	1 of 10

Last Review Date: March 12, 2021

Xolair

Description

Xolair (omalizumab)

Background

Xolair is a monoclonal antibody that prevents binding of IgE to the high-affinity receptors on basophils and mast cells by forming complexes with circulating free IgE (1-2). Xolair is a treatment option for asthmatic patients with a pre-treatment IgE level of ≥ 30 IU/mL with a positive skin test or *in vitro* reactivity to a perennial aeroallergen such as pollen, mold spores, dust mites, or animal allergens (2).

Current asthma guidelines state that Xolair may be considered as adjunctive therapy in patients who have allergies and severe persistent asthma that is inadequately controlled with the combination of high-dose inhaled corticosteroids and long acting beta₂ agonists, the preferred treatment for moderate persistent and severe persistent asthma. Alternative options include either a leukotriene modifier or theophylline in combination with inhaled corticosteroids for moderate persistent asthma (2).

Xolair has shown to be effective against allergy-induced asthma only. Allergy tests are required to identify patients who may be candidates for Xolair therapy. Allergic asthma is identified as testing positive to at least one perennial aeroallergen according to either a skin test (e.g. prick/puncture test, intracutaneous test) or a blood test (e.g. RAST) and having an IgE level between 30 and 700 IU/ml in patients 12 years of age and older and between 30 and 1300 IU/ml in patients between 6 and 11 years of age (1).

Section:	Prescription Drugs	Effective Date:	April 1, 2021
Subsection:	Respiratory Agents	Original Policy Date:	December 1, 2009
Subject:	Xolair	Page:	2 of 10

Xolair was evaluated in several clinical studies for safety and efficacy. Dosing for asthma and nasal polyps was based on body weight and baseline serum IgE concentration (1).

Regulatory Status

FDA-approved indication: Xolair (omalizumab) is an anti-IgE antibody 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 whose symptoms are inadequately controlled with inhaled corticosteroids.
- Nasal polyps in adult patients 18 years of age and older with inadequate response to nasal corticosteroids, as add-on maintenance treatment.
- Chronic idiopathic urticaria in adults and adolescents 12 years of age and older who remain symptomatic despite H1 antihistamine treatment (1).

Limitations of use: (1)

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

Xolair has a boxed warning of anaphylaxis after administration. Anaphylaxis has occurred as early as after the first dose of Xolair, but also has occurred beyond 1 year after beginning regularly administered treatment. Due to the risk of anaphylaxis, patients should be observed closely for an appropriate period of time after Xolair administration. Health care providers administering Xolair should be prepared to manage anaphylaxis that can be life-threatening. Anaphylaxis, presenting as bronchospasm, hypotension, syncope, urticaria, and/or angioedema of the throat or tongue, has been reported to occur after administration of Xolair (1).

Malignant neoplasms were observed in 20 of 4127 (0.5%) Xolair-treated patients compared with 5 of 2236 (0.2%) control patients in clinical studies of adults and adolescents 12 years of age and older with asthma and other allergic disorders. The observed malignancies in Xolair-treated patients were a variety of types, with breast, non-melanoma skin, prostate, melanoma, and parotid occurring more than once, and five other types occurring once each. The majority of patients were observed for less than 1 year. The impact of longer exposure to Xolair or use in patients at higher risk for malignancy (e.g., elderly, current smokers) is not known (1).

FEP adherence is defined as $\geq 50\%$ utilization within the last 180 days.

Prescribers are advised to follow the recommended dosing charts provided in the package insert (see Appendix 1) (1).

Section:	Prescription Drugs	Effective Date:	April 1, 2021
Subsection:	Respiratory Agents	Original Policy Date:	December 1, 2009
Subject:	Xolair	Page:	3 of 10

The safety and effectiveness of Xolair in pediatric patients less than 6 years of age with asthma have not been established. The safety and effectiveness of Xolair in pediatric patients less than 12 years of age with urticaria have not been established. The safety and effectiveness of Xolair in pediatric patients less than 18 years of age with nasal polyps have not been established (1).

