Clinical Guideline

Guideline Number: CG059, Ver. 1

Allergy Immunotherapy

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Oscar may delegate utilization management decisions of certain services to third-party delegates, who may develop and adopt their own clinical criteria.

Clinical guidelines are applicable to certain plans. Clinical guidelines are applicable to members enrolled in Medicare Advantage plans only if there are no criteria established for the specified service in a Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) on the date of a prior authorization request. Services are subject to the terms, conditions, limitations of a member's policy and applicable state and federal law. Please reference the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits) or contact Oscar at 855-672-2755 to confirm coverage and benefit conditions.

Summary

Oscar members who have severe allergies may be eligible for treatment with allergy immunotherapy to alleviate their symptoms. Allergies are often the result of a hypersensitive immune response to specific substances causing an exaggerated reaction. These allergies can develop in response to various antigens including insect bites/stings or seasonal pollen. Symptoms include runny nose or congestion, watery or itchy eyes, asthma symptoms, skin rashes, and in severe cases, anaphylaxis. Most allergy cases are successfully treated with over-the-counter medications, although some may require prescriptions in the form of nasal sprays, inhalers, or oral medications to prevent and/or address symptoms. When symptoms are severe or unresponsive to prescription medication, a specialized type of treatment called allergy immunotherapy may be indicated.

Allergy immunotherapy works by slowly introducing very small amounts of the allergic substance over a prolonged period of time in a controlled environment to allow a person's immune system to become desensitized. It can be performed with skin injections or sublingual medications. All subcutaneous immunotherapy must be administered in medically supervised settings that can manage adverse reactions; however, for sublingual immunotherapy, the first dose must be medically supervised and

subsequent doses can be administered at home as per practice parameters of American Academy of Allergy, Asthma & Immunology. Because of the risks associated, allergy immunotherapy should always be carried out under the close supervision of a licensed practitioner trained and experienced in prescribing and administering immunotherapy.

Definitions

"Allergy immunotherapy" is a treatment where very small amounts of an allergic substance are introduced via injection or sublingual administration to a patient with that specific allergy in order to desensitize the immune system.

"Allergy" refers to having both allergen-specific IgE and developing symptoms upon exposure to substances containing that allergen.

"Anaphylaxis" is a severe, systemic immune response (e.g., affecting more than 1 organ system) which may be characterized by flushing, trouble breathing, vomiting/diarrhea, swelling in the mouth/throat, rash, etc. It can be rapidly fatal without immediate treatment.

"Antigen" (or Allergen) refers to an offending substance that causes the allergic reaction through the immune system hypersensitivity. An antigen can be anything from a certain type of pollen to the venom of a bee sting.

"Rapid Desensitization" is an allergy immunotherapy technique where the protocol is performed on a shorter time scale, where standard allergy immunotherapy is performed over 3-5 years.

"Sensitization" is when individuals may produce IgE to allergens verified through blood or positive skin tests but do not develop symptoms upon exposure to that substance.

"Subcutaneous" refers to the delivery of medication via injection just under the skin.

"Sublingual" refers to the delivery of medication under a patient's tongue.

Covered Services and Clinical Indications

Subcutaneous immunotherapy (SCIT)

SCIT should be administered under medical supervision (e.g., MD/PA/NP) with a minimum of 30 minutes of monitoring to promptly recognize and manage adverse reactions (e.g., anaphylaxis).

Oscar considers subcutaneous immunotherapy (SCIT) medically necessary for members with allergies when ALL of the following criteria are met:

1. The member has ONE of the following conditions and meets the condition-specific criteria as below:
    a. Allergic rhinitis or conjunctivitis, when ALL the following criteria are met:
        i. ONE or more of the following:
            1. Asthma exacerbation specifically associated with allergic rhinitis; *or*
            2. History of 2 or more consecutive seasons of related allergy symptoms; *or*
            3. Perennial allergies; *and*
        ii. Documented inadequate response after an appropriate trial of ALL of the following, unless specifically contraindicated or poorly tolerated:
            1. Avoidance of environmental or situational antigen exposure; *and*
            2. One of the following nasal sprays:
                a. Nasal antihistamine (e.g., azelastine); *or*
                b. Nasal cromolyn (sodium cromoglycate); *or*
                c. Nasal ipratropium; *and*
            3. Nasal steroids (e.g., fluticasone); *and*
            4. One of the following oral medications:
                a. Oral antihistamine (e.g., cetirizine); *or*
                b. Oral antihistamine-decongestant (e.g., cetirizine-pseudoephedrine); *or*
                c. Oral leukotriene receptor antagonist (e.g., montelukast); *and*
        iii. There is documented serologic or skin allergen-specific IgE test evidence to the allergen being used for immunotherapy; *and*
        iv. The condition and allergen are such that there is expected to be a therapeutic benefit to the treatment for that specific allergen.
    b. Allergic (extrinsic) asthma, when ALL the following criteria are met:
        i. Forced Expiratory Volume in 1 second (FEV1) is >70% of the predicted age-appropriate value; *and*
        ii. At least ONE of the following situations is present:
            1. Severity of symptoms, when present, prevents normal daily functioning; *or*
            2. Symptoms have persisted through 2 or more consecutive seasons or are perennial; *and*

