PRIOR AUTHORIZATION POLICY

POLICY: Allergen Immunotherapy – Grass Pollen Sublingual Products Prior Authorization Policy
- Grastek® (Timothy grass pollen allergen extract sublingual tablets – ALK-Abello)
- Oralair® (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass mixed pollens allergen extract sublingual tablets – Stallergenes/Greer)

REVIEW DATE: 10/09/2024

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Grastek and Oralair are grass pollen allergen extracts indicated for **allergic rhinitis**, with or without conjunctivitis, that has been confirmed by a positive skin test or *in vitro* test for pollen-specific immunoglobulin E (IgE) antibodies for Timothy grass or cross reactive grass pollens (Grastek) or any of the five grasses contained in the product (Oralair).[1,2] These products are indicated in patients 5 through 65 years of age.

Per product labeling, Grastek must be initiated 12 weeks before the expected onset of each grass pollen season and Oralair must be initiated 4 months before the expected onset of each grass pollen season.[1,2] Both agents must be continued throughout the season.

Clinical Efficacy

Pivotal trials of Grastek and Oralair included patients with grass pollen-induced allergic rhinitis with or without conjunctivitis confirmed by either a positive skin prick test to Timothy grass pollen or positive *in vitro* test.[1,2]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Grastek and Oralair. All approvals are provided for the duration noted below.

- **Grastek® (Timothy grass pollen allergen extract sublingual tablets – ALK-Abello)**
- **Oralair® (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass mixed pollens allergen extract sublingual tablets – Stallergenes/Greer)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indication

1. **Grass Pollen-Induced Allergic Rhinitis.** Approve for 1 year if the patient meets ALL of the following (A, B and C):
   A) Patient is ≥ 5 years of age; AND
   B) The timing of prescribing meets ONE of the following (i or ii):
      i. Grastek: Therapy is initiated 12 weeks prior to the expected onset of the grass pollen season or therapy is being dosed daily continuously for consecutive grass pollen seasons; OR
      ii. Oralair: Therapy is initiated 4 months prior to the expected onset of the grass pollen season; AND
   C) The diagnosis of grass pollen-induced allergic rhinitis is confirmed by meeting ONE of the following (i or ii):
      i. Patient has a positive skin test response to a 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
      ii. Patient has a positive *in vitro* test (i.e., a blood test) for allergen-specific immunoglobulin E antibodies for a grass in the Pooideae subfamily of grasses (see examples above).

CONDITIONS NOT COVERED

- **Grastek® (Timothy grass pollen allergen extract sublingual tablets – ALK-Abello)**
- **Oralair® (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass mixed pollens allergen extract sublingual tablets – Stallergenes/Greer)**

is(are) considered experimental, investigational or unproven for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Concurrent Use of Grastek or Oralair with Subcutaneous Allergen Immunotherapy or Sublingual Allergen Immunotherapy.** Note: This includes allergy shots as well as Odactra® [house dust mite {*Dermatophagoides farina* and *Dermatophagoides pteronyssinus*} allergen extract sublingual tablets], Ragwitek® [short ragweed pollen allergen extract sublingual tablets]). The efficacy of Grastek and Oralair has not been evaluated in patients who are receiving concomitant allergen immunotherapy.[1] Approved product labeling for both Grastek and Oralair states that concomitant dosing with other allergen immunotherapy may increase the risk of local or systemic adverse events to either subcutaneous or sublingual allergen immunotherapy.

REFERENCES

1. Grastek® sublingual tablets [prescribing information]. Swindon, Wiltshire, United Kingdom: ALK-Abello A/S; September 2022.
2. Oralair® sublingual tablets [prescribing information]. Lenoir, NC: Greer; November 2023.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	09/13/2023
Annual Revision	No criteria changes.	10/09/2024