Related policies

Cinqair, Dupixent, IL-5 Antagonists

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Xolair may be considered **medically necessary** for the treatment of moderate to severe persistent asthma, nasal polyps, or chronic idiopathic urticaria and if the conditions indicated below are met.

Xolair is considered **investigational** for all other indications.

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following **AND** submission of medical records (e.g. chart notes, laboratory values) documenting the following:

1. Moderate or severe Asthma
 - a. 6 years of age or older
 - b. Positive skin prick test or RAST response to at least one common allergen
 - c. Inadequate control of asthma symptoms after a minimum of 3 months of compliant use with greater than or equal to 50% adherence with **ONE** of the following within the past 6 months:
 - i. Inhaled corticosteroids & long acting beta₂ agonist
 - ii. Inhaled corticosteroids & long acting muscarinic antagonist
 - d. Baseline serum IgE levels obtained:
 - i. Baseline serum IgE level between 30 – 700 IU/mL for patients 12 years of age and older
 - ii. Baseline serum IgE level between 30 – 1300 IU/mL for patients 6

Section:	Prescription Drugs	Effective Date:	April 1, 2021
Subsection:	Respiratory Agents	Original Policy Date:	December 1, 2009
Subject:	Xolair	Page:	4 of 10

- years to 11 years of age
- e. **NO** dual therapy with another monoclonal antibody for the treatment of asthma
2. Nasal polyps
- a. 18 years of age or older
 - b. Inadequate response, intolerance, or contraindication to a 3-month trial of **TWO** nasal corticosteroid sprays (i.e. mometasone, fluticasone, budesonide, or triamcinolone)
 - c. Baseline serum IgE level between 30 – 1500 IU/mL
 - d. Used as add-on maintenance treatment
3. Chronic idiopathic urticaria
- a. 12 years of age or older
 - b. Symptomatic after at least **TWO** previous trials of H1-antihistamines
 - c. Baseline urticaria activity score (UAS)
(e.g. <https://www.mdcalc.com/urticaria-activity-score-uas>)

All approved requests are subject to review by a clinical specialist for final validation and coverage determination once all required documentation has been received. Current utilization, including samples, does not guarantee approval of coverage.

Prior – Approval *Renewal* Requirements

Diagnoses

Patient must have **ONE** of the following **AND** submission of medical records (e.g. chart notes, laboratory values) documenting the following:

- 1. Asthma
 - a. 6 years of age or older
 - b. Patient has a documented response / improvement in symptoms
 - c. Decreased utilization of rescue medications
 - d. **NO** dual therapy with another monoclonal antibody for the treatment of asthma

AND ONE of the following:

- a. **NO** interruptions in therapy 1 year or greater

Section:	Prescription Drugs	Effective Date:	April 1, 2021
Subsection:	Respiratory Agents	Original Policy Date:	December 1, 2009
Subject:	Xolair	Page:	5 of 10

- b. Interruption lasting one year or more require re-testing of total serum IgE levels
 - i. Serum IgE level between 30-700 IU/mL for patients 12 years of age and older
 - ii. Serum IgE level between 30 – 1300 IU/mL for patients 6 years to 11 years of age
- 2. Nasal polyps
 - a. 18 years of age or older
 - b. Interruption lasting one year or more require re-testing of total serum IgE levels
 - i. Serum IgE level between 30 – 1500 IU/mL
 - c. Used as add-on maintenance treatment
- 3. Chronic idiopathic urticaria
 - a. 12 years of age or older
 - b. Decrease in urticaria activity score (UAS), such as improvement in pruritic wheals, hives, and itching
(e.g. <https://www.mdcalc.com/urticaria-activity-score-uas>)

All approved requests are subject to review by a clinical specialist for final validation and coverage determination once all required documentation has been received. Current utilization, including samples, does not guarantee approval of coverage.

