



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

Tablet For Sublingual Use

ORALAIR® Coverage

ORALAIR® is reimbursed by the top US payors, representing more than 273 million covered lives

Select your state, district, or territory from the list below to view ORALAIR formulary information in your area. You can also find information on tier assignments, prior authorization requirements, and preferred Specialty Pharmacies for each plan. Please note that the plans listed are those with formal policies covering ORALAIR, and additional plans may reimburse ORALAIR. This list is subject to change as plans continue to make coverage determinations; please check with an individual's plan for the most up-to-date ORALAIR coverage information.

Please see ORALAIR Indications and Usage and Important Safety Information on page 76. Please see full Prescribing Information, including Boxed Warning and Medication Guide, on pages 77-89.

- ◀ Alabama
- ◀ Alaska
- ◀ Arizona
- ◀ Arkansas
- ◀ California
- ◀ Colorado
- ◀ Connecticut
- ◀ Delaware
- ◀ Florida
- ◀ Georgia
- ◀ Hawaii
- ◀ Idaho
- ◀ Illinois
- ◀ Indiana
- ◀ Iowa
- ◀ Kansas
- ◀ Kentucky
- ◀ Louisiana
- ◀ Maine
- ◀ Maryland
- ◀ Massachusetts
- ◀ Michigan
- ◀ Minnesota
- ◀ Mississippi
- ◀ Missouri
- ◀ Montana
- ◀ Nebraska
- ◀ Nevada
- ◀ New Hampshire
- ◀ New Jersey
- ◀ New Mexico
- ◀ New York
- ◀ North Carolina
- ◀ North Dakota
- ◀ Ohio
- ◀ Oklahoma
- ◀ Oregon
- ◀ Pennsylvania
- ◀ Rhode Island
- ◀ South Carolina
- ◀ South Dakota
- ◀ Tennessee
- ◀ Texas
- ◀ Utah
- ◀ Vermont
- ◀ Virginia
- ◀ Washington
- ◀ Washington, DC
- ◀ West Virginia
- ◀ Wisconsin
- ◀ Wyoming



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ORALAIR® Coverage

ALABAMA			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross and Blue Shield of Alabama	3	Yes	Prime Therapeutics
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

GREER® Rx AssistSM

For assistance with benefits investigations and specialty pharmacy ordering, fax the Specialty Pharmacy Enrollment and signed Patient Authorization forms to 844-708-0058.

Or, select the appropriate specialty pharmacy from the list below:

- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Publix
- Walgreens

ORALAIR® is covered by the majority of state Medicaid programs. Please note that only CVS Caremark and Walgreens Specialty Pharmacies accept Medicaid.

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ALASKA			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
LifeWise Health Plan	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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ARIZONA			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield of Arizona	3	Yes	BriovaRx
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Health Net	3	Yes	CVS Caremark, Walgreens
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens

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- Walgreens

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ORALAIR® Coverage

ARIZONA (CONT'D)

PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
ReStat	3	Yes	BriovaRx
The University of Arizona Health Plans	2	Yes	CVS Caremark, Walgreens
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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ORALAIR® Coverage

ARKANSAS			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Arkansas Blue Cross and Blue Shield	2	Yes	CVS Caremark
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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CALIFORNIA			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Blue Shield of California	3	No	CVS Caremark, Walgreens
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Health Net	3	Yes	CVS Caremark, Walgreens
Humana	3	Yes	CVS Caremark, Walgreens
Inland Empire Health Plan	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
L.A. Care Health Plan	3	Yes	CVS Caremark, Walgreens
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark

Continued on next page

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- Prime Therapeutics
- Walgreens

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CALIFORNIA (CONT'D)			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
Sharp Health Plan	3	No	CVS Caremark, Walgreens
Stanford Healthcare	3	Yes	
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens
Western Health Advantage	3	No	CVS Caremark, Walgreens

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COLORADO			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield National Drug List	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
Rocky Mountain Health Plans	3	Yes	CVS Caremark
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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CONNECTICUT			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield National Drug List	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
ConnectiCare	3	Yes	CVS Caremark, Walgreens
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
HealthyCT	3	Yes	CVS Caremark, Walgreens
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser

