

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

ODACTRA
(house dust mite allergen extract)

Status: CVS Caremark Criteria

Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Odactra is an allergen extract indicated as immunotherapy for house dust mite (HDM) induced allergic rhinitis with or without conjunctivitis 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. Odactra is approved for use in persons 18 through 65 years of age.

Odactra is not indicated for the immediate relief of allergic symptoms

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed as immunotherapy for house dust mite (HDM) induced allergic rhinitis, with or without conjunctivitis, confirmed by *in vitro* testing for pollen-specific IgE antibodies for *Dermatophagoides farinae* or *Dermatophagoides pteronyssinus* house dust mites, or skin testing to licensed house dust mite allergen extracts

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.

REFERENCES

1. Odactra [package insert]. Whitehouse Station, NJ: Merck& Co., Inc.; January 2018.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed March 2018.
3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed March 2018.
4. Agency for Healthcare Research and Quality. Allergen-Specific Immunotherapy for the Treatment of Allergic Rhinoconjunctivitis and/or Asthma: Comparative Effectiveness Review. U.S. Department of Health and Human Services; 2013 <https://www.effectivehealthcare.ahrq.gov/topics/asthma-immunotherapy-2010/research>. Accessed March 2018.
5. Wallace DV, Dykewicz MS. The diagnosis and management of rhinitis: an updated practice parameter. *J Allergy Clin Immunol*. 2008; 122(2): S1-S84.