

Subject: Allergy-Related Asthma Medications (Page 1 of 2)

Objective:

To ensure that Health Share/Tuality Health Alliance (THA) has a process by which the use of non-sedating antihistamines and intra-nasal steroids for treatment of allergy-exacerbated asthma in moderate to severe asthmatics is considered. Other types of allergy medications, such as ophthalmic drops, are not included in this policy for consideration.

Policy:

I. Background

- a. Medications prescribed to treat allergy related symptoms are primarily used for non-covered conditions including seasonal or environmental allergies. i.e. allergic rhinitis, conjunctivitis.
- b. Asthma is a medical condition that may require varying degrees of medication usage. Patients with moderate to severe asthma usually require multiple drugs to maintain control of their condition.
- c. The degree of asthma severity (i.e., mild, moderate or severe persistent) may be influenced by a heightened allergic state, which may be helped by adding certain medications not covered by the Oregon Health Plan. These medications include intranasal steroids and antihistamines.

II. Prior Authorization

A Prior Authorization is needed to determine whether a member's asthma condition requires an allergy medication as part of the treatment regimen.

- a. Review relevant chart notes for documentation of impact of allergies on asthma severity and control, including documentation of the asthma severity categorized at moderate or severe.
- b. Utilize the Oregon Medicaid Pharmaceutical Service Prior Authorization Criteria for the appropriate drug class of allergy medications in order to determine medical appropriateness.

III. Case management

The Nurse Case Manager will enter member into THA's case management program if appropriate. Care planning should include the following

- a. Risk assessment for asthmatic condition

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- b. Review the member's utilization and compliance of prescribed medications.
 - c. Review any ED or Urgent care utilization for asthma-related diagnoses or treatment.
 - d. Documentation from the current or previous treating physician regarding the patient's asthma severity, adherence to treatment plan and compliance with follow up.
 - e. Pulmonary function test with pre- and post-evaluation, if available.
- IV. Renewals
Intranasal or antihistamine medications may be approved for renewal if there is supporting documentation that asthma severity, symptoms and/or complications are improved with treatment.

Formulated:	November 2005
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