

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2026 P 1133-13
Program	Prior Authorization/Notification
Medication	Sublingual Immunotherapy (SLIT) – Grastek (Timothy grass pollen allergen extract), Odactra ( <i>Dermatophagoides farinae/Dermatophagoides pteronyssinus</i> allergen extract), Oralair (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens allergen extract), Ragwitek (Short Ragweed Pollen allergen extract)
P&T Approval Date	5/2014, 5/2015, 4/2016, 4/2017, 3/2018, 3/2019, 3/2020, 3/2021, 3/2022, 3/2023, 3/2024, 3/2025, 3/2026
Effective Date	6/1/2026

**1. Background:**

The sublingual immunotherapy (SLIT) medications are indicated for patients who have symptoms of allergic rhinitis with natural exposure to allergens and who demonstrate specific IgE antibodies to the relevant allergen. Grastek (Timothy grass pollen allergen extract) and Oralair (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens allergen extract) are indicated for patients with grass pollen-induced allergic rhinitis, Ragwitek (short ragweed pollen allergen extract) is indicated for ragweed pollen-induced allergic rhinitis and Odactra (*Dermatophagoides farinae/Dermatophagoides pteronyssinus* allergen extract), is indicated for house dust mite (HDM)-induced allergic rhinitis.

Candidates for immunotherapy are patients whose symptoms are not adequately controlled by medications, and avoidance measures have been ineffective. In addition, patients experiencing unacceptable adverse effects of medications or who wish to reduce the long-term use of medications may also be candidates for immunotherapy.

**2. Coverage Criteria<sup>a</sup>:**

<p><b>A. Grastek</b></p> <p><b>1. Initial Authorization</b></p> <p>a. <b>Grastek</b> will be approved based on <b>all</b> of the following:</p> <p>(1) Diagnosis of grass pollen-induced allergic rhinitis</p> <p style="text-align: center;"><b>-AND-</b></p> <p>(2) Diagnosis confirmed by <b>one</b> of the following:</p> <p>(a) Positive skin test to Timothy grass or cross-reactive grass pollens (e.g., Sweet Vernal, Orchard/Cocksfoot, Perennial Rye, Kentucky Blue/June grass, Meadow Fescue, or Redtop)</p> <p>(b) <i>in vitro</i> testing for pollen-specific IgE antibodies for Timothy grass or cross-reactive grass pollens (e.g., Sweet Vernal, Orchard/Cocksfoot, Perennial Rye, Kentucky Blue/June grass, Meadow Fescue, or Redtop)</p>
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-AND-

- (3) Treatment is started or will be started at least 12 weeks before the expected onset of the grass pollen season

**Authorization will be issued for 12 months.**

## 2. Reauthorization

- a. **Grastek** will be approved based on the following criterion:

- (1) Documentation of positive clinical response to Grastek therapy

**Authorization will be issued for 12 months.**

## B. Oralair

### 1. Initial Authorization

- a. **Oralair** will be approved based on **all** of the following:

- (1) Diagnosis of grass pollen-induced allergic rhinitis

-AND-

- (2) Diagnosis confirmed by **one** of the following:

- (a) Positive skin test to any of the five grass species [(i.e., Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue grass mixed pollens) or cross reactive grass pollens (e.g., Cocksfoot, Meadow Fescue, or Redtop)].
- (b) *in vitro* testing for pollen-specific IgE antibodies to any of the five grass species [(i.e., Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue grass mixed pollens) or cross reactive grass pollens (e.g., Cocksfoot, Meadow Fescue, or Redtop)].

-AND-

- (3) Treatment is started or will be started at least 4 months before the expected onset of the grass pollen season

**Authorization will be issued for 12 months.**

## 2. Reauthorization

- a. **Oralair** will be approved based on the following criterion:

- (1) Documentation of positive clinical response to Oralair therapy

**Authorization will be issued for 12 months.**

## C. Ragwitek

### 1. Initial Authorization

a. **Ragwitek** will be approved based on **all** of the following:

(1) Diagnosis of short ragweed pollen-induced allergic rhinitis

-AND-

(2) Diagnosis confirmed by **one** of the following:

(a) Positive skin test to short ragweed pollen

(b) *in vitro* testing for pollen-specific IgE antibodies for short ragweed pollen

-AND-

(3) Treatment is started or will be started at least 12 weeks before the expected onset of the short ragweed pollen season

**Authorization will be issued for 12 months.**

### 2. Reauthorization

a. **Ragwitek** will be approved based on the following criterion:

(1) Documentation of positive clinical response to Ragwitek therapy

**Authorization will be issued for 12 months.**

## D. Odactra

### 1. Initial Authorization

a. **Odactra** will be approved based on **both** of the following:

(1) Diagnosis of house dust mite (HDM)-induced allergic rhinitis.

-AND-

(2) Diagnosis confirmed by **one** of the following:

(a) Positive skin test to licensed house dust mite allergen extracts

(b) *in vitro* testing for IgE antibodies to *Dermatophagoides farinae* or *Dermatophagoides pteronyssinus* house dust mites

**Authorization will be issued for 12 months.**

### 2. Reauthorization

a. **Odactra** will be approved based on the following criterion:

(1) Documentation of positive clinical response to Odactra therapy

**Authorization will be issued for 12 months.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class
- Supply limits and/or Prior Authorization – Medical Necessity may be in place.

**4. References:**

1. Grastek® [package insert]. Blagrove, Swindon, Wiltshire, UK: Catalent Pharma Solutions Limited; September 2022.
2. Oralair® [package insert]. Lenoir, NC: Greer Laboratories, Inc; September 2022.
3. Ragwitek® [package insert]. Blagrove, Swindon, Wiltshire, UK: Catalent Pharma Solutions Limited; September 2022.
4. Odactra® [package insert]. Blagrove, Swindon, Wiltshire, UK: Catalent Pharma Solutions Limited; February 2025.
5. Cox, L, Nelson, H, Lockey, R, et al. Allergen immunotherapy: A practice parameter third update. American Academy of Allergy, Asthma & Immunology. December 2010.
6. Sublingual immunotherapy: A focused allergen immunotherapy practice parameter update. Greenhawt M, Oppenheimer J, Nelson M, et. al. *Ann Allergy Asthma Immunol.* 2017 Mar;118(3):276-282.e2.

Program	Prior Authorization/Notification - SLIT
<b>Change Control</b>	
Date	Change
5/2014	New
5/2015	Administrative changes and references updated.
4/2016	Administrative changes and references updated.
4/2017	Added Odactra to criteria.
3/2018	Annual review. References updated.
3/2019	Annual review with administrative changes. Added statement regarding use of automated processes and updated references.
3/2020	Annual review. Updated references.
3/2021	Annual review. Updated references.
3/2022	Annual review. Updated references.
3/2023	Annual review. Added state mandate language. Updated references.
3/2024	Annual review. Updated references.

3/2025	Annual review. No changes.
3/2026	Annual review. Updated references.