iii. Documented inadequate response after an appropriate trial of ONE of the following, unless specifically contraindicated or poorly tolerated:
    1. Increasing use of short-acting beta2-agonist (e.g., albuterol) or use >2 days/week for symptom relief (not related to incidents of exercise-induced bronchospasm); *or*
    2. Diagnosed with persistent asthma needing daily medication within levels step 2, step 3, or step 4 as defined by National Asthma Education and Prevention Program or National Heart, Lung, and Blood Institute (e.g., low-medium dose inhaled corticosteroids, long-acting beta2-agonist, cromolyn, leukotriene receptor antagonist, or theophylline).

iv. There is documented serologic or skin allergen-specific IgE test evidence to the specific allergen being used for immunotherapy; *and*

v. Avoidance of environmental or situational allergen exposure (e.g, tobacco smoke); *and*

vi. The condition and allergen are such that there is expected to be a therapeutic benefit to the treatment for that specific allergen.

c. Hymenoptera (e.g., bees, ants, hornets, etc.) sting/bite allergy, when ALL the following criteria are met:

i. Documented history of anaphylactic or systemic reaction to the suspected offending venom; *and*

ii. There is documented serologic or skin allergen-specific IgE test evidence to the venom being used for immunotherapy; *and*

iii. Baseline serum tryptase level drawn; *and*

iv. The venom immunotherapy (VIT) used is appropriate for the allergen(s) positive on the skin test and is a single preparation (e.g., not mixed); *and*

v. No current use of an ACE-inhibitor medication; *and*

vi. The protocol should be as appropriate per manufacturer guidelines (e.g., 1-3 injections per week during the initial treatment phase and then once per 4-12 weeks for maintenance); *and*

vii. The total duration of injections should be 3 years, unless member has any ONE of the following, which may necessitate longer durations:
    1. History of severe, life threatening reaction; *or*
    2. Honey bee venom allergy; *or*
    3. Systemic reactions to VIT; *or*
    4. Elevated tryptase from baseline (>11.4 ng/ml)

viii. The condition and allergen are such that there is expected to be a therapeutic benefit to the treatment for that specific allergen.

2. The member has no contraindications to treatment, including but not limited to any of the following:
    a. Current pregnancy or breastfeeding (*note; if treatment is started prior to pregnancy or breastfeeding, treatment may be continued in the absence of adverse effects)*; *or*
    b. Concurrent use of beta blockers; *or*
    c. Moderate to severe asthma or any uncontrolled asthma; *or*
    d. History of severe reaction to any form of immunotherapy; *or*
    e. Comorbidities that may reduce ability to survive a severe reaction to the immunotherapy or reduce the effectiveness of epinephrine, including but not limited to:
        i. Acute or chronic compromised lung function; *or*
        ii. Significant cardiovascular diseases (e.g., unstable angina, recent myocardial infarction, significant arrhythmia, and uncontrolled hypertension)

Accelerated Schedules for SCIT (Rapid Desensitization, Rush/Cluster Schedules)

Oscar considers subcutaneous allergy immunotherapy with a rapid **desensitization** protocol medically necessary when ONE or more of the following situations are present:

