ALLERGY REFERRAL CRITERIA

Approval may be given by the PA Nurse if member has any one of the following:

- Status Asthmaticus
- Uncontrolled Asthma
- Anaphylaxis, recent episode
  - or
- A recent visit to ER for asthma
  - or
- Gastroenterologist requests evaluation for food allergies and eosinophilic esophagitis
  - or
- Eczema is unresolved after dermatology treatment
- Referrals to Allergist, greater than 2 times for atopic dermatitis

If the above criteria are not met, ALL of the following criteria must be met for Nurse Approval:

- PCP has managed for 2 months or more
- Exam shows persistent findings consistent with allergies, i.e.
  - Nasal congestion
  - Cough
  - Sneezing
  - Conjunctivitis
  - Rhinorrhea
  - Wheezing
- Allergic symptoms for 3 months or more annually, uncontrolled with medications* such as:
  - Intranasal corticosteroids (Vancenase AQ, Rhinocort, Nasonex)
  - Antihistamines (OTC such as Dimetapp, Robitussin, Sudafed; Benadryl, Atarax, Vistaril,)
  - Corticosteroids for inhalation (Pulmicort, Azmacort, Flovent)

  *Drug profile shows patient compliance with medication of 2 months or more of refills.

NOTE: Seasonal allergies last approximately 6 weeks during the spring and fall, and treatment may not warrant a referral to an allergist.

If the request does not meet criteria, the request must be reviewed by a Medical Director.

Medical Management/Utilization Management Committee (MM/UM) Date: 1-23-2013

Quality Improvement Committee (QIC) Date: 1-30-2013

Approved by: ____________________________ Date: 1-30-2013

AAHP/PHP Review Criteria
Revised January, 2013