



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Oralair™ (mixed pollens allergen extract)

Review Criteria

Member must meet all the following criteria:

- **Initial Approval:**
 - Requires allergist consult to confirm specific allergy (by positive skin-prick test or pollen specific IgE test to specific grass pollen allergens). **This can be written or verbal confirmation from the allergist.
 - Requires trial on an oral antihistamine **AND** nasal steroid which both have been ineffective, contraindicated or not tolerated
 - **Approval duration** is determined on whether patient is taking seasonally or year-round
 - Limitations:
 - MDD 1.0
- **Annual Renewal:**
 - Determine compliance via fill history. If not compliant, initiate discussion with provider to determine appropriateness of continuation of therapy
 - If approved, approval duration above applies