

Pre - PA Allowance

None

Prior-Approval Requirements

Age 5 through 65 years of age

Diagnosis

Patient must have the following:

1. Pollen-induced allergic rhinitis due to one of the following species of grass:
 - a. Sweet vernal (*Anthoxanthum odoratum*)
 - b. Orchard (*Dactylis glomerata*)
 - c. Perennial rye (*Lolium perenne*)
 - d. Timothy Grass (*Phleum pratense*)
 - e. Kentucky Blue Grass (*Poa pratensis*)

AND ALL of the following:

1. Confirmation with either a positive skin test or in vitro testing for pollen- specific IgE antibodies for one or more of the following grasses:
 - a. Sweet vernal (*Anthoxanthum odoratum*)
 - b. Orchard (*Dactylis glomerata*)
 - c. Perennial rye (*Lolium perenne*)
 - d. Timothy Grass (*Phleum pratense*)
 - e. Kentucky Blue Grass (*Poa pratensis*)
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



Federal Employee Program. **ORALAIR**

(Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens Allergen Extract)
immunotherapy

Prior - Approval Limits

Quantity 300mg IR 90 tablets per 90 days
Duration 12 months

Prior – Approval *Renewal* Requirements

Age 5 through 65 years of age

Diagnosis

Patient must have the following:

1. Pollen-induced allergic rhinitis due to **ONE** of the following species of grass:
 - a. Sweet vernal (*Anthoxanthum odoratum*)
 - b. Orchard (*Dactylis glomerata*)
 - c. Perennial rye (*Lolium perenne*)
 - d. Timothy Grass (*Phleum pratense*)
 - e. Kentucky Blue Grass (*Poa pratensis*)

AND ALL of the following:

1. 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)
2. Absence of eosinophilic esophagitis
3. Will **NOT** be used with other allergen immunotherapies

Prior - Approval *Renewal* Limits

Same as above