Continued on next page

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CONNECTICUT (CONT'D)			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
MVP Health Care	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Oxford Health Plans	3	Yes	OptumRx
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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DELAWARE			
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Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Highmark Blue Cross Blue Shield	3	Yes	CVS Caremark, Walgreens
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Oxford Health Plans	3	Yes	OptumRx
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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FLORIDA			
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Aetna	3	Yes	CVS Caremark, Walgreens
Amerigroup	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Blue Cross and Blue Shield of Florida	3	Yes	Prime Therapeutics
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
GatorCare	3	Yes	CVS Caremark, Walgreens
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser

Continued on next page

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ORALAIR® Coverage

FLORIDA (CONT'D)

PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

GREER® Rx AssistSM

For assistance with benefits investigations and specialty pharmacy ordering, fax the Specialty Pharmacy Enrollment and signed Patient Authorization forms to 844-708-0058.

Or, select the appropriate specialty pharmacy from the list below:

- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Publix
- Walgreens

ORALAIR® is covered by the majority of state Medicaid programs. Please note that only CVS Caremark and Walgreens Specialty Pharmacies accept Medicaid.

Payor and health plan names are listed for information purposes only. Their inclusion on this list is not intended to imply recommendations or endorsements of any specific payors or health plans.

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PA, prior authorization.

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ORALAIR® Coverage

GEORGIA			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Amerigroup	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
BlueCross BlueShield Healthcare Plan of Georgia	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark

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- OptumRx
- Prime Therapeutics
- Publix
- Walgreens

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

Tablet For Sublingual Use

ORALAIR® Coverage

GEORGIA (CONT'D)

PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens
University System of Georgia	2	No	CVS Caremark

GREER® Rx AssistSM

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- OptumRx
- Prime Therapeutics
- Publix
- Walgreens

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Mixed Pollens Allergen Extract)

Tablet For Sublingual Use

ORALAIR® Coverage

HAWAII			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Blue Cross Blue Shield of Hawaii	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Hawaii Medical Service Association	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

GREER® Rx AssistSM

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Or, select the appropriate specialty pharmacy from the list below:

- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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Tablet For Sublingual Use

ORALAIR® Coverage

IDAHO			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Group Health	3	No	CVS Caremark, Walgreens
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
PacificSource Health Plans	3	Yes	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

GREER® Rx AssistSM

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- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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(Sweet Vernal, Orchard, Perennial Rye,
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Tablet For Sublingual Use

ORALAIR® Coverage

ILLINOIS			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
BlueCross BlueShield of Illinois	4	Yes	Prime Therapeutics
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Health Alliance	2	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
Mercycare Health Plans	3	Yes	
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

GREER® Rx AssistSM

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Or, select the appropriate specialty pharmacy from the list below:

- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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(Sweet Vernal, Orchard, Perennial Rye,
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Tablet For Sublingual Use

ORALAIR® Coverage

INDIANA			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield National Drug List	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Indiana University Health	3	Yes	
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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- OptumRx
- Prime Therapeutics
- Walgreens

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Tablet For Sublingual Use

ORALAIR® Coverage

IOWA			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Gundersen Health Plan	3	Yes	CVS Caremark, Walgreens
Health Alliance	2	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens
Wellmark Blue Cross and Blue Shield	2	Yes	

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- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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Tablet For Sublingual Use

ORALAIR® Coverage

KANSAS			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Amerigroup	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Blue Cross and Blue Shield of Kansas	3	Yes	Prime Therapeutics
Blue Cross and Blue Shield of Kansas City	3	Yes	CVS Caremark, Walgreens
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark

Continued on next page

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

Tablet For Sublingual Use

ORALAIR® Coverage

KANSAS (CONT'D)			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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- OptumRx
- Prime Therapeutics
- Walgreens

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Tablet For Sublingual Use

ORALAIR® Coverage

KENTUCKY			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield National Drug List	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Bluegrass Family Health	4	Yes	CVS Caremark, Walgreens
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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- OptumRx
- Prime Therapeutics
- Walgreens

