



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

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			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:	Dosage Form:
<input type="checkbox"/> Check if requesting brand	Directions for Use:	
<input type="checkbox"/> 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(s): _____
Clinical information:
Is the patient's diagnosis confirmed by a positive skin test or in vitro testing for pollen-specific IgE antibodies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the patient had a history of failure or intolerance to subcutaneous allergen immunotherapy (allergy shots)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient have severe, unstable or uncontrolled asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No
Select the medication categories that the patient has tried and failed:
<input type="checkbox"/> Intranasal antihistamines (e.g., azelastine, olopatadine, azelastine/fluticasone)
<input type="checkbox"/> Intranasal corticosteroids (e.g., beclomethasone, budesonide, ciclesonide, flunisolide, fluticasone, mometasone, triamcinolone)
<input type="checkbox"/> Leukotriene inhibitors (e.g., montelukast, zafirlukast, zileuton)
<input type="checkbox"/> Oral antihistamines (e.g., cetirizine, desloratadine, fexofenadine, levocetirizine, or loratadine)

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.
For urgent or expedited requests please call 1-855-401-4262.
This form may be used for non-urgent requests and faxed to 1-844-403-1029.