



## TEXAS MEDICAID

### Drug Prior Authorization

**Allergen Extracts: grass pollen allergen extract (ORALAIR)**

#### Request Information (required)

This request is:

- Expedited\* (Urgent)**  
 **Standard (Non-Urgent)**

\*Expedited means the standard review time may seriously harm the member's life, health, or ability to regain maximum function.

#### Member Information (required)

#### Prescriber Information (required)

Member Name:			Prescriber Name:		
Member Insurance ID #:			NPI # :		Specialty:
Date of Birth:			Office Phone:		
Member Phone:			Office Fax:		
Member Street Address:			Office Street Address:		
City:	State:	Zip:	City:	State:	Zip:

Please fill out the following information:

1. Medication Requested (Name):  
(Go to #2)

Drug Prior Authorization

Allergen Extracts: grass pollen allergen extract (ORALAIR)

2. Quantity Requested:  
(Go to #3)

3. Dose Requested (Strength):  
(Go to #4)

4. Dosing Instructions:  
(Go to #5)

Required Criteria

5. Provide primary diagnosis including ICD-10 code(s):  
(Go to #6)

Clinical Criteria (required)

6. Is the member greater than or equal to ( $\geq$ ) five (5) years of age?

Yes  
(Go to #7)

No (Deny)  
(Go to #7)

7. Is the member less than or equal to ( $\leq$ ) 65 years of age?

Yes

(Go to #8)

No (Deny)

(Go to #8)

8. Does the member have a diagnosis of allergic rhinitis in the last 730 days?

Yes

(Go to #9)

No (Deny)

(Go to #9)

9. Has the member had hypersensitivity testing in the last five (5) years?

Yes

(Go to #10)

No (Deny)

(Go to #10)

10. Does the member have one (1) claim for auto-injectable epinephrine in the last 730 days or is the member receiving auto-injectable epinephrine concurrently?

Examples of auto-injectable epinephrine include: epinephrine (EPIPEN, SYMJEPI)

Yes

(Go to #11)

No (Deny)

(Go to #11)

11. Has the member had therapy with an intranasal corticosteroid AND an intranasal antihistamine OR one (1) combination intranasal corticosteroid and intranasal antihistamine product in the last 730 days?

Examples of intranasal corticosteroids include: BECONASE AQ, budesonide, flunisolide, fluticasone propionate (XHANCE), mometasone furoate (NASONEX), OMNARIS, QNASL, and triamcinolone nasal sprays.

Examples of intranasal antihistamines include: azelastine and olopatadine (PATANASE) nasal sprays.

Examples of combination intranasal corticosteroid and antihistamine products include: azelastine-fluticasone (DYMISTA) nasal sprays.

Yes

(Go to #12)

No (Deny)

(Go to #12)

12. Does the member have a history of severe, unstable or uncontrolled asthma OR a history of eosinophilic esophagitis in the last 365 days?

Yes (Deny)

(Go to #13)

No

(Go to #13)

13. Does the member have one (1) claim for a medication not recommended to be taken in conjunction with grass pollen allergen extract (ORALAIR) in the last 60 days?

Medications not recommended in conjunction with ORALAIR include: **beta-blockers** such as acebutolol, atenolol (TENORMIN), atenolol-chlorthalidone (TENORETIC), betaxolol, bisoprolol, bisoprolol-HCTZ (ZIAC), carvedilol (COREG), labetalol, metoprolol (TOPROL), metoprolol-HCTZ, nadolol, nebivolol (BYSTOLIC), pindolol, propranolol (HEMANGEOL, INDERAL, INNOPRAN), propranolol-HCTZ, sotalol (SORINE, SOTYLIZE), and timolol; **alpha-blockers and 5-alpha reductase inhibitors** such as alfuzosin, doxazosin (CARDURA), dutasteride, dutasteride-tamsulosin (JALYN), prazosin (MINIPRESS), silodosin (RAPAFLO), tamsulosin (FLOMAX), and terazosin; and **ergot-based products** such as dihydroergotamine (D.H.E.), ergoloid mesylates, and methylergonovine (METHERGINE).

Yes (Deny)

(Go to #14)

No (Approve - 365 days)

(Go to #14)

Additional Information

14. Please provide any additional information we should consider (or attach any supporting documents):  
(END)

**Submission Information (required)**

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\* PLEASE FAX COMPLETED FORM TO: 855-668-8553 \*\***

If criteria not met, submit chart documentation with form citing complex medical circumstances.  
For questions, please call Customer Care at 877-908-6023

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