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Tablet For Sublingual Use

ORALAIR® Coverage

LOUISIANA			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Amerigroup	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Blue Cross and Blue Shield of Louisiana	3	Yes	CVS Caremark, Walgreens
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
HMO Louisiana, Inc (a subsidiary of Blue Cross and Blue Shield of Louisiana)	3	No	CVS Caremark, Walgreens
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser

Continued on next page

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- OptumRx
- Prime Therapeutics
- Walgreens

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ORALAIR® Coverage

LOUISIANA (CONT'D)			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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- OptumRx
- Prime Therapeutics
- Walgreens

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Timothy, and Kentucky Blue Grass
Mixed Pollens Allergen Extract)

Tablet For Sublingual Use

ORALAIR® Coverage

MAINE			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield (Maine Municipal Employees Health Trust)	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield National Drug List	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

GREER® Rx AssistSM

For assistance with benefits investigations and specialty pharmacy ordering, fax the Specialty Pharmacy Enrollment and signed Patient Authorization forms to 844-708-0058.

Or, select the appropriate specialty pharmacy from the list below:

- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

ORALAIR® is covered by the majority of state Medicaid programs. Please note that only CVS Caremark and Walgreens Specialty Pharmacies accept Medicaid.

Payor and health plan names are listed for information purposes only. Their inclusion on this list is not intended to imply recommendations or endorsements of any specific payors or health plans.

Patients should be urged to check with their payors or health plans about ORALAIR coverage.

PA, prior authorization.

Please see ORALAIR Indications and Usage and Important Safety Information on page 76.

Please see full Prescribing Information, including Boxed Warning and Medication Guide, on pages 77-89.



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

Tablet For Sublingual Use

ORALAIR® Coverage

MARYLAND			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
CareFirst BlueCross BlueShield	3	No	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
MedStar Health Insurance	3	Yes	CVS Caremark, Walgreens

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GREER® Rx AssistSM

For assistance with benefits investigations and specialty pharmacy ordering, fax the Specialty Pharmacy Enrollment and signed Patient Authorization forms to 844-708-0058.

Or, select the appropriate specialty pharmacy from the list below:

- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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(Sweet Vernal, Orchard, Perennial Rye,
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Mixed Pollens Allergen Extract)

Tablet For Sublingual Use

ORALAIR® Coverage

MARYLAND (CONT'D)

PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
Priority Partners	3	Yes	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

GREER® Rx AssistSM

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Or, select the appropriate specialty pharmacy from the list below:

- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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

Tablet For Sublingual Use

ORALAIR® Coverage

MASSACHUSETTS			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Amerigroup	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Blue Cross Blue Shield of Massachusetts	3	Yes	CVS Caremark, Walgreens
BMC HealthNet Plan	2	Yes	CVS Caremark, Walgreens
Caremark	2	Yes	CVS Caremark
ConnectiCare	3	Yes	CVS Caremark, Walgreens
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
Fallon Community Health Plan	3	Yes	CVS Caremark
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Harvard Pilgrim Health Care	3	Yes	CVS Caremark, Walgreens
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
Minuteman Health	3	Yes	CVS Caremark, Walgreens

Continued on next page

GREER® Rx AssistSM

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Or, select the appropriate specialty pharmacy from the list below:

- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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ORALAIR® Coverage

MASSACHUSETTS (CONT'D)			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Tufts Health Plan	2	Yes	CVS Caremark
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

GREER® Rx AssistSM

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- OptumRx
- Prime Therapeutics
- Walgreens

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

Tablet For Sublingual Use

ORALAIR® Coverage

MICHIGAN			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Blue Cross Blue Shield of Michigan	3	Yes	CVS Caremark, Walgreens
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
HealthPlus	3	Yes	Walgreens
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser

Continued on next page

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- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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Tablet For Sublingual Use

ORALAIR® Coverage

MICHIGAN (CONT'D)

PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
Priority Health	3	Yes	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
State of Michigan Employees and Retirees (MedImpact)	3	No	CVS Caremark, Walgreens
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens
University of Michigan	2	Yes	CVS Caremark, Walgreens

