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 pollen allergen extract. 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
I. 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 allergen extract.
   AND
   - The patient does not have any contraindications (severe, unstable or uncontrolled asthma, history of any severe systemic allergic reaction or any severe local reaction to sublingual allergen immunotherapy, and a history of eosinophilic esophagitis).
   AND
   - The patient is being prescribed or made available an auto-injectable epinephrine
   AND
   - Grastek is being prescribed by or in consultation with an allergist
   AND
   - Treatment is being initiated at least 12 weeks prior to expected onset of grass pollen season
   AND
• For a patient currently on Grastek, patient must show a benefit from treatment (eg, reduction in symptoms of allergic rhinitis and conjunctivitis, decreased use of rescue medications such as antihistamines and nasal or oral corticosteroids).

Approval will be for 6 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 2017
Revised: July 2016
Current Effective Date: July 21, 2016