

Please note: All information below is required to process this request.

Fax to 1-844-403-1029 Mon-Sat: 7am to 7pm Central

Grastek®, Oralair®, Ragwitek® Prior Authorization Request Form

Member Information (required)				Provider Information (required)		
Member Name:			Provider Name:			
Insurance ID#:			NPI#:	NPI#: Specialty:		
Date of Birth:			Office Phone:			
Street Address:			Office Fax:			
City:	State:	Zip:	Office Street Address:			
Phone:			City:	State: Zip:		
Medication Information (required)						
Medication Name:			Strength:			
☐ Check if requesting brand			Directions for Us	Directions for Use:		
☐ Check if request is for continuation of therapy						
Clinical Information (required)						
What is the patient's diagnosis for the medication being requested? (Mandatory)						
ICD 10 Code(c):						
ICD-10 Code(s):						
Clinical information: Is the patient's diagnosis confirmed by a positive skin test or in vitro testing for pollen-specific IgE antibodies? Yes						
No						
Has the patient had a history of failure or intolerance to subcutaneous allergen immunotherapy (allergy shots)? Yes						
No Does the patient have severe, unstable or uncontrolled asthma? ☐ Yes ☐ No						
Select the medication categories that the patient has tried and failed:						
☐ Intranasal antihistamines (e.g., azelastine, olopatadine, azelastine/fluticasone)						
☐ Intranasal corticosteroids (e.g., beclomethasone, budesonide, ciclesonide, flunisolide, fluticasone, mometasone,						
triamcinolone)						
Leukotriene inhibitors (e.g., montelukast, zafirlukast, zileuton)						
☐ Oral antihistamines (e.g., cetirizine, desloratadine, fexofenadine, levocetirizine, or loratadine)						
	ments, diagnoses, syr	mptoms, medications tried	l or failed, and/or any	y other information	n the physician feels is important to	
this review?						
Please note: This	roquest may be desired:	uplace all required information	on is received			
For u	rgent or expedited reque	unless all required information ests please call 1-855-401-4	262.			
This f	form may be used for no	n-urgent requests and faxed	d to 1-844-403-1029.			

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