GREER® Rx AssistSM

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- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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(Sweet Vernal, Orchard, Perennial Rye,
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ORALAIR® Coverage

MINNESOTA			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Gundersen Health Plan	3	Yes	CVS Caremark, Walgreens
HealthPartners	3	Yes	CVS Caremark, Walgreens
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser

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GREER® Rx AssistSM

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- OptumRx
- Prime Therapeutics
- Walgreens

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(Sweet Vernal, Orchard, Perennial Rye,
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Tablet For Sublingual Use

ORALAIR® Coverage

MINNESOTA (CONT'D)

PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Magellan Health	3	Yes	CVS Caremark, Walgreens
Medica	3	No	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

GREER® Rx AssistSM

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- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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(Sweet Vernal, Orchard, Perennial Rye,
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Tablet For Sublingual Use

ORALAIR® Coverage

MISSISSIPPI			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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- CVS Caremark
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- OptumRx
- Prime Therapeutics
- Walgreens

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Tablet For Sublingual Use

ORALAIR® Coverage

MISSOURI			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield National Drug List	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Blue Cross and Blue Shield of Kansas City	3	Yes	CVS Caremark, Walgreens
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens

Continued on next page

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- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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Tablet For Sublingual Use

ORALAIR® Coverage

MISSOURI (CONT'D)

PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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Or, select the appropriate specialty pharmacy from the list below:

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- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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Tablet For Sublingual Use

ORALAIR® Coverage

MONTANA			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Blue Cross and Blue Shield of Montana	3	Yes	Prime Therapeutics
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
PacificSource Health Plans	3	Yes	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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Or, select the appropriate specialty pharmacy from the list below:

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- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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ORALAIR® Coverage

NEBRASKA			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Blue Cross and Blue Shield of Nebraska	3	No	Prime Therapeutics
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Health Alliance	2	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

GREER® Rx AssistSM

For assistance with benefits investigations and specialty pharmacy ordering, fax the Specialty Pharmacy Enrollment and signed Patient Authorization forms to 844-708-0058.

Or, select the appropriate specialty pharmacy from the list below:

- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

ORALAIR® is covered by the majority of state Medicaid programs. Please note that only CVS Caremark and Walgreens Specialty Pharmacies accept Medicaid.

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PA, prior authorization.

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Mixed Pollens Allergen Extract)

Tablet For Sublingual Use

ORALAIR® Coverage

NEVADA			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Amerigroup	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield National Drug List	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Health Plan of Nevada	3	Yes	OptumRx
Health Net	3	Yes	CVS Caremark, Walgreens
Hometown Health	3	Yes	
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser

Continued on next page

GREER® Rx AssistSM

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- OptumRx
- Prime Therapeutics
- Walgreens

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ORALAIR® Coverage

NEVADA (CONT'D)			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
Sierra Health and Life	3	Yes	OptumRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

GREER® Rx AssistSM

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- OptumRx
- Prime Therapeutics
- Walgreens

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ORALAIR® Coverage

NEW HAMPSHIRE			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield National Drug List	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
Minuteman Health	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

GREER® Rx AssistSM

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Or, select the appropriate specialty pharmacy from the list below:

- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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ORALAIR® Coverage

NEW JERSEY			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Amerigroup	3	Yes	CVS Caremark, Walgreens
AmeriHealth	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Horizon Blue Cross Blue Shield of New Jersey	3	Yes	CVS Caremark, Prime Therapeutics, Walgreens
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser

Continued on next page

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- OptumRx
- Prime Therapeutics
- Walgreens

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ORALAIR® Coverage

NEW JERSEY (CONT'D)			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Oxford Health Plans	3	Yes	OptumRx
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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ORALAIR® Coverage

NEW MEXICO			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Amerigroup	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Blue Cross and Blue Shield of New Mexico	3	Yes	Prime Therapeutics
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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- Prime Therapeutics
- Walgreens

