



Medicare Part D – 2016

Prior Authorization Group Description

ORALAIR

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:

Severe, unstable or uncontrolled asthma. History of any severe allergic reaction to sublingual allergen immunotherapy

Required Medical Information:

Positive skin test or in vitro testing for pollen-specific IgE antibodies for Sweet Vernal, Orchard, Perennial Rye, Timothy and Kentucky Blue Grass

Age Restrictions:

Prescriber Restrictions:

Allergist or immunologist

Coverage Duration:

Length of benefit

Other Criteria:

Failure or clinically significant adverse effects to 2 of the following: oral antihistamines, leukotriene modifiers or nasal steroids