Grastek
(timothy grass pollen allergen extract)

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications
Grastek is an allergen extract indicated as immunotherapy for the treatment of grass pollen-induced allergic rhinitis with or without conjunctivitis confirmed by positive skin test or in vitro testing for pollen-specific IgE antibodies for Timothy grass or cross-reactive grass pollens. Grastek is approved for use in persons 5 through 65 years of age.

Grastek is not indicated for the immediate relief of allergic symptoms.

POLICY

Initial Criteria for Approval

1. Grastek will be covered with prior authorization when the following criteria are met:
   • Grastek is being prescribed for the treatment of grass pollen-induced allergic rhinitis, with or without conjunctivitis, confirmed by positive skin test or in vitro testing for pollen-specific IgE antibodies for timothy grass pollen grass allergen extract.
   AND
   • The patient does not have any of the following: severe, unstable or uncontrolled asthma, history of any severe systemic allergic reaction or any severe local reaction to sublingual allergen immunotherapy, history of eosinophilic esophagitis, medical conditions that may reduce the ability of the patient to survive a serious allergic reaction or increase the risk of adverse reactions after epinephrine administration and is not on any medication(s) that can inhibit or potentiate the effect of epinephrine
   AND
   • The requested drug is being prescribed by or in consultation with an allergist/immunologist

Approval will be for 12 months.

Dosing and Administration
Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

**PROCEDURES AND BILLING CODES**

*To report provider services, use appropriate CPT* codes, *Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.*
- Code(s), if applicable

**REFERENCES**


**POLICY HISTORY**

Policy #: 05.01.109  
Policy Creation: May 2015  
Reviewed: January 2018  
Revised: November 2018  
Current Effective Date: November 9, 2018