



Coverage of any drug intervention discussed in a WellFirst Health prior authorization guideline is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and applicable state and/or federal laws.

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- Commercial (Small & Large Group)       ASO       Exchange/ACA  
 Medicare Advantage (MAPD)
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## **SUBLINGUAL IMMUNOTHERAPY (SLIT) for ALLERGY products**

**GRASTEK (Timothy grass pollen allergen extract)**

**RAGWITEK (Short ragweed pollen allergen extract)**

**ORALAIR (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue grass mixed pollens allergen extract)**

**ODACTRA (House Dust Mite allergen extract)**

**PA1814**

**Covered Service:**      Yes

**Prior Authorization  
Required:**      Yes

**Additional  
Information:**      Must be prescribed by an allergist, immunologist, or physician with active and ongoing experience in the diagnosis and treatment of allergic disease and use of immunotherapy products with prior authorization through Navitus.

**Medicare Policy:**      Prior authorization is not required for Medicare Cost products (Dean Care Gold) and Medicare Supplement (Select) when this drug is provided by participating providers. Prior authorization is required if a member has Medicare primary and the plan secondary coverage. This policy is not applicable to our Medicare Replacement products.

**BadgerCare Plus  
Policy**      Prescription drug benefits are administered by the Wisconsin Medicaid program. Office administered pharmacy benefits are covered by the plan when covered under the Wisconsin Medicaid fee-for-service program and not paid on a fee-for-service basis by the State of Wisconsin Medicaid program.



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**Plan Approved Criteria:**

- 1.0 Prescriber is an allergist, immunologist, or physician with active and ongoing experience in the diagnosis and treatment of allergic disease and use of immunotherapy products; AND
- 2.0 Member has a history of seasonal allergic rhinitis/conjunctivitis (SAR/C) for 2 successive years; AND
- 3.0 Medical documentation that member does not have:
  - 3.1 Uncontrolled asthma
  - 3.2 History of severe systemic allergic reactions; AND
- 4.0 Specific allergic sensitivity demonstrated by skin test or in vitro assay to clinically relevant antigen; AND
- 5.0 Member has uncontrolled allergic symptoms despite use (or contra-indication to use) of at least one agent in both of the following classes:
  - 5.1 Oral Antihistamines (First or Second generation)
  - 5.2 Intranasal Steroids; AND
- 6.0 Environmental control measures have been attempted; AND
- 7.0 Member agreement to education about SLIT including risks and benefits and importance of adherence/compliance

**Comment(s):**

- 1.0 Age limits
  - 1.1 GRASTEK: 5 through 65 years
  - 1.2 RAGWITEK: 18 through 65 years
  - 1.3 ORALAIR: 10 through 65 years
  - 1.4 ODACTRA: 18 through 65 years
- 2.0 Quantity limits
  - 2.1 All products: 30 tablets for 30 days
- 3.0 Approval durations
  - 3.1 GRASTEK

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- 3.1.1 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
  - 3.1.1.1 Dates approvable – February 1 through September 30 (7 months)
- 3.1.2 GRASTEK may be taken daily for 3 consecutive years to provide a sustained effect for a fourth year in which member does not have to take GRASTEK.
  - 3.1.2.1 Dates approvable: 3 consecutive years only if used daily..
- 3.2 RAGWITEK
  - 3.2.1 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
  - 3.2.2 Dates approvable– April 15 through October 15 (5 months)
- 3.3 ORALAIR
  - 3.3.1 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
  - 3.3.2 Dates approvable– January 1 through September 30 (8 months)
- 3.4 ODACTRA
  - 3.4.1 12 months
- 4.0 **NOTE: The use of physician samples or manufacturer discounts does not guarantee later coverage under the provisions of the medical certificate and/or pharmacy benefit. All criteria must be met in order to obtain coverage of the listed drug product.**

	<b>Committee/Source</b>	<b>Date(s)</b>
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