All requests for Sublingual Immunotherapy Medications require a prior authorization and will be screened for medical necessity and appropriateness using the criteria listed below.

**Medications Addressed in this Policy:**
- sweet vernal, orchard, perennial rye, timothy and Kentucky blue grass mixed pollens allergens extract (Oralair®)
- timothy grass pollen allergen extract; cross reactive with timothy, orchard, Kentucky blue, perennial rye, sweet vernal, fescue, redtop grasses (Grastek®)
- short ragweed pollen allergen extract (Ragwitek®)
- house dust mite (Dermatophagoides farinae and Dermatophagoides pteronyssinus) allergen extract (Odactra™)

**Sublingual Immunotherapy Medications Prior Authorization Criteria:**
Sublingual Immunotherapy Medications may be approved when all of the following criteria is met **AND** all of the drug specific criteria applicable to the requested agent below:

- Medication is prescribed by an allergy specialist (allergist, immunologist) or an otolaryngologist (ENT)
- First dose is administered in a healthcare setting under the supervision of a physician with experience in the diagnosis and treatment of allergic diseases (allergy specialist)
  - The prescriber has documented monitoring following the initial dose for at least 30 minutes in the office
- The dosing does not exceed one sublingual tablet once daily
- Member must have tried and failed or experienced inadequate relief or intolerance to an intranasal corticosteroid (e.g. fluticasone) **AND** at least one oral non-sedating antihistamine, intranasal antihistamine (loratadine, levocetirizine, cetirizine) or oral leukotriene receptor antagonist (montelukast)
- A prescription for an auto-injectable epinephrine product has been prescribed and the member instructed in its use
- The member must not have any of the following contraindications:
  - Severe, unstable or uncontrolled asthma
  - History of any severe systemic allergic reaction
  - History of any severe local reaction after taking any sublingual allergen immunotherapy
  - History of eosinophilic esophagitis
- The agent is not being prescribed for the immediate relief of allergic symptoms
- The member is not using any concomitant sublingual OR subcutaneous immunotherapy (i.e. “allergy shots”)
- Oralair treatment should be initiated 16 weeks prior to grass season, typically occurring during the summer months, starting in May. Treatment should NOT be initiated mid-season.
- Ragwitek treatment should be initiated 12 weeks prior to ragweed season, occurring typically during the fall months, starting in August. Treatment should NOT be initiated mid-season.
- Grastek treatment should be initiated 12 weeks prior to grass season, occurring typically during the summer months, starting in May. Treatment should NOT be initiated mid-season.
  - Grastek may be taken daily for 3 consecutive years to provide a sustained effect for a fourth year in which you do not have to take Grastek therefore Grastek will not be approved for over three consecutive years if used daily
Coverage is provided when documentation of the following is submitted for Oralair®:

- Age is between 10 and 65 years old; AND
- A diagnosis of grass pollen-induced allergic rhinitis confirmed by positive skin test or positive in vitro testing for pollen-specific IgE antibodies for any of the five grass species: sweet vernal, orchard, perennial rye, timothy, or Kentucky blue grass; AND
- Approval duration: January 1st through September 30th

Coverage is provided when documentation of the following is submitted for Grastek®:

- Age is between 5 and 65 years old; AND
- A diagnosis of Timothy grass pollen-induced allergic rhinitis confirmed by positive skin test or positive in vitro testing for pollen-specific IgE antibodies for Timothy grass or any of the cross-reactive grass pollen; AND
- Approval duration: February 1st through September 30th

Coverage is provided when documentation of the following is submitted for Ragwitek®:

- Age is between 18 and 65 years old; AND
- A diagnosis of short ragweed pollen-induced allergic rhinitis, with or without conjunctivitis, confirmed by positive skin test or positive in vitro testing for pollen-specific IgE antibodies for short ragweed pollen; AND
- Approval duration: May 1st through October, 31st.

Coverage is provided when documentation of the following is submitted for Odactra™:

- Age is between 18 and 65 years old; AND
- A diagnosis of house dust mite (HDM)-induced allergic rhinitis, with or without conjunctivitis confirmed by positive skin test or positive in vitro testing for house dust mite-specific IgE antibodies for Dermatophagoides farinae or Dermatophagoides pteronyssinus house dust mites; AND
- Approval duration: 12 months

For Reauthorization of each agent:
- Documentation by the provider allergy symptoms have improved and the member is tolerating the allergen extract.

References: