Pharmacy Medical Policy
Sublingual Immunotherapy with Allergen-specific Extracts (SLIT)

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Policy Number: 681
BCBSA Reference Number: None

Related Policies
- Quality Care Dosing guidelines apply to the following medications and can be found in Medical Policy #621A

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy only (ALL SLIT PRODUCTS ARE EXCLUDED FROM MAIL ORDER) for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Patients must have pharmacy benefits under their subscriber certificates.
## Prior Authorization Information

<table>
<thead>
<tr>
<th>☒ Prior Authorization</th>
<th>☐ Step Therapy</th>
<th>☒ Quality Care Dosing</th>
</tr>
</thead>
</table>

**Pharmacy Operations:**
- Tel: 1-800-366-7778
- Fax: 1-800-583-6289

Policy last updated: 7/1/2023

<table>
<thead>
<tr>
<th>Pharmacy (Rx) or Medical (MED) benefit coverage</th>
<th>☒ Rx</th>
<th>☐ MED</th>
</tr>
</thead>
</table>

**To request for coverage:** Physicians may call, fax, or mail the attached form (Formulary Exception/Prior Authorization form) to the address below.

**Blue Cross Blue Shield of Massachusetts**
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043

**Individual Consideration:** Policy for requests that do not meet clinical criteria of this policy, see section labeled Individual Consideration

Please refer to the chart below for the formulary and step status of the medications affected by this policy.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulary Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Standard Formulary Status</td>
</tr>
<tr>
<td>Graztek® (timothy grass pollen allergen)</td>
<td>PA Required</td>
</tr>
<tr>
<td>Odactra™ (dermatophagoides pteronyssinus/dermatophagoides farina)</td>
<td>PA Required</td>
</tr>
<tr>
<td>Oralair® (anthoxanthum odoratum pollen, dactylis glomerata pollen, lolium perenne pollen, phelum pratense pollen, and poa pratensis pollen)</td>
<td>PA Required</td>
</tr>
<tr>
<td>Ragwitek™ (ambrosia artemisiifolia pollen)</td>
<td>PA Required</td>
</tr>
</tbody>
</table>

**We may cover at retail pharmacy only** Graztek® when all of the following criteria are met:
- Being used as immunotherapy for the treatment of grass pollen-induced allergic rhinitis with or without conjunctivitis caused by Timothy grass or cross-reactive grass pollens, AND
- For use in persons 5 through 65 years of age, AND
- Prescribed by a board certified or board eligible allergist or board certified or board eligible Otolaryngologists OR Confirmed by positive skin test or in vitro testing for pollen-specific IgE antibodies.

*Approvals for treatment when provided are limited to start the time period needed before the expected onset of the allergy-inducing pollen season and continued throughout the pollen season.

**We may cover at retail pharmacy only** Odactra™ when all of the following criteria are met:
- Being used as immunotherapy for treatment of house dust mite (HDM)-induced allergic rhinitis, with or without conjunctivitis, AND
• Prescribed by a board certified or board eligible allergist or board certified or board eligible Otolaryngologists OR Confirmed by positive skin test or in vitro testing for pollen-specific IgE antibodies, AND
• For use in persons 18 through 65 years of age.

*Approvals for treatment when provided are limited to start the time period needed before the expected onset of the allergy-inducing pollen season and continued throughout the pollen season.

We may cover at retail pharmacy only Oralair ® when all of the following criteria are met¹:
• Being used as immunotherapy for the treatment of grass pollen-induced allergic rhinitis with or without conjunctivitis, AND
• Prescribed by a board certified or board eligible allergist or board certified or board eligible Otolaryngologists OR Confirmed by positive skin test or in vitro testing for pollen-specific IgE antibodies, AND
• For use in persons 10 through 65 years of age.

*Approvals for treatment when provided are limited to start the time period needed before the expected onset of the allergy-inducing pollen season and continued throughout the pollen season.

We may cover at retail pharmacy only Ragwitek ™ when all of the following criteria are met¹:
• Being used as immunotherapy for treatment of short ragweed pollen-induced allergic rhinitis, with or without conjunctivitis, AND
• Prescribed by a board certified or board eligible allergist or board certified or board eligible Otolaryngologists OR Confirmed by positive skin test or in vitro testing for pollen-specific IgE antibodies, AND
• For use in persons five (5) through 65 years of age.

*Approvals for treatment when provided are limited to start the time period needed before the expected onset of the allergy-inducing pollen season and continued throughout the pollen season.

**Requests based exclusively on the use of samples will not meet coverage criteria for exception. Additional clinical information demonstrating medical necessity of the desired medication must be submitted by the requesting prescriber for review.

We do not cover the above drugs for other conditions not listed above.

CPT Codes / HCPCS Codes / ICD Codes
The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes
There is no specific CPT code for this service.

Individual Consideration
All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual’s unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts
Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/2023</td>
<td>Reformatted Policy.</td>
</tr>
<tr>
<td>7/2022</td>
<td>Clarified coding between specialist and a confirmed test.</td>
</tr>
<tr>
<td>7/2021</td>
<td>Updated to increase Ragwitek’s age indication with FDA update.</td>
</tr>
<tr>
<td>4/2020</td>
<td>Clarified prescribing specialists for all SLITs.</td>
</tr>
<tr>
<td>3/2018</td>
<td>Updated to include Odactra™</td>
</tr>
<tr>
<td>6/2017</td>
<td>Updated address for Pharmacy Operations.</td>
</tr>
<tr>
<td>4/2017</td>
<td>Added criteria for Otolaryngologists.</td>
</tr>
<tr>
<td>8/2015</td>
<td>Updated approved ages for Oralair®</td>
</tr>
<tr>
<td>10/2014</td>
<td>Implemented New policy.</td>
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References


To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below: