



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ALLERGEN EXTRACT-SHORT RAGWEED POLLEN

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
WEED POLLEN- SHORT RAGWEED	RAGWITEK		36402	GPI-14 (20100060200720)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of short ragweed pollen-induced allergic rhinitis and meet **ALL** of the following criteria?
 - The patient is between 5 and 65 years of age
 - Diagnosis is confirmed by a positive skin test or in vitro testing for pollen-specific IgE antibodies for short ragweed pollen
 - Therapy was prescribed by or given in consultation with an allergist, immunologist, or other physician experienced in the diagnosis and treatment of allergic diseases
 - The patient has persistent and moderate-to-severe symptoms of allergic rhinitis (persistent symptoms are defined as symptoms presenting at least 4 days a week or for at least 4 weeks, and moderate-to-severe symptoms include one or more of the following items: troublesome symptoms, sleep disturbance, impairment of daily activities, or impairment of school or work)
 - The patient has a current claim or prescription for auto-injectable epinephrine

If yes, **approve for 12 months by GPID or GPI-14 with a quantity limit of #1 per day.**

If no, do not approve.

DENIAL TEXT: See the initial denial text at the end of the guideline.

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INITIAL CRITERIA (CONTINUED)

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **ALLERGEN EXTRACT-SHORT RAGWEED POLLEN (Ragwitek)** requires the following rule(s) be met for approval:

- A. You have allergic rhinitis (itchy, watery eyes, sneezing) caused by short ragweed pollen
- B. You are between 5 and 65 years of age
- C. Your diagnosis is confirmed by a positive skin test or in vitro testing (testing outside of your body in a tube) for pollen-specific IgE (Immunoglobulin E) antibodies for short ragweed pollen
- D. Therapy is prescribed by or given in consultation with an allergist (allergy doctor), immunologist (immune system doctor), or other physician experienced in the diagnosis and treatment of allergic diseases
- E. You have persistent and moderate-to-severe symptoms of allergic rhinitis (persistent symptoms are defined as symptoms presenting at least 4 days a week or for at least 4 weeks, and moderate-to-severe symptoms include: troublesome symptoms, sleep disturbance, impairment of daily activities, or impairment of school or work)
- F. You have a current claim or prescription for auto-injectable epinephrine

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RENEWAL CRITERIA

1. Has the patient experienced an improvement in signs and symptoms of allergic rhinitis from baseline?

If yes, **approve for 12 months by GPID or GPI-14 with a quantity limit of #1 per day.**
If no, do not approve.

DENIAL TEXT: See the renewal denial text at the end of the guideline.

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RENEWAL CRITERIA (CONTINUED)

RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **ALLERGEN EXTRACT-SHORT RAGWEED POLLEN (Ragwitek)** requires the following rule(s) be met for renewal:

A. You have experienced an improvement in signs and symptoms of allergic rhinitis from baseline

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Ragwitek.

REFERENCES

- Ragwitek [Prescribing Information]. Swindon, UK: Catalent Pharma Solutions Limited; April 2021.

Library	Commercial	NSA
Yes	Yes	No

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