



**Request for Prior Authorization  
 ORAL IMMUNOTHERAPY**

(PLEASE PRINT – ACCURACY IS IMPORTANT)

**Does patient receive other subcutaneous immunotherapy:**  Yes  No

**Treatment failure with allergen avoidance and pharmacotherapy (intranasal corticosteroids and antihistamines):**

Intranasal Corticosteroid Name & Dose: \_\_\_\_\_ Trial dates: \_\_\_\_\_

Reason for failure: \_\_\_\_\_

Antihistamine Name& Dose: \_\_\_\_\_ Trial dates: \_\_\_\_\_

Reason for failure: \_\_\_\_\_

Allergen Avoidance Measures: \_\_\_\_\_

**Ragwitek (in addition to above)**

**Requests for Ragwitek will be considered for patients 18 through 65 years of age.**

Patient has a positive skin test or in vitro testing (pollen-specific IgE antibodies) to short ragweed pollen:

Yes (attach results)  No

**Grastek (in addition to above):**

**Requests for Grastek will be considered for patients 5 through 65 years of age.**

Patient has a positive skin test or in vitro testing (pollen-specific IgE antibodies) to timothy grass (or cross reactive grasses such as sweet vernal, orchard/cockfoot, perennial rye, Kentucky blue/June, meadow fescue, and redtop):

Yes (attach results)  No

**Oralair (in addition to above):**

**Requests for Oralair will be considered for patients 10 through 65 years of age.**

Patient has a positive skin test or in vitro testing (pollen-specific IgE antibodies) to sweet vernal, orchard/cockfoot, perennial rye, timothy, Kentucky blue/June grass:

Yes (attach results)  No

**Attach lab results and other documentation as necessary.**

Prescriber signature (Must match prescriber listed above.)	Date of submission
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**IMPORTANT NOTE:** In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.