



Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

DRUG POLICY

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

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

Oralair is an allergen extract indicated as immunotherapy for the treatment of grass pollen-induced allergic rhinitis with or without conjunctivitis confirmed by positive skin test or in vitro testing for pollen-specific IgE antibodies for any of the five grass species contained in this product. Oralair is approved for use in persons 10 through 65 years of age. Oralair is not indicated for the immediate relief of allergy symptoms.

POLICY

Initial Criteria for Approval

- I. Oralair will be covered with prior authorization when the following criteria are met:
 - Oralair is being prescribed for the treatment of grass pollen-induced allergic rhinitis
AND
 - The diagnosis has been confirmed by positive skin test or in vitro testing for pollen-specific IgE antibodies for any of the five grass species contained (Sweet Vernal, Orchard, Perennial Rye, Timothy, Kentucky Blue Grass) in Oralair.
AND

- The patient does not have any of the following: A) Severe, unstable or uncontrolled asthma, B) History of any severe systemic allergic reaction or any severe local reaction to sublingual allergen immunotherapy, C) History of eosinophilic esophagitis
AND
- The requested drug is being prescribed by or in consultation with an allergist/immunologist

Approval will be for 12 months.

Dosing and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- Code(s), if applicable

REFERENCES

- Oralair [package insert]. Lenoir, NC: GREER Laboratories, Inc.; December 2016.
- AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed March 2018.
- Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed March 2018.
- Agency for Healthcare Research and Quality. Allergen-Specific Immunotherapy for the Treatment of Allergic Rhinconjunctivitis and/or Asthma: Comparative Effectiveness Review. U.S. Department of Health and Human Services; 2013 <https://www.effectivehealthcare.ahrq.gov/topics/asthma-immunotherapy-2010/research>. Accessed March 2018.

POLICY HISTORY

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