



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ALLERGEN EXTRACT-HOUSE DUST MITE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
HOUSE DUST MITE	ODACTRA		42527	GPI-14 (20109902220740)	ROUTE = SUBLINGUAL

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of house dust mite (HDM)-induced allergic rhinitis with or without conjunctivitis and meet **ALL** of the following criteria?
 - The patient is 12 to 65 years of age
 - The patient's diagnosis is confirmed by in vitro testing for IgE antibodies to *Dermatophagoides farinae* or *Dermatophagoides pteronyssinus* house dust mites, or skin testing to licensed house dust mite allergen extracts
 - 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 symptoms of allergic rhinitis (defined as symptoms presenting at least 4 days a week or for at least 4 weeks)
 - The patient has moderate to severe symptoms of allergic rhinitis (including one or more of the following: troublesome symptoms, sleep disturbance, impairment of daily activities, impairment of school or work)
 - The patient has a current claim or prescription for auto-injectable epinephrine within the past 365 days

If yes, **approve for 12 months by GPID or GPI-14 with 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-HOUSE DUST MITE (Odactra)** requires the following rule(s) be met for approval:

- A. You have allergic rhinitis (itchy, watery eyes, sneezing) caused by house dust mites, with or without conjunctivitis (type of inflammation of eye and eyelid)
- B. You are 12 to 65 years of age
- C. 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
- D. Your diagnosis is confirmed by in vitro testing (testing outside of your body in a tube) for IgE (Immunoglobulin E) antibodies to *Dermatophagoides farinae* or *Dermatophagoides pteronyssinus* house dust mites, or skin testing to licensed house dust mite allergen extracts
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INITIAL CRITERIA (CONTINUED)

- E. You have persistent symptoms of allergic rhinitis (defined as symptoms presenting for at least 4 days a week or for at least 4 weeks)
- F. You have moderate to severe symptoms of allergic rhinitis (including one or more of the following: troublesome symptoms, sleep disturbance, impairment of daily activities, impairment of school or work)
- G. You have a current claim or prescription for auto-injectable epinephrine within the past 365 days

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 with 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-HOUSE DUST MITE (Odactra)** requires the following rule is 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 Odactra.

REFERENCES

- Odactra [Prescribing Information]. Merck, Sharp & Dohme Corp. Whitehouse Station, NJ. January 2023.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 06/01/23

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P&T Approval: 07/23