

# PRIOR AUTHORIZATION CRITERIA

**BRAND NAME**  
(generic)

**GRASTEK**  
(timothy grass pollen allergen extract)

**Status: CVS Caremark Criteria**  
**Type: Initial Prior Authorization**

## POLICY

### 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 or cross-reactive grass pollens. Grastek is approved for use in persons 5 through 65 years of age.

Grastek 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 the treatment of grass pollen-induced allergic rhinitis

**AND**

- The diagnosis has been confirmed by positive skin test or *in vitro* testing for pollen-specific IgE antibodies for Timothy grass or cross-reactive grass pollens

**AND**

- The patient does not have any of the following: A) Severe, unstable or uncontrolled asthma, B) History of any severe systemic allergic reaction or any severe local reaction to sublingual allergen immunotherapy, C) History of eosinophilic esophagitis

**AND**

- The requested drug is being prescribed by, or in consultation with, an allergist or immunologist

### REFERENCES

1. Grastek [package insert]. Hørsholm, Denmark: ALK-Abelló A/S; August 2020.
2. Lexicomp Online, Lexi-Drugs. Hudson, Ohio: UpToDate, Inc.; 2021; Accessed February 9, 2020.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed February 9, 2020.