MedPOINT MANAGEMENT	**Clinical Protocol:** Allergy and ENT Referral for Allergic Rhinitis	
	ORIGINAL EFFECTIVE DATE: 05/29/2019	**REVIEWED/REVISED DATE(S):** 08/13/2021 08/15/2022 11/15/2023 01/27/2026
PREPARED BY: Ashley Gonzalez, Project Coordinator, UM; Liana Sarkisyan, UM Outpatient Clinical Supervisor	**APPROVED BY:** Michelle Tom, MD, Senior Medical Director of Operations	

PROTOCOL OVERVIEW

This Clinical Protocol advises on guidelines and indications for allergy or ENT referral for Allergic Rhinitis.

INDICATIONS

Clinical Indications for Referral:

Allergy and immunology referral for evaluation or management of **1 or more** of the following:

- Adverse effects of pharmacotherapy
- Allergen immunotherapy (eg, oral, subcutaneous, sublingual)
- Allergy testing being considered
- Coexistent asthma
- Coexisting chronic or recurrent sinusitis
- Failure to respond to pharmacotherapy
- History of 2 or more episodic treatments with systemic steroids
- Nasal polyps
- Occupational allergic rhinitis
- Rule out other conditions that may mimic allergic rhinitis, including **1 or more** of the following:
    - Aspirin sensitivity
    - Drug-induced rhinitis (eg, ACE inhibitor, alpha receptor antagonist, NSAID)
    - Eosinophilic granulomatosis with polyangiitis
    - Nonallergic rhinitis with eosinophilia syndrome
    - Rhinitis medicamentosa (ie, rebound nasal congestion from overuse of nasal decongestant sprays or cocaine)
    - Vasomotor rhinitis

Otorhinolaryngology referral for evaluation or management of **1 or more** of the following:

- Bloody or blood-tinged nasal discharge (eg, suspected neoplasm)

- Coexistent chronic or recurrent sinusitis
- Coexistent inability to smell (ie, anosmia)
- Coexistent inability to taste (ie, ageusia)
- Coexistent or recurrent otitis media
- Coexistent sleep disturbance affecting quality of life
- Hypertrophy of inferior turbinate unresponsive to medical therapy
- Nasal polyps
- Orofacial deformities
- Rule out other conditions that may mimic allergic rhinitis, including **1 or more** of the following:
    - Cerebrospinal fluid leak causing rhinorrhea (eg, recent head trauma or surgery)
    - Ciliary dyskinesis syndrome (ie, Kartagener syndrome)
    - Granulomatosis with polyangiitis
    - Nonallergic rhinitis with eosinophilia syndrome
    - Rhinitis medicamentosa (ie, rebound nasal congestion from overuse of nasal decongestant sprays or cocaine)
    - Vasomotor rhinitis
    - Septal deviation

RECOMMENDED RECORDS

- Clinical notes describing the member's signs and symptoms and conservative management attempted; e.g., nasal steroids
- Consult notes (if obtained) by ENT

CITATION

MCG Care Guidelines 29th Edition, March 4, 2025 https://www.mcg.com/news-events/press-releases/29th-edition-mcg-care-guidelines/

CLINICAL PROTOCOL REVISION HISTORY

Revised By:	Ashley Gonzale: UM Project Coordinator; Liana Sarkisyan, UM Outpatient Clinical Supervisor	**Date:** 01/27/26	
Approved By:	Michelle Tom, MD, Senior Medical Director of Operations	**Date:** 2/4/2026	**Signature** Signed by:
Revised By:		**Date:**	
Approved By:		**Date:**	**Signature**
Revised By:		**Date:**	
Approved By:		**Date:**	**Signature**