

# PRIOR AUTHORIZATION CRITERIA

**BRAND NAME**  
(generic)

**ORALAIR**  
(sweet vernal, orchard, perennial rye, timothy, and kentucky blue grass mixed pollens allergen extract)

**Status: CVS Caremark Criteria**  
**Type: Initial Prior Authorization**

## POLICY

### FDA-APPROVED INDICATIONS

Oralair is an allergen extract indicated as 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 five grass species contained in this product. Oralair is approved for use in persons 5 through 65 years of age.

Oralair is not indicated for the immediate relief of allergy symptoms.

### COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of grass pollen-induced allergic rhinitis
- AND**
- The diagnosis has been confirmed by positive skin test or in vitro testing for pollen-specific IgE antibodies for any of the 5 grass species (sweet vernal, orchard, perennial rye, timothy, kentucky blue grass) contained in this product
- AND**
- The patient does not have any of the following: A) Severe, unstable or uncontrolled asthma, B) History of any severe systemic allergic reaction or any severe local reaction to sublingual allergen immunotherapy, C) History of eosinophilic esophagitis
- AND**
- The requested drug is being prescribed by, or in consultation with, an allergist or immunologist

### REFERENCES

1. Oralair [package insert]. Lenoir, NC: Greer Laboratories, Inc.; November 2018.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed February 9, 2021.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed February 9, 2021.