1. Member has an allergy to a specific medication meeting ALL the following criteria:
    a. Medication is used for a condition that cannot be effectively treated with alternative medication; *and*
    b. Side effects of the allergy are severe enough to warrant discontinuation; *and*
    c. Member would be at risk of serious complications or health outcomes without the medication; *or*
2. Member meets above general allergy immunotherapy criteria for hymenoptera allergy above AND is at a reasonable risk of another bite/sting in the near future; *or*
3. Member has allergic conjunctivitis/rhinitis meeting ALL the following criteria:
    a. The above general allergy immunotherapy criteria are met; *and*
    b. Symptoms are moderate to severe in intensity; *and*
    c. Treatment is required during or immediately before the season of the affecting allergy; *or*
4. Member is contemplating pregnancy and meets ONE or more of the following criteria:
    a. Member otherwise meets above general allergy immunotherapy criteria*; and*
    b. ONE of the following situations is present:
        i. The current allergy medications would increased risk to fetus if the member becomes pregnant; *or*

ii. Allergy immunotherapy is already being initiated but member plans to get pregnant within the next 3 years

Preparation for SCIT

1. The preparation of:
    a. Fungal (mold) or cockroach allergen extracts must be prepared and administered individually, not mixed with any other extracts
    b. House dust mite, animal dander, and pollen allergens can be mixed together for members sensitized with those specific allergens

Sublingual Allergy Immunotherapy (SLIT)

The first dose of SLIT must be in a medically supervised setting (e.g., physician's office) with a minimum of 30 minutes of monitoring; the subsequent doses can be self-administered at home.

Oscar considers sublingual allergy immunotherapy medically necessary when ALL of the following criteria are met:

1. The member has IgE mediated allergic rhinitis or conjunctivitis, when ALL the following criteria are met:
    a. ONE or more of the following:
        i. Asthma exacerbation specifically associated with allergic rhinitis; *or*
        ii. History of 2 or more consecutive seasons of related allergy symptoms; *or*
        iii. Perennial allergies; *and*
    b. Documented inadequate response after an appropriate trial of ALL of the following, unless specifically contraindicated or poorly tolerated:
        i. Avoidance of environmental or situational antigen exposure; *and*
        ii. One of the following nasal sprays:
            1. Nasal antihistamine (e.g., azelastine); *or*
            2. Nasal cromolyn (sodium cromoglycate); *or*
            3. Nasal ipratropium; *and*
        iii. Nasal steroids (e.g., fluticasone); *and*
        iv. One of the following oral medications:
            1. Oral antihistamine (e.g., cetirizine); *or*
            2. Oral antihistamine-decongestant (e.g., cetirizine-pseudoephedrine); *or*
            3. Oral leukotriene receptor antagonist (e.g., montelukast); *and*
    c. There is documented serologic or skin allergen-specific IgE test evidence to the specific antigen being used for immunotherapy; *and*

d. The condition and antigen are such that there is expected to be a therapeutic benefit to the treatment for that specific allergen; *and*

2. Meets dosing indications in Table 1 below; *and*
3. None of the following contraindications are present:
    a. Current pregnancy or breastfeeding; *or*
    b. Concurrent use of beta blockers; *or*
    c. Moderate to severe asthma or any uncontrolled asthma; *or*
    d. History of severe reaction to any form of immunotherapy; *or*
    e. History of eosinophilic esophagitis; *or*
    f. Comorbidities that may reduce ability to survive a severe reaction to the immunotherapy or reduce the effectiveness of epinephrine, including but not limited to:
        i. Acute or chronic compromised lung function; *or*
        ii. Significant cardiovascular diseases (e.g., unstable angina, recent myocardial infarction, significant arrhythmia, and uncontrolled hypertension);
    g. Active oral inflammatory condition such as ulcers or dental extractions (where sublingual immunotherapy can be started once this condition resolves)

Table 1. Standardized Sublingual Allergen Extracts Licensed for Distribution in the United States

Indication	Initial dose	Duration	Retreatment	Additional Considerations
GRASTEK Merck Sharp & Dohme Corp				
Grass pollen-induced allergic rhinitis with or without conjunctivitis (Timothy Grass Pollen Allergen Extract)	5 through 65 years of age: 1 tablet of 2800 Bioequivalent Allergy Units daily	Initiate 12 weeks before the expected onset of each grass pollen season and continue treatment throughout the season	Annual for three consecutive years	First dose under supervision of a physician with experience in the diagnosis and treatment of severe allergic reactions
ODACTRA Merck Sharp & Dohme Corp				
House dust mite (HDM)-induced allergic rhinitis, with or without conjunctivitis	18 through 65 years of age: 1 tablet of 12 SQ-HDM daily	n/a	n/a	First dose under supervision of a physician with experience in the diagnosis and treatment of severe allergic reactions

