



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ALLERGEN EXTRACT-MIXED GRASS POLLEN

Generic	Brand	HICL	GCN	Exception/Other
GR POL-ORC/SW VER/RYE/KENT/TIM	ORALAIR	39918		

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 or recommended by 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 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.

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

If yes, **approve for 12 months by GPID 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.**

If no, continue to #6.

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INITIAL CRITERIA (CONTINUED)

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

If yes, **approve for 12 months by GPID for a quantity limit of #1 tablet (300 IR) per day.**
If no, do not approve.

INITIAL DENIAL TEXT: The guideline named **ALLERGEN EXTRACT-MIXED GRASS POLLEN (Oralair)** requires a diagnosis of grass pollen-induced allergic rhinitis. The following criteria must also be met:

- Diagnosis is confirmed by a positive skin prick test and/or a positive titer to specific IgE antibodies for any of the five grass species included in Oralair (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens)
- Prescribed or recommended by an allergist, immunologist, or other physician experienced in the diagnosis and treatment of allergic diseases
- Presentation of 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 one or more of the following items: troublesome symptoms, sleep disturbance, impairment of daily activities, or impairment of school or work)
- Patient is between 5 and 65 years of age
- Patient has a current claim or prescription for auto-injectable epinephrine

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 GPID for a quantity limit of #1 tablet (300IR or 100 IR) per day.**

If no, do not approve.

RENEWAL DENIAL TEXT: The guideline named **ALLERGEN EXTRACT-MIXED GRASS POLLEN (Oralair)** requires that the patient has experienced an improvement in signs and symptoms of allergic rhinitis from baseline.

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

Created: 05/14

Commercial Effective: 02/01/19

Client Approval: 01/19

P&T Approval: 01/19

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