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Section:	Prescription Drugs	Effective Date:	April 1, 2021
Subsection:	Respiratory Agents	Original Policy Date:	December 1, 2009
Subject:	Xolair	Page:	6 of 10

Summary

Xolair is a monoclonal antibody that prevents binding of IgE to the high-affinity receptors on basophils and mast cells by forming complexes with circulating free IgE. Dosing for asthma and nasal polyps was based on body weight and baseline serum IgE concentration (1).

Prior authorization is required to ensure the safe, clinically appropriate and cost-effective use of Xolair while maintaining optimal therapeutic outcomes.

References

1. Xolair [package insert]. South San Francisco, CA: Genentech, Inc.; December 2020.
2. National Institutes of Health. *National Asthma Education and Prevention Program Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma - Full Report 2007*. Bethesda, MD: National Heart Lung and Blood Institute; August 2007.

Policy History

Date	Action
December 2009	Addition of RAST (radioallergosorbent test) as alternative when skin prick test is not feasible. RAST often are used to test for allergies when: <ul style="list-style-type: none"> • a physician advises against the discontinuation of medications that can interfere with test results or cause medical complications; • a patient suffers from severe skin conditions such as widespread eczema or psoriasis • a patient has such a high sensitivity level to suspected allergens that any administration of those allergens might result in potentially serious side effects.
November 2010	Addition of serum IgE and weight limits to criteria based on the package insert dosing guidelines
September 2012	Annual editorial review and reference update
March 2013	Annual editorial review and reference update
June 2013	Editorial review and strengthened renewal requirements
March 2014	Editorial review and reference update. Addition of Chronic Idiopathic Urticaria (CIU).
July 2014	Removal of serum IgE weight limits
March 2015	Annual editorial review and reference update. Addition of the 3 months of inhaled corticosteroids
March 2016	Annual editorial review Policy number change from 5.13.02 to 5.45.02

5.45.02

Section:	Prescription Drugs	Effective Date:	April 1, 2021
Subsection:	Respiratory Agents	Original Policy Date:	December 1, 2009
Subject:	Xolair	Page:	7 of 10

September 2016	Annual editorial review and reference update. Addition of no dual therapy with another monoclonal antibody for asthma, change in age limit.
March 2017	Annual editorial review and reference update
March 2018	Annual editorial review and reference update
June 2018	Annual editorial review Change in serum IgE level for patients 6 – 11 years of age to 30 – 1300 IU/mL for baseline in initiation and re-test in renewal (change from 30 – 700 IU/mL) Addition of 3 months of one of the following: Inhaled corticosteroids & long acting beta ₂ agonist or Inhaled corticosteroids & long acting muscarinic antagonist
September 2018	Annual review and reference update
March 2019	Annual review and reference update
August 2019	Addition of the 50% adherence requirement to the asthma diagnosis. Addition to the managed PA program
September 2019	Annual review and reference update
October 2019	Addition of initial requirement for baseline urticaria activity score (UAS) and revised requirement to trial at least two H1-antihistamines
December 2019	Annual review
March 2020	Annual review
July 2020	Addition of Appendix 1 with dosing charts and addition of regulatory status statement “Prescribers are advised to follow the recommended dosing charts provided in the package insert” per SME. Updated UAS scoring tool link
September 2020	Annual review
January 2021	Addition of indication: nasal polyps
March 2021	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 12, 2021 and is effective on April 1, 2021.

Section:	Prescription Drugs	Effective Date:	April 1, 2021
Subsection:	Respiratory Agents	Original Policy Date:	December 1, 2009
Subject:	Xolair	Page:	8 of 10

Appendix 1 – Xolair Dosing

Table 1. Subcutaneous XOLAIR Doses Every 2 or 4 Weeks* for Patients 12 Years of Age and Older with Asthma

