

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.
- or**
- Eczema is unresolved after dermatology treatment

If the above criteria is 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.

References: See attached "Up to Date" guidelines

Approved by:

Clinical and Service Quality Improvement Committee (CSQIC)

Date: 8/5/04

Approved by: _____

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