# Allergen Extract Criteria

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Trade Name</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timothy Grass Pollen Allergen Extract</td>
<td>Grastek®</td>
<td>Grass pollen induced allergic rhinitis with or without conjunctivitis</td>
</tr>
<tr>
<td>Short Ragweed Pollen Allergen Extract</td>
<td>Ragwitek™</td>
<td>Short ragweed pollen induced allergic rhinitis with or without conjunctivitis</td>
</tr>
<tr>
<td>Grass Pollen Extract</td>
<td>Oralair®</td>
<td>Moderate to severe seasonal grass (Kentucky Blue Grass, Orchard, Perennial Rye, Sweet Vernal and Timothy) pollen induced allergic rhinitis with or without conjunctivitis</td>
</tr>
</tbody>
</table>

## APPROVAL CRITERIA

Approve pollen allergy extract for the following:

- Confirmed allergen by positive skin test or in vitro testing for pollen specific IgE antibodies for approved indication; **AND**

- Treatment is requested 12 weeks prior to season of allergen being treated (Grastek or Ragwitek) or 4 months prior to season of allergen being treated (Oralair only)

## DENIAL CRITERIA

Deny pollen allergy extract for the following:

- Patient is less than 5 years of age (for Grastek only)
- Patient is less than 10 years of age (for Oralair only)
- Patient is less than 18 years of age (for Ragwitek only)
- Patient experienced a severe reaction post initial dose that was administered in the physician’s office
- Request is during active season of allergen (ragweed season - late summer – until fall (August – November; grass season – summer (June))
- Concomitant allergen immunotherapy
- History of severe, unstable or uncontrolled asthma
- History of eosinophilic esophagitis
LENGTH OF AUTHORIZATION

1 year

QUANTITY LIMIT

- Grastek/Ragwitek: 1 per day
- Oralair: 1 per day (tablets); 1 dose pack total maximum limit (100 IR/300 IR dose pack)

RENEWAL

Treatment is requested 12 weeks prior to season of allergen being treated (Grastek or Ragwitek) or 4 months prior to season of allergen being treated (Oralair only)

REFERENCES

Available upon request.

8. Oralair [package insert]. Lenoir, NC, Greer; October 2014

<table>
<thead>
<tr>
<th>Review</th>
<th>Reason for Review</th>
<th>Date Approved</th>
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<tbody>
<tr>
<td>DUR Board</td>
<td>New</td>
<td>5/12/2015</td>
</tr>
<tr>
<td>Commissioner</td>
<td>Approval</td>
<td>6/30/2015</td>
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<tr>
<td>DUR Board</td>
<td>Revision</td>
<td>10/24/2017</td>
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<tr>
<td>Commissioner</td>
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<td>12/5/2017</td>
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