

North Carolina Department of Health and Human Services  
**Division of Medical Assistance**  
**Xolair for Chronic Idiopathic Urticaria**

**Beneficiary Information**

1. Beneficiary Name: \_\_\_\_\_ 2. Recipient ID #: \_\_\_\_\_

**NOTE: This attachment is only for Xolair when being used for Chronic Idiopathic Urticaria**

**Clinical Information**

**Coverage for Chronic Idiopathic Urticaria**

1. Is the patient 12 years old or older?  Yes  No
  
2. Does the patient have the diagnosis of moderate to severe chronic idiopathic urticaria?   
Yes  No
  
3. Has the patient tried at least two H1 antihistamines and one leukotriene modifier?  Yes  
 No

List medications tried

\_\_\_\_\_.

4. Is Xolair being prescribed by or in consultation with an allergy specialist?  Yes  No

This attachment can be uploaded to a PA that is on the secure NCTracks Provider Portal, faxed, or mailed to CSC. If faxed, the Standard Xolair Request Form **MUST** be the first page faxed with this attachment following. Fax all forms to CSC at: (855) 710-1969.

Pharmacy PA Call Center: (866) 246-8505