

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

*FHK- Florida Healthy Kids

Odactra (house dust mite *Dermatophagoides farinae* and *Dermatophagoides pteronyssinus* allergen extract)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Odactra (house dust mite <i>Dermatophagoides farinae</i> and <i>Dermatophagoides pteronyssinus</i> allergen extract)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Odactra (house dust mite *Dermatophagoides farinae* and *Dermatophagoides pteronyssinus* allergen extract) may be approved if the following are met:

- I. Individual is between the ages of 18 and 65 years old; **AND**
- II. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate symptom control or intolerance to one nasal steroid and one non-sedating antihistamine; **AND**
- III. Individual has a confirmed prescription for an auto-injectable epinephrine agent; **AND**
- IV. Individual has a diagnosis of house dust mite-induced allergic rhinitis; **AND**
- V. Diagnosis has been confirmed by one of the following:
 - A. Positive skin test to licensed house dust mite allergen extracts; **OR**
 - B. Positive *in vitro* testing for IgE antibodies to *Dermatophagoides farinae* or *Dermatophagoides pteronyssinus* house dust mites.

Odactra (house dust mite *Dermatophagoides farinae* and *Dermatophagoides pteronyssinus* allergen extract) may not be approved for the following:

- I. Individual has severe, unstable or uncontrolled asthma; **OR**
- II. Individual has a history of any severe systemic allergic reaction; **OR**
- III. Individual has a history of eosinophilic esophagitis; **OR**
- IV. Individual is receiving concomitant therapy with other allergen immunotherapy agents.

PAGE 1 of 2 10/01/2018
New Program Date 02/14/2018

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

*FHK- Florida Healthy Kids

Note: Odactra (house dust mite *Dermatophagoides farinae* and *Dermatophagoides pteronyssinus* allergen extract) has a black box warning for severe allergic reactions. Odactra can cause life-threatening allergic reactions such as anaphylaxis and severe laryngopharyngeal restriction. Therapy should not be administered to individuals with severe, unstable or uncontrolled asthma. Individuals should be observed in the office for at least 30 minutes following the initial dose. Therapy may not be suitable for individuals who may be unresponsive to epinephrine or inhaled bronchodilators, such as those taking beta-blockers.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 9, 2018.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.