Pretreatment Serum IgE (IU/mL)	Dosing Freq.	Body Weight			
		30–60 kg	>60–70 kg	>70–90 kg	>90–150 kg
		Dose (mg)			
≥30–100	Every 4 weeks	150	150	150	300
>100–200	4 weeks	300	300	300	225
>200–300		300	225	225	300
>300–400	Every 2 weeks	225	225	300	Insufficient Data to Recommend a Dose
>400–500	2 weeks	300	300	375	Insufficient Data to Recommend a Dose
>500–600		300	375	Insufficient Data to Recommend a Dose	Insufficient Data to Recommend a Dose
>600–700		375	Insufficient Data to Recommend a Dose	Insufficient Data to Recommend a Dose	Insufficient Data to Recommend a Dose

*Dosing frequency:

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Subcutaneous doses to be administered every 4 weeks |
| <input type="checkbox"/> | Subcutaneous doses to be administered every 2 weeks |

Section:	Prescription Drugs	Effective Date:	April 1, 2021
Subsection:	Respiratory Agents	Original Policy Date:	December 1, 2009
Subject:	Xolair	Page:	9 of 10

Table 2. Subcutaneous XOLAIR Doses Every 2 or 4 Weeks* for Pediatric Patients with Asthma Who Begin XOLAIR Between the Ages of 6 to <12 Years

Pre-treatment Serum IgE (IU/mL)	Dosing Freq.	Body Weight									
		20-25 kg	>25-30 kg	>30-40 kg	>40-50 kg	>50-60 kg	>60-70 kg	>70-80 kg	>80-90 kg	>90-125 kg	>125-150 kg
		Dose (mg)									
30-100	Every 4 weeks	75	75	75	150	150	150	150	150	300	300
>100-200		150	150	150	300	300	300	300	300	225	300
>200-300		150	150	225	300	300	225	225	225	300	375
>300-400		225	225	300	225	225	225	300	300	Insufficient Data to Recommend a Dose	
>400-500		225	300	225	225	300	300	375	375		
>500-600		300	300	225	300	300	375				
>600-700		300	225	225	300	375	Insufficient Data to Recommend a Dose				
>700-800	225	225	300	375							
>800-900	225	225	300	375							
>900-1000	Every 2 weeks	225	300	375	Insufficient Data to Recommend a Dose						
>1000-1100		225	300	375							
>1100-1200		300	300								
>1200-1300		300	375								

*Dosing frequency:

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Subcutaneous doses to be administered every 4 weeks |
| <input type="checkbox"/> | Subcutaneous doses to be administered every 2 weeks |

Section:	Prescription Drugs	Effective Date:	April 1, 2021
Subsection:	Respiratory Agents	Original Policy Date:	December 1, 2009
Subject:	Xolair	Page:	10 of 10

Table 3. Subcutaneous XOLAIR Doses Every 2 or 4 Weeks* for Adult Patients with Nasal Polyps

Pretreatment Serum IgE (IU/mL)	Dosing Freq.	Bodyweight								
		>30-40 kg	>40-50 kg	>50-60 kg	>60-70 kg	>70-80 kg	>80-90 kg	>90-125 kg	> 125-150 kg	
		Dose (mg)								
30 - 100	Every 4 Weeks	75	150	150	150	150	150	300	300	
>100 - 200		150	300	300	300	300	300	450	600	
>200 - 300		225	300	300	450	450	450	600	375	
>300 - 400		300	450	450	450	600	600	450	525	
>400 - 500		450	450	600	600	375	375	525	600	
>500 - 600		450	600	600	375	450	450	600		
>600 - 700		450	600	375	450	450	525			
>700 - 800	Every 2 Weeks	300	375	450	450	525	600			
>800 - 900		300	375	450	525	600				
>900 - 1000		375	450	525	600					
>1000 - 1100		375	450	600						
>1100 - 1200		450	525	600	Insufficient Data to Recommend a Dose					
>1200 - 1300		450	525	Insufficient Data to Recommend a Dose						
>1300 - 1500	525	600	Insufficient Data to Recommend a Dose							

*Dosing frequency:

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Subcutaneous doses to be administered every 4 weeks |
| <input type="checkbox"/> | Subcutaneous doses to be administered every 2 weeks |