



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

ALLERGEN EXTRACT-TIMOTHY GRASS POLLEN

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
GRASS POLLEN-TIMOTHY, STD	GRASTEK	22138		GPI-10 (2010004800)	ROUTE = SUBLINGUAL

**GUIDELINES FOR USE**

**INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)**

1. Does the patient have a diagnosis of grass pollen-induced allergic rhinitis and meet **ALL** of the following criteria?
  - The patient is between 5 and 65 years of age
  - Diagnosis is confirmed by a positive skin prick test and/or a positive titre to specific IgE antibodies for Timothy grass or cross-reactive grass pollens
  - Therapy is prescribed by or in consultation with an allergist, immunologist, or other physician experienced in the diagnosis and treatment of allergic diseases
  - The patient has persistent and moderate-to-severe symptoms of allergic rhinitis (persistent symptoms are defined as symptoms presenting at least 4 days a week or for at least 4 weeks, and moderate-to-severe symptoms include one or more of the following: troublesome symptoms, sleep disturbance, impairment of daily activities, or impairment of school or work)
  - The patient has a current claim or prescription for auto-injectable epinephrine

If yes, **approve for 12 months by GPID or GPI-14 for a quantity limit of #1 per day.**

If no, do not approve.

**INITIAL DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **ALLERGEN EXTRACT-TIMOTHY GRASS POLLEN (Grastek)** requires the following rule(s) be met for approval:

- A. You have allergic rhinitis (itchy, watery eyes, sneezing) caused by grass pollen
- B. You are between 5 and 65 years of age
- C. Your diagnosis is confirmed a positive skin prick test and/or a positive titre (the amount of antibodies in the blood) to specific IgE (Immunoglobulin E) antibodies for Timothy grass or cross-reactive grass pollens
- D. Therapy is prescribed by or in consultation with an allergist (allergy doctor), immunologist (immune system doctor), or other physician experienced in the diagnosis and treatment of allergic diseases

***(Initial denial text continued on next page)***

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ALLERGEN EXTRACT-TIMOTHY GRASS POLLEN

INITIAL CRITERIA (CONTINUED)

- E. You have persistent and moderate-to-severe symptoms of allergic rhinitis (persistent symptoms are defined as symptoms presenting at least 4 days a week or for at least 4 weeks, and moderate-to-severe symptoms include: troublesome symptoms, sleep disturbance, impairment of daily activities, or impairment of school or work)
- F. You have a current claim or prescription for auto-injectable epinephrine

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RENEWAL CRITERIA

1. Has the patient experienced an improvement in signs and symptoms of allergic rhinitis from baseline?

If yes, approve for 12 months by GPID or GPI-14 for a quantity limit of #1 per day.  
If no, do not approve.

**RENEWAL DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **ALLERGEN EXTRACT-TIMOTHY GRASS POLLEN (Grastek)** requires the following rule be met for renewal:

- A. You have experienced an improvement in signs and symptoms of allergic rhinitis (itchy, watery eyes, sneezing) from baseline

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Grastek.

**REFERENCES**

- Grastek [Prescribing Information]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp; August 2020.

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**ALLERGEN EXTRACT-TIMOTHY GRASS POLLEN**

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 01/01/22

Created: 05/14

Client Approval: 12/21

P&T Approval: 01/18