Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Grastek™ (timothy grass pollen allergen extract)

Review Criteria

Member must meet all the following criteria:

- **Initial Approval:**
  - Requires allergist consult to confirm specific allergy (by positive skin-prick test or pollen specific IgE test to specific grass pollen allergens). This can be written or verbal confirmation from the allergist.
  - Requires trial on an oral antihistamine **AND** nasal steroid where both have been ineffective, contraindicated or not tolerated.
  - **Approval duration** is determined on whether patient is taking seasonally or year-round.
  - Limitations:
    - MDD 1.0

- **Annual Renewal:**
  - Determine compliance via fill history. If not compliant, initiate discussion with provider to determine appropriateness of continuation of therapy.
  - If approved, approval duration above applies.