

grass allergen extract (ORALAIR)

Diagnosis Considered for Coverage:

- Allergic rhinitis caused by certain grass pollens

Coverage Criteria:

For diagnosis listed above:

- Patient is at least 5 years of age, **and**
- Being prescribed by an Allergist or Immunologist, **and**
- Inadequate response or intolerable side effect to ONE preferred nasal steroid OR contraindication to ALL nasal steroids, **and**
- Documentation indicating positive pollen-specific skin test or pollen-specific IgE test to at least one of the following grasses: Kentucky Blue Grass, Orchard, Perennial Rye, Sweet Vernal, or Timothy, **and**
- Medical reason why subcutaneous allergen immunotherapy (office administered therapy) cannot be used, **and**
- Not being used concurrently with other sublingual or subcutaneous allergy immunotherapy, **and**
- Dose does not exceed 1 tablet per day

Coverage Duration: one year

Effective Date: 09/27/2023