

PHARMACY PRE-AUTHORIZATION CRITERIA



DRUG (S)	Oralair (Grass Pollen Allergen Extract)
POLICY #	11123
INDICATIONS	Oralair is immunotherapy for the treatment of grass pollen-induced allergic rhinitis with or without conjunctivitis confirmed by positive skin test or in vitro testing for pollen-specific IgE antibodies for any of the 5 grass species contained in this product in patients 10 to 65 years of age. Not indicated for the immediate relief of allergy symptoms
CRITERIA	<p>ConnectiCare considers Oralair to be medically necessary for patients who meet all of the following criteria:</p> <ul style="list-style-type: none">• Medication is prescribed by an allergy specialist (allergist, immunologist, or pulmonologist)• Patient is 10-65 years old• Patient must have a positive skin or in vitro testing for Pollen –specific IgE antibodies for one of these pollens : Sweet Vernal, Orchard, Perennial Rye, Timothy, or Kentucky Blue Grass• Patient must have at least one nasal corticosteroid for allergic rhinitis that has been ineffective, not tolerated, or contraindicated (e.g. fluticasone)• Patient must have at least one other oral medication for allergic rhinitis that has been ineffective, not tolerated, or contraindicated (e. g. loratadine, desloratadine, fexofenadine, levocetirizine, cetirizine, montelukast)• Oralair is not to be used concomitantly with subcutaneous immunotherapy (“allergy shots”)
LIMITATIONS	If the above criteria are met, authorization may be granted to start 4 months before expected onset of pollen season, and continued throughout the season. (The pollen season in the Northeast United States is May through August.) The safety of initiating treatment during grass pollen season, or restarting treatment after missing a dose, have not been established.
REFERENCES	Facts & Comparisons Online
P&T REVIEW HISTORY	8/16, 11/16, 2/17, 1/18
REVISION RECORD	11/16, 2/17