ORALAIR Stallergenes S.A.				
Grass pollen-induced allergic rhinitis with or without 37 conjunctivitis (Sweet Vernal, Orchard, Perennial Rye, Timothy, and 7 Kentucky Blue Grass Mixed Pollens Allergen Extract)	**Age 5-17:** Day 1- 100 IR Day 2- 2x 100 IR Day 3 and following- 300 IR. **Age 18-65:** Daily 300 IR 100 IR and 300 IR tablets available.	Initiate treatment 4 months before the expected onset of each grass pollen season and continue treatment throughout the season.	n/a	First dose under supervision of a physician with experience in the diagnosis and treatment of severe allergic reactions
RAGWITEK Merck Sharp & Dohme Corp				
Short ragweed pollen-induced allergic rhinitis, with or without conjunctivitis,	**18 through 65 years of age:** **1 tablet of 12 Amb a 1-Unit daily**	Initiate treatment at least 12 weeks before the expected onset of ragweed pollen season and continue treatment throughout the season	n/a	First dose under supervision of a physician with experience in the diagnosis and treatment of severe allergic reactions

Continuation of Treatment

The duration of initial therapy is expected to last at least three years. After three years, therapy may be extended only if there is a documented clinical response meeting ONE of the following criteria:

1. Decrease in the amount of medication required; *or*
2. Improvement in clinical symptoms and benefit from treatment sustained

Experimental or Investigational / Not Medically Necessary

Allergy immunotherapy for any other indication or using any other method is *not covered* by Oscar, as it is considered experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- Home administration of SCIT or non-monitored SLIT for the initial doses
- Allergy immunotherapy in the presence of the following contraindications, or any other contraindication listed above:
    - Severe or very labile asthma, as patients with unstable asthma are at risk for severe bronchospasm during systemic reactions;
    - Significant cardiovascular disease (e.g., unstable angina, recent myocardial infarction, significant arrhythmia, and uncontrolled hypertension);
    - Pregnancy
- Allergy immunotherapy for any of the following indications:
    - Angioedema
    - Atopic dermatitis not related to dust mites
    - Chronic urticaria
    - Latex allergy
    - Medication allergy except as specifically documented above in coverage criteria
    - Food allergy
    - Intrinsic (non-allergic) asthma
    - Migraine headaches
    - Non-allergic vasomotor rhinitis
- Oral immunotherapy with Palforzia (peanut allergen powder)
- Sublingual immunotherapy for any condition other than allergic rhinitis or conjunctivitis
- The following treatments:
    - Urine auto injections
    - Repository emulsion treatment
    - Low-dose Rinkel technique
    - Acupuncture
    - Rhinophototherapy
    - Oral mucosal/Allerdent
- Venom immunotherapy for severe cutaneous reactions, defined as a generalized rash, swelling, or other skin manifestation of the venom reaction not meeting criteria for anaphylaxis (e.g., no involvement of other organ systems, no swelling of the mouth or throat, etc.)
- Venom immunotherapy for severe local reactions, defined as a reaction localized to the sting/bite site but that does not spread elsewhere in the body and does not meet criteria for anaphylaxis

- Repeat skin or serum IgE testing for response to treatment

Applicable Billing Codes (HCPCS/CPT Codes)

Allergy Immunotherapy	
CPT/HCPCS Codes covered if criteria are met:	
Code	*Description*
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections
95120	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection
95125	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections
95130	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom
95131	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms
95132	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms
95133	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms
95134	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)

95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom
95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms
95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms
95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms
95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
95170	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)
95180	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum) [Rapid/rush/cluster schedules]
95199	Unlisted allergy/clinical immunologic service or procedure [Sublingual immunotherapy]
ICD-10 codes covered if criteria are met:	
Code	*Description*
H10.10 - H10.13	Acute atopic conjunctivitis
H10.44	Vernal conjunctivitis
H10.45	Other chronic allergic conjunctivitis
J30.1 - J30.9	Allergic rhinitis
J45.20 - J45.998	Asthma
J67.0 - J67.9	Hypersensitivity pneumonitis due to organic dust

J82	Pulmonary eosinophilia, not elsewhere classified
T63.42 - T63.424	Toxic effect of venom of ants
T63.441 - T63.464S	Toxic effect of bees, hornets, wasps
Z91.030 - Z91.038	Insect allergy status

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