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ORALAIR® Coverage

NEW YORK			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Amerigroup	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
BlueCross BlueShield of Western New York	3	Yes	CVS Caremark
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Blue Shield of Northeastern New York	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Empire Blue Cross Blue Shield	3	Yes	CVS Caremark, Walgreens
Excellus BlueCross BlueShield	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Healthfirst	2	No	CVS Caremark
HealthNow New York	3	Yes	CVS Caremark
Hudson Health Plan	3	Yes	Acro, AllCare Plus, BriovaRx, CVS Caremark, OptumRx, Prime Therapeutics, Walgreens
Humana	3	Yes	CVS Caremark, Walgreens
Independent Health	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser

Continued on next page

GREER® Rx AssistSM

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- OptumRx
- Prime Therapeutics
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Mixed Pollens Allergen Extract)

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ORALAIR® Coverage

NEW YORK (CONT'D)			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
MVP Health Care	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Oxford Health Plans	3	Yes	OptumRx
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens
Univera Healthcare	3	Yes	Walgreens
VNSNY CHOICE SelectHealth	2	Yes	

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- Walgreens

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ORALAIR® Coverage

NORTH CAROLINA			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Blue Cross and Blue Shield of North Carolina	3	Yes	Prime Therapeutics
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FirstCarolinaCare	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser

Continued on next page

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- Walgreens

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ORALAIR® Coverage

NORTH CAROLINA (CONT'D)			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
North Carolina State Health Plan for Teachers and State Employees	3	Yes	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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(Sweet Vernal, Orchard, Perennial Rye,
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ORALAIR® Coverage

NORTH DAKOTA			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Blue Cross Blue Shield of North Dakota	3	Yes	Prime Therapeutics
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
Medica	3	No	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens
Wellmark Blue Cross and Blue Shield	2	Yes	

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Or, select the appropriate specialty pharmacy from the list below:

- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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Tablet For Sublingual Use

ORALAIR® Coverage

OHIO			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield National Drug List	3	Yes	CVS Caremark, Walgreens
Apex Health Solutions	3	No	CVS Caremark
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Buckeye Community Health Plan	3	Yes	Walgreens
Caremark	2	Yes	CVS Caremark
Cleveland Clinic Employee and Retiree Health Plans	3	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Health Span	4	No	CVS Caremark, Walgreens
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser

Continued on next page

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- Walgreens

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ORALAIR® Coverage

OHIO (CONT'D)			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Magellan Health	3	Yes	CVS Caremark, Walgreens
Medical Mutual of Ohio	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
OhioHealth Group	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
SignatureScripts	2	No	CVS Caremark, Walgreens
SummaCare	3	No	CVS Caremark, Walgreens
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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Or, select the appropriate specialty pharmacy from the list below:

- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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PA, prior authorization.

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Timothy, and Kentucky Blue Grass
Mixed Pollens Allergen Extract)

Tablet For Sublingual Use

ORALAIR® Coverage

OKLAHOMA			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Blue Cross and Blue Shield of Oklahoma	3	Yes	Prime Therapeutics
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

GREER® Rx AssistSM

For assistance with benefits investigations and specialty pharmacy ordering, fax the Specialty Pharmacy Enrollment and signed Patient Authorization forms to 844-708-0058.

Or, select the appropriate specialty pharmacy from the list below:

- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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ORALAIR® Coverage

OREGON			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
AllCare	3	No	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Health Net	3	Yes	CVS Caremark, Walgreens
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
LifeWise Health Plan	3	Yes	CVS Caremark, Walgreens
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens

Continued on next page

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- Walgreens

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ORALAIR® Coverage

OREGON (CONT'D)			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
PacificSource Health Plans	3	Yes	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
Providence Health Plan	3	Yes	Walgreens
Regence BlueCross BlueShield of Oregon	4	Yes	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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ORALAIR® Coverage

PENNSYLVANIA			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
AmeriHealth	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Blue Cross of Northeastern Pennsylvania	3	Yes	CVS Caremark
Capital BlueCross	3	Yes	Acro
Caremark	2	Yes	CVS Caremark
CareSource	3	Yes	CVS Caremark, Walgreens
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
Geisinger Health Plan	3	Yes	CVS Caremark, Walgreens
General Electric	3	Yes	CVS Caremark
Highmark Blue Cross Blue Shield	3	Yes	CVS Caremark, Walgreens
Humana	3	Yes	CVS Caremark, Walgreens
Independence Blue Cross of PA	3	Yes	CVS Caremark, Walgreens
Inter-County Health Plan (ICHP)	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
UPMC Health Plan	3	Yes	

