



**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES**



**Office of Pharmacy Service  
Prior Authorization Criteria**

**ORALAIR® (5 grass pollen allergen extract)  
[Prior Authorization Request Form](#)**

**Prior authorization requests for Oralair will be approved if the following criteria are met:**

- 1) Patient must be between ten (10) and sixty-five (65) years of age; **AND**
- 2) PA requests will be granted only between Dec. 1<sup>st</sup> and Feb 1<sup>st</sup> of the following year. The duration of the PA, if authorized, will be no longer than ten (10) months; **AND**
- 3) Diagnosis must be confirmed by a positive skin test to grass pollen from the Pooideae subfamily of grasses (this includes, but is not limited to sweet vernal, Kentucky blue grass, Timothy grass, orchard, or perennial rye grass) OR positive in vitro test (blood test for allergen-specific IgE antibodies) for a grass in the Pooideae subfamily of grasses. Results should be submitted along with request for approval; **AND**
- 4) Patient must have concurrent auto-injectable epinephrine prescription; **AND**
- 5) Patient must NOT currently be receiving subcutaneous allergen immunotherapy; **AND**
- 6) Initial treatment must be administered in the prescriber's office and the patient should be under supervision for thirty (30) minutes. Note: Pediatric patients should be supervised by an adult after all subsequent doses.

**References**

Lexi-Comp drug monographs (Oct 31, 2014)  
The Allergy and Asthma Foundation of America®  
The American Academy of Allergy Asthma & Immunology  
<http://www.allergyescape.com/pollen-allergy.html>

Version 2 Reviewed and Edits requested – add start date of PA  
DUR Board 11/19/2014

Version 2.2 Nov. 21<sup>st</sup>, 2014 (BMT)  
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