

ORAL/SUBLINGUAL ALLERGY IMMUNOTHERAPY



Included Products: *Odactra, Oralair, Grastek, Ragwitek*

Created: 5/9/2024

Revised: 5/9/2024

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All Diagnoses			
Initial Criteria: All Diagnoses		If yes	If no
1.	Is the request for an FDA approved indication?	Continue to #2	Do not approve.
2.	Is the request from, or in consultation with, an allergist or immunologist?	Continue to #3	Do not approve.
3.	Does the patient have asthma?	Continue to #6	Continue to #4
4.	Is the patient under the age of 21?	Continue to #5	Do not approve.
5.	Is there documentation that the condition impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc)	Continue to #7	Do not approve.
6.	Have they tried and failed, or have a contraindication to, an inhaled corticosteroid?	Continue to #7	Do not approve.
7.	Has management with oral antihistamines and nasal corticosteroids been tried and failed?	Continue to #8	Do not approve.
8.	Is there skin test and/or serologic evidence of IgE antibodies to the allergen?	Continue to #9	Do not approve.
9.	Does the requested drug have proven efficacy for the allergen?	Approve for 12 months	Do not approve.
Renewal Criteria		If yes	If no
1.	Is there medical record documentation of improvement?	Approve for 12 months.	Do not approve.