AvMed

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-305-671-0200**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: Ragwitek® (Short Ragweed Pollen Allergen Extract)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member AvMed #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy:** _____

Diagnosis: _____ **ICD Code:** _____

Weight: _____ **Date:** _____

Recommended Dosage: Dissolve one tablet under the tongue daily for 3 consecutive years

- **Ragweed pollen season = Mid-August to October; the duration of authorization will be for a 12-month period and will remain active for 3 consecutive years**

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Length of Authorization: 3 years

- ❑ Medication is prescribed by or in consultation with an allergist or immunologist
- ❑ Member must be between the ages of 5 and 65 years old
- ❑ Treatment will be initiated at least 12 weeks before the expected onset of ragweed pollen season and will be continued throughout the ragweed pollen season

(Continued on next page)

- ❑ Member has a diagnosis of short ragweed pollen-induced allergic rhinitis, with or without conjunctivitis confirmed by **ONE** of the following (skin test or in vitro testing for short ragweed pollen-specific IgE antibodies results **must** be submitted with request):
  - ❑ Positive skin prick test for short ragweed pollen antigen or cross-reactive allergen
  - ❑ Positive in vitro testing for pollen-specific IgE antibodies for short ragweed pollen antigen or cross reactive allergen
- ❑ Member has had trial and inadequate symptom control with at least **TWO** of the following within the past 12 months **(verified by chart notes or pharmacy paid claims)**:
  - ❑ Intranasal corticosteroid (e.g., fluticasone, budesonide, triamcinolone)
  - ❑ Intranasal antihistamine (e.g., azelastine, olopatadine)
  - ❑ Oral antihistamine (e.g., levocetirizine)
  - ❑ Leukotriene inhibitor (e.g., montelukast, zafirlukast)
- ❑ Provider has prescribed auto-injectable epinephrine **(verified by chart notes or pharmacy paid claims)**
  - Provider attests that member does **NOT** have any of the following:
  - Receiving concomitant therapy with other allergen immunotherapy products (review chart notes for documentation of concurrent use of allergy shots)
  - History of severe, unstable or uncontrolled asthma: (review claims documenting Xolair + med/high dose of an inhaled corticosteroid/Long-acting beta agonist on file)
  - History of severe systemic allergic reaction (review claims documenting Hereditary Angioedema (HAE) medications)
  - History of eosinophilic esophagitis

Not all drugs may be covered under every Plan

If a drug is non-formulary on a Plan, documentation of medical necessity will be required.

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****

***Approved by Pharmacy and Therapeutics Committee:** ~~2/19/2015;~~ **2/17/2023**
REVISED/UPDATED: ~~3/2/2015; 3/6/2015; 4/1/2015; 4/15/2015; 5/22/2015; 12/29/2015; 8/11/2016; 9/22/2016; 12/11/2016; 8/4/2017; 9/16/2017; Reformatted 1/9/2020; 11/8/2021;03/09/2023;~~ **10/27/2023**