



**BlueCross
BlueShield**

Federal Employee Program.

RAGWITEK

(short ragweed pollen allergen extract)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 5 through 65 years of age

Diagnosis

Patient must have the following:

Short ragweed pollen-induced allergic rhinitis

AND ALL of the following:

1. Confirmation with either a positive skin test or in vitro testing for pollen- specific IgE antibodies for short ragweed pollen
2. Physician has adequate training and experience in the treatment of allergic diseases
3. Patient has shown unacceptable response to at least one oral or intranasal steroid and at least one oral antihistamine
4. Absence of severe, unstable or uncontrolled asthma (rescue inhaler use greater than 2 days or more per week; significantly impaired activity levels due to troublesome symptoms)
5. Absence of eosinophilic esophagitis
6. Auto-injectable epinephrine has been prescribed and the patient instructed in its use
7. Will **NOT** be used with other allergen immunotherapies
8. **NO** history of severe local reaction to sublingual allergen immunotherapy

Prior - Approval Limits

Quantity 90 tablets per 90 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 5 through 65 years of age

Diagnosis

Ragwitek FEP Clinical Criteria



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Prior - Approval *Renewal* Limits

Same as above