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- Prime Therapeutics
- Walgreens

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ORALAIR® Coverage

PENNSYLVANIA (CONT'D)			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Oxford Health Plans	3	Yes	OptumRx
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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- OptumRx
- Prime Therapeutics
- Walgreens

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ORALAIR® Coverage

RHODE ISLAND			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Blue Cross and Blue Shield of Rhode Island	3	No	Walgreens
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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Or, select the appropriate specialty pharmacy from the list below:

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- OptumRx
- Prime Therapeutics
- Walgreens

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ORALAIR® Coverage

SOUTH CAROLINA			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
BlueCross BlueShield of South Carolina	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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ORALAIR® Coverage

SOUTH DAKOTA			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Avera Health Plans	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
DAKOTACARE	2	Yes	Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens

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- Walgreens

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ORALAIR® Coverage

SOUTH DAKOTA (CONT'D)			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
Medica	3	No	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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ORALAIR® Coverage

TENNESSEE			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Amerigroup	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
BlueCross BlueShield of Tennessee	3	Yes	BriovaRx, CVS Caremark
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	BriovaRx, CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens

Continued on next page

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- OptumRx
- Prime Therapeutics
- Publix
- Walgreens

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ORALAIR® Coverage

TENNESSEE (CONT'D)			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
Regence BlueCross BlueShield of Utah	4	Yes	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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- OptumRx
- Prime Therapeutics
- Publix
- Walgreens

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ORALAIR® Coverage

TEXAS			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Amerigroup	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Blue Cross and Blue Shield of Texas	3 or 4	Yes	Prime Therapeutics
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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- OptumRx
- Prime Therapeutics
- Walgreens

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ORALAIR® Coverage

UTAH			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
Regence BlueCross BlueShield of Utah	4	Yes	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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- OptumRx
- Prime Therapeutics
- Walgreens

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Patients should be urged to check with their payors or health plans about ORALAIR coverage.

PA, prior authorization.

**Please see ORALAIR Indications and Usage and Important Safety Information on page 76.
Please see full Prescribing Information, including Boxed Warning and Medication Guide,
on pages 77-89.**



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

Tablet For Sublingual Use

ORALAIR® Coverage

VERMONT			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

GREER® Rx AssistSM

For assistance with benefits investigations and specialty pharmacy ordering, fax the Specialty Pharmacy Enrollment and signed Patient Authorization forms to 844-708-0058.

Or, select the appropriate specialty pharmacy from the list below:

- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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ORALAIR® Coverage

VIRGINIA			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross Blue Shield Key Advantage	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield National Drug List	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Optima Health	4	Yes	Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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Or, select the appropriate specialty pharmacy from the list below:

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- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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

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ORALAIR® Coverage

WASHINGTON			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Amerigroup	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Community Health Plan of Washington	3	No	CVS Caremark, Walgreens
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Group Health	3	No	CVS Caremark, Walgreens
Health Alliance	2	Yes	CVS Caremark
Health Net	3	Yes	CVS Caremark, Walgreens
Humana	2	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
LifeWise Health Plan	3	Yes	CVS Caremark, Walgreens

Continued on next page

GREER® Rx AssistSM

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- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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ORALAIR® Coverage

WASHINGTON (CONT'D)			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
Premera Blue Cross	3	Yes	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
Providence Health Plan	3	Yes	Walgreens
Regence BlueShield	4	Yes	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

GREER® Rx AssistSM

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Or, select the appropriate specialty pharmacy from the list below:

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- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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ORALAIR® Coverage

WASHINGTON, DC			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	2	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4 (Exclusive)	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
MedStar Health Insurance	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3 (Exclusive)	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3 (Preferred)	No	CVS Caremark, Walgreens
ReStat	3 (Preferred)	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

GREER® Rx AssistSM

For assistance with benefits investigations and specialty pharmacy ordering, fax the Specialty Pharmacy Enrollment and signed Patient Authorization forms to 844-708-0058.

