



**GEORGIA MEDICAID FEE-FOR-SERVICE  
ANTIALLERGENS, ORAL PA SUMMARY**

Preferred	Non-Preferred
n/a	Grastek (Timothy Grass Pollen Allergen Extract) Odactra (House Dust Mite [ <i>Dermatophagoides farinae</i> and <i>Dermatophagoides pteronyssinus</i> ] Allergen Extract) Oralair (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens Allergen Extract) Palforzia (Peanut [ <i>Arachis hypogaea</i> ] Allergen Powder-dnfp) Ragwitek (Short Ragweed Pollen Allergen Extract)

**LENGTH OF AUTHORIZATION:** 1 year

**PA CRITERIA:**

*Grastek*

- ❖ Approvable for members 5-65 years of age with a diagnosis of grass pollen-induced allergic rhinitis confirmed by a positive skin test or positive in vitro testing for pollen specific IgE antibodies to Timothy grass or cross-reactive grass pollens; *AND*
- ❖ Member has failed to achieve an adequate response with at least 2 of the following: oral antihistamine, leukotriene modifier, nasal antihistamine, nasal corticosteroid; *AND*
- ❖ Must be prescribed with an epinephrine autoinjector; *AND*
- ❖ Must be prescribed by or in consultation with an allergist or immunologist; *AND*
- ❖ The first dose must be administered in a health care setting where the member will be observed for at least 30 minutes under the supervision of a physician with experience in the diagnosis and treatment of severe allergic reactions.

*Odactra*

- ❖ Approvable for members 12-65 years of age with a diagnosis of house dust mite-induced allergic rhinitis confirmed by a positive skin test or positive in vitro testing for pollen specific IgE antibodies to house dust mites; *AND*
- ❖ Member has failed to achieve an adequate response with at least 2 of the following: oral antihistamine, leukotriene modifier, nasal antihistamine, nasal corticosteroid; *AND*
- ❖ Must be prescribed with an epinephrine autoinjector; *AND*
- ❖ Must be prescribed by or in consultation with an allergist or immunologist; *AND*
- ❖ The first dose must be administered in a health care setting where the member will be observed for at least 30 minutes under the supervision of a physician with experience in the diagnosis and treatment of severe allergic reactions.

*Oralair*

- ❖ Approvable for members 5-65 years of age with a diagnosis of grass pollen-induced allergic rhinitis (with or without conjunctivitis) confirmed by a positive skin test or positive in vitro testing for pollen specific IgE antibodies to Sweet Vernal, Orchard, Perennial Rye, Timothy or Kentucky Bluegrass; *AND*
- ❖ Member has failed to achieve an adequate response with at least 2 of the following: oral antihistamine, leukotriene modifier, nasal antihistamine, nasal corticosteroid; *AND*



- ❖ Must be prescribed with an epinephrine autoinjector; *AND*
- ❖ Must be prescribed by or in consultation with an allergist or immunologist; *AND*
- ❖ The first dose must be administered in a health care setting where the member will be observed for at least 30 minutes under the supervision of a physician with experience in the diagnosis and treatment of severe allergic reactions.

#### Palforzia

- ❖ For members 4 years of age and older with a diagnosis of peanut allergy when used for mitigation of allergic reactions, including anaphylaxis, that may occur with accidental exposure to peanut and when used in conjunction with a peanut-avoidance diet; *AND*
- ❖ Must be prescribed with an epinephrine autoinjector; *AND*
- ❖ Must be prescribed by or in consultation with an allergist or immunologist; *AND*
- ❖ Member must be observed for at least 60 minutes after administration of the initial dose escalation and first dose of each up-dosing level under the supervision of a health care professional in a health care setting with the ability to manage potentially severe allergic reactions, including anaphylaxis; *AND*
- ❖ Healthcare facility, prescriber, pharmacy and member enrolled in the Palforzia REMS program; *AND*
- ❖ Prescriber must submit a written letter of medical necessity.

#### Ragwitek

- ❖ Approvable for members 18-65 years of age with a diagnosis of short ragweed pollen-induced allergic rhinitis confirmed by a positive skin test or positive in vitro testing for pollen specific IgE antibodies to short ragweed; *AND*
- ❖ Member has failed to achieve an adequate response with at least 2 of the following: oral antihistamine, leukotriene modifier, nasal antihistamine, nasal corticosteroid; *AND*
- ❖ Must be prescribed with an epinephrine autoinjector; *AND*
- ❖ Must be prescribed by or in consultation with an allergist or immunologist; *AND*
- ❖ The first dose must be administered in a health care setting where the member will be observed for at least 30 minutes under the supervision of a physician with experience in the diagnosis and treatment of severe allergic reactions.

#### **EXCEPTIONS:**

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

#### **PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

#### **PA AND APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

#### **QUANTITY LEVEL LIMITATIONS:**



- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.