



## Pre - PA Allowance

None

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## Prior-Approval Requirements

**Age** 5 through 65 years of age

### Diagnosis

Patient must have the following:

Timothy grass (*Phleum pratense*) or cross-reactive grass pollen-induced allergic rhinitis

**AND ALL** of the following:

1. Confirmation with either a positive skin test or in vitro testing for pollen- specific IgE antibodies for Timothy grass or cross reactive grass pollen
2. Physician has adequate training and experience in the treatment of allergic diseases.
3. Patient has shown unacceptable response to at least one oral or intranasal steroid and at least one oral antihistamine.
4. Absence of severe, unstable or uncontrolled asthma (rescue inhaler use greater than 2 days or more per week; significantly impaired activity levels due to troublesome symptoms )
5. Absence of eosinophilic esophagitis
6. Auto-injectable epinephrine has been prescribed and the patient instructed in its use
7. Will **NOT** be used with other allergen immunotherapies
8. **NO** history of severe local reaction to sublingual allergen immunotherapy

## Prior - Approval Limits

**Quantity** 90 tablets per 90 days

**Duration** 12 months

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## **Prior – Approval *Renewal* Requirements**

**Age** 5 through 65 years of age

**Diagnosis**

Patient must have the following:

Timothy grass (*Phleum pretense*) or cross reactive grass pollen induced allergic rhinitis

**AND ALL** of the following:

1. Absence of severe, unstable or uncontrolled asthma (rescue inhaler use greater than 2 days a week, significantly impaired activity levels due to troublesome symptoms)
2. Absence of eosinophilic esophagitis
3. Will **NOT** be used with other allergen immunotherapies

## **Prior - Approval *Renewal* Limits**

Same as above