Table of Contents

Allergy Immunotherapy 2

Prior Authorization Guideline

Guideline Name	Allergy Immunotherapy

Guideline Note:

Effective Date:	7/1/2026

1 . Criteria

Product Name:Grastek, Odactra, Oralair, Ragwitek	
Approval Length	12 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Approval Criteria

1 - Requested drug is FDA-approved for the condition being treated

AND

2 - One of the following:

2.1 Both of the following:

2.1.1 Diagnosis of asthma

AND

2.1.2 Trial and failure, or contraindication to, an inhaled corticosteroid

OR

2.2 Both of the following:

2.2.1 Patient is less than 21 years of age

AND

2.2.2 Submission of medical records (e.g., chart notes) confirming that the condition impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living)

AND

3 - Trial and failure with oral antihistamines and nasal corticosteroids

AND

4 - Skin test and/or serologic evidence of IgE antibodies to the allergen

AND

5 - Requested drug has proven efficacy for the allergen

AND

6 - Prescribed by or in consultation with one of the following:

- allergist
- immunologist

Product Name:Grastek, Odactra, Oralair, Ragwitek	
Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

Approval Criteria

1 - Submission of medical records (e.g., chart notes) confirming improvement of symptoms