STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Service
Prior Authorization Criteria

GRASTEK®, ORALAIR®, RAGWITEK®

Prior Authorization Request Form

Three allergen extracts for sublingual administration as immunotherapy for allergic rhinitis have been approved by the FDA:

1) Grastek (timothy grass pollen allergen extract)
2) Ragwitek (short ragweed pollen allergen extract)
3) Oralair (5 grass pollen allergen extract)

Prior authorization requests for Grastek will be approved if the following criteria are met:

1) Patient must be between five (5) and sixty-five (65) years of age; **AND**
2) PA requests will be granted only between Dec. 1st and Feb 1st of the following year. The duration of the PA, if authorized, will be no longer than ten (10) months; **AND**
3) Diagnosis must be confirmed by a positive skin test or *in vitro* testing for pollen-specific IgE antibodies for timothy grass or cross-reactive grass pollens. Results should be submitted along with request for approval; **AND**
4) Patient must have concurrent auto-injectable epinephrine prescription; **AND**
5) Patient must NOT currently be receiving subcutaneous allergen immunotherapy; **AND**
6) Initial treatment must be administered in the prescriber's office and the patient should be under supervision for thirty (30) minutes. Note: Pediatric patients should be supervised by an adult after all subsequent doses.

Prior authorization requests for Oralair will be approved if the following criteria are met:

1) Patient must be between ten (10) and sixty-five (65) years of age; **AND**
2) PA requests will be granted only between Dec. 1st and Feb 1st of the following year. The duration of the PA, if authorized, will be no longer than ten (10) months; **AND**
3) Diagnosis must be confirmed by a positive skin test to grass pollen from the Pooideae subfamily of grasses (this includes, but is not limited to sweet vernal, Kentucky blue grass, Timothy grass, orchard, or perennial rye grass) OR positive in vitro test (blood test for allergen-specific IgE antibodies) for a grass in the Pooideae subfamily of grasses. Results should be submitted along with request for approval; **AND**
4) Patient must have concurrent auto-injectable epinephrine prescription; **AND**
5) Patient must NOT currently be receiving subcutaneous allergen immunotherapy; **AND**

6) Initial treatment must be administered in the prescriber's office and the patient should be under supervision for thirty (30) minutes. Note: Pediatric patients should be supervised by an adult after all subsequent doses.

Prior authorization requests for Ragwitek will be approved if the following criteria are met:

1.) Patient must be between eighteen (18) and sixty-five (65) years of age; **AND**
2.) PA requests will be granted only between Dec. 1st and Feb 1st of the following year. The duration of the PA, if authorized, will be no longer than ten (10) months; **AND**
3.) Diagnosis must be confirmed by either a positive skin test response to short ragweed pollen OR positive in vitro test for short ragweed pollen (blood test for allergen-specific IgE antibodies). Results should be submitted along with request for approval; **AND**
4.) Patient must have concurrent auto-injectable epinephrine prescription; **AND**
5.) Patient must NOT currently be receiving subcutaneous allergen immunotherapy; **AND**
6.) Initial treatment must be administered in the prescriber's office and the patient should be under supervision for thirty (30) minutes.

References

Lexi-Comp drug monographs for Grastek, Oralair and Ragwitek (Oct 31, 2014)
Package inserts for Grastek (06/2014) and Ragwitek (06/2014)
The Allergy and Asthma Foundation of America®
The American Academy of Allergy Asthma & Immunology
http://www.allergyescape.com/pollen-allergy.html

Version 2 Reviewed and Edits requested – add start date of PA
DUR Board 11/19/2014

Version 2.2 Nov. 21st, 2014 (BMT)