

## New Hampshire Medicaid Fee-for-Service Program Allergen Extract Criteria

Approval Date: January 26, 2023

### Medications

Brand Names	Generic Names	Treatment
Oralair®	Grass Pollen extract	Moderate to severe seasonal grass (Kentucky Blue Grass, Orchard, Perennial Rye, Sweet Vernal, and Timothy) pollen-induced allergic rhinitis with or without conjunctivitis
Palforzia™	Peanut Allergen-dnfp	Mitigation of allergic reactions, including anaphylaxis, that may occur with accidental exposure to peanut

### Criteria for Approval

1. Confirmed allergen by positive skin test or in vitro testing for pollen-specific IgE antibodies for approved indication (Oralair® only); **AND**
2. Treatment is requested four months prior to season of allergen being treated (Oralair® only)

#### OR

3. Patient has a documented clinical history of allergy to peanuts or peanut-containing foods (Palforzia™ only); **AND**
4. Patient is on a peanut-avoidance diet and has been prescribed and/or has a refill history of epinephrine auto-injector (Palforzia™ only).

**Length of Approval:** One year

**Continued approval:** Treatment is requested four months prior to season of allergen being treated (Oralair® only)

**Dispensing Limits:** Oralair®: One per day (tablets); one dose pack total maximum limit (100 IR/300 IR dose pack)

## Criteria for Denial

1. Patient is  $\leq 5$  years of age (Oralair® only).
2. Patient is  $< 4$  years of age or  $\geq 18$  years of age (Palforzia™ only).
3. Patient experienced a severe reaction post initial dose that was administered in the physician's office.
4. Patient has experienced severe anaphylaxis resulting in hypotensive shock, use of  $> 2$  doses of epinephrine, and/or intubation within the prior 60 days (Palforzia™ only).
5. Request is during active season of allergen (Oralair® only).
  - a. Grass season: June
6. Concomitant allergen immunotherapy.
7. Patient has a history of severe, unstable, or uncontrolled asthma.
8. Patient has a history of eosinophilic esophagitis.

## References

Available upon request.

## Revision History

Reviewed by	Reason for Review	Date Approved
DUR Board	New	05/12/2015
Commissioner	Approval	06/30/2015
DUR Board	Revision	10/24/2017
Commissioner	Approval	12/05/2017
DUR Board	Revision	03/12/2019
Commissioner Designee	Approval	04/05/2019
DUR Board	Revision	06/30/2020
Commissioner Designee	Approval	08/07/2020
DUR Board	Revision	06/08/2021
Commissioner Designee	Approval	08/13/2021
DUR Board	Revision	12/13/2022
Commissioner Designee	Approval	01/26/2023