STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ALLERGEN EXTRACT-MIXED GRASS POLLEN

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
GR POL-ORC/SW VER/RYE/KENT/TIM	ORALAIR	39918		GPI-10 (2010990520)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of grass pollen-induced allergic rhinitis that is confirmed by a positive skin prick test and/or a positive titer to specific IgE antibodies for any of the five grass (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens) species included in Oralair?

   If yes, continue to #2.
   If no, do not approve.
   DENIAL TEXT: See the initial denial text at the end of the guideline.

2. Was Oralair prescribed by or given in consultation with an allergist, immunologist, or other physician experienced in the diagnosis and treatment of allergic diseases?

   If yes, continue to #3.
   If no, do not approve.
   DENIAL TEXT: See the initial denial text at the end of the guideline.

3. Does the patient have persistent and moderate-to-severe symptoms of allergic rhinitis (persistent symptoms are defined as symptoms presenting at least 4 days a week or for at least 4 weeks, and moderate-to-severe symptoms include of one or more of the following items: troublesome symptoms, sleep disturbance, impairment of daily activities, or impairment of school or work)?

   If yes, continue to #4.
   If no, do not approve.
   DENIAL TEXT: See the initial denial text at the end of the guideline.

4. Does patient have a current claim or prescription for auto-injectable epinephrine?

   If yes, continue to #5.
   If no, do not approve.
   DENIAL TEXT: See the initial denial text at the end of the guideline.

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ALLERGEN EXTRACT-MIXED GRASS POLLEN

INITIAL CRITERIA (CONTINUED)

5. Is the patient between the ages of 5 and 17 years of age?

   If yes, **approve for 12 months by GPID or GPI-14 for a quantity limit of #3 tablets of 100 IR for the first 2 days of therapy initiation and #1 tablet of 300 IR per day thereafter.**
   APPROVAL TEXT: Renewal requires that the patient has experienced an improvement in signs and symptoms of allergic rhinitis from baseline.

   If no, continue to #6.

6. Is the patient between 18 and 65 years of age?

   If yes, **approve for 12 months by GPID or GPI-10 for a quantity limit of #1 tablet (300 IR) per day.**
   APPROVAL TEXT: Renewal requires that the patient has experienced an improvement in signs and symptoms of allergic rhinitis from baseline.

   If no, do not approve.
   INITIAL DENIAL TEXT: ***Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

   Our guideline named **ALLERGEN EXTRACT-MIXED GRASS POLLEN (Oralair)** requires the following rule(s) be met for approval:
   A. You have a diagnosis of allergic rhinitis (itchy, watery eyes, sneezing) caused by grass pollen
   B. Your diagnosis is confirmed by a positive skin prick test and/or a positive titer (the amount of antibodies in the blood) to specific IgE (Immunoglobulin E) antibodies for any of the five grass types included in Oralair (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens)
   C. Therapy is prescribed by or given in consultation with an allergist (allergy doctor), immunologist (immune system doctor), or other physician experienced in the diagnosis and treatment of allergic diseases
   D. You have persistent and moderate-to-severe symptoms of allergic rhinitis (persistent symptoms are defined as symptoms presenting at least 4 days a week or for at least 4 weeks, and moderate-to-severe symptoms include: troublesome symptoms, sleep disturbance, impairment of daily activities, or impairment of school or work)
   E. You have a current claim or prescription for auto-injectable epinephrine
   F. You are between 5 and 65 years of age
   (Initial denial text continued on next page)

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ALLERGEN EXTRACT-MIXED GRASS POLLEN

INITIAL CRITERIA (CONTINUED)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RENEWAL CRITERIA

1. Has the patient experienced an improvement in signs and symptoms of allergic rhinitis from baseline?

   If yes, **approve for 12 months by HICL or GPI-14 for a quantity limit of #1 tablet per day.**
   If no, do not approve.
   RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **ALLERGEN EXTRACT-MIXED GRASS POLLEN (Oralair)** requires the following rules be met for renewal:
   A. You have experienced an improvement in signs and symptoms of allergic rhinitis (itchy, watery eyes, sneezing) from baseline

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Oralair.

REFERENCES

- Oralair [Prescribing Information]. Lenoir, NC: GREER Laboratories, Inc., December 2018.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 05/01/20
Created: 05/14
Client Approval: 04/20
P&T Approval: 01/19