

ODACTRA
(house dust mite allergen extract)

Pre - PA AllowanceNone

Prior-Approval Requirements**Age** 5 through 65 years of age**Diagnosis**

Patient must have the following:

House dust mite (HDM)-induced allergic rhinitis

AND ALL of the following:

- a. Confirmation with either a positive skin test or in vitro testing for pollen- specific for IgE antibodies to *Dermatophagoides farinae* or *Dermatophagoides pteronyssinus* house dust mites
- b. Physician has adequate training and experience in the treatment of allergic diseases
- c. Patient has shown unacceptable response to at least one oral or intranasal steroid and at least one oral antihistamine
- d. Absence of severe, unstable or uncontrolled asthma (rescue inhaler use greater than 2 days or more per week; significantly impaired activity levels due to troublesome symptoms)
- e. Absence of eosinophilic esophagitis
- f. Auto-injectable epinephrine has been prescribed and the patient/caregiver instructed in its use
- g. Will **NOT** be used with other allergen immunotherapies
- h. **NO** history of severe local reaction to sublingual allergen immunotherapy

Prior - Approval Limits**Quantity** 90 tablets per 90 days**Duration** 12 months

Prior – Approval *Renewal* Requirements**Age** 5 through 65 years of age**Diagnosis**



Federal Employee Program.

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- b. Absence of eosinophilic esophagitis
- c. Will **NOT** be used with other allergen immunotherapies

Prior - Approval *Renewal* Limits

Same as above