

**dermatophagoides farinae and dermatophagoides pteronyssinus
allergen extract (ODACTRA)**

Diagnosis Considered for Coverage:

- Allergic rhinitis caused by dust mites

Coverage Criteria:

For diagnosis listed above:

- Patient is at least 12 years of age, **and**
- Prescribed by an immunologist, allergist, or allergy-trained ENT, **and**
- Patient has allergy test (skin test or IgE antibodies) specific for dust mites, **and**
- Inadequate response or intolerable side effect to one preferred nasal steroid, **and**
- Inadequate response or intolerable side effect with allergy shots [subcutaneous (SC) allergen immunotherapy], **and**
- Not being used with another allergen immunotherapy (SC or sublingual), **and**
- Dose does not exceed 1 tablet per day

Coverage Duration: one year

Effective Date: 3/1/2023