



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	February 1, 2022

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

**LENGTH OF AUTHORIZATION:** 1 year

**INITIAL REVIEW CRITERIA:**

- Patient must be  $\geq 5$  years to  $\leq 65$  years of age.
- Patient must have a diagnosis of grass pollen-induced allergic rhinitis.
- 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 Oralair.
- The patient does not have any of the following:
  - severe, unstable or uncontrolled asthma
  - history of any severe systemic allergic reaction or any severe local reaction to sublingual allergen immunotherapy
  - history of eosinophilic esophagitis
  - medical conditions that may reduce the ability of the patient to survive a serious allergic reaction or increase the risk of adverse reactions after epinephrine administration and is not on any medication(s) that can inhibit or potentiate the effect of epinephrine
- Attestation of initial dose administration in a healthcare setting.

**CONTINUATION OF THERAPY:**

- Patient met initial review criteria.
- Documentation of improved clinical response.
- Dosing is appropriate as per labeling or is supported by compendia.

**DOSING AND ADMINISTRATION:**

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>