Or, select the appropriate specialty pharmacy from the list below:

- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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PA, prior authorization.

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Tablet For Sublingual Use

ORALAIR® Coverage

WEST VIRGINIA			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
AmeriHealth	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Highmark Blue Cross Blue Shield West Virginia	3	Yes	CVS Caremark, Walgreens
Humana	3	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens
West Virginia Public Employees Insurance	2SP	No	CVS Caremark

GREER® Rx AssistSM

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Or, select the appropriate specialty pharmacy from the list below:

- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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ORALAIR® Coverage

WISCONSIN			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield	3	Yes	CVS Caremark, Walgreens
Anthem Blue Cross and Blue Shield National Drug List	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Dean Health Plan	3	No	CVS Caremark
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Gundersen Health Plan	3	Yes	CVS Caremark, Walgreens
Humana	2	Yes	CVS Caremark, Walgreens

Continued on next page

GREER® Rx AssistSM

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Or, select the appropriate specialty pharmacy from the list below:

- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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(Sweet Vernal, Orchard, Perennial Rye,
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Mixed Pollens Allergen Extract)

Tablet For Sublingual Use

ORALAIR® Coverage

WISCONSIN (CONT'D)			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
Medica	3	No	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
Mercycare Health Plans	3	Yes	
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
Physicians Plus Insurance	3	Yes	CVS Caremark
Prevea360 Health Plan	3	Yes	
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens
Unity Health Insurance	2	Yes	CVS Caremark, Walgreens

GREER® Rx AssistSM

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Or, select the appropriate specialty pharmacy from the list below:

- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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ORALAIR® Coverage

WYOMING			
PAYOR/PLAN NAME	TIER	PA REQUIRED	PAYOR PREFERRED SPECIALTY PHARMACY
Aetna	3	Yes	CVS Caremark, Walgreens
Assurant Health	3	Yes	CVS Caremark, Walgreens
Blue Cross Blue Shield Federal Employee Program	3	Yes	CVS Caremark
Caremark	2	Yes	CVS Caremark
Coventry Health Care	3	Yes	CVS Caremark, Walgreens
Express Scripts	3	Yes	CVS Caremark, Walgreens
FutureScripts	3	Yes	BriovaRx
GEHA	3	Yes	CVS Caremark
General Electric	3	Yes	CVS Caremark
Humana	2	Yes	CVS Caremark, Walgreens
Kaiser Permanente	4	No	Kaiser
Magellan Health	3	Yes	CVS Caremark, Walgreens
MedImpact	3	Yes	CVS Caremark, Walgreens
National Association of Letter Carriers	3	No	CVS Caremark
National Pharmaceutical Services	2	No	CVS Caremark, Walgreens
Partners Rx	3	No	CVS Caremark, Walgreens
ProCare Rx	3	No	CVS Caremark, Walgreens
ReStat	3	Yes	BriovaRx
TRICARE	2	No	CVS Caremark, Walgreens
Union Pacific Railroad Employees Health Systems	3	Yes	CVS Caremark, Walgreens
UnitedHealthcare	3	Yes	OptumRx, Walgreens

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Or, select the appropriate specialty pharmacy from the list below:

- CVS Caremark
- Duane Reade
- OptumRx
- Prime Therapeutics
- Walgreens

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Payor and health plan names are listed for information purposes only. Their inclusion on this list is not intended to imply recommendations or endorsements of any specific payors or health plans.

Patients should be urged to check with their payors or health plans about ORALAIR coverage.

PA, prior authorization.

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Indications and Usage

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 5 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.

Important Safety Information

WARNING: SEVERE ALLERGIC REACTIONS

- **ORALAIR can cause life-threatening allergic reactions such as anaphylaxis and severe laryngopharyngeal edema.**
- **Do not administer ORALAIR to patients with severe, unstable or uncontrolled asthma.**
- **Observe patients in the office for at least 30 minutes following the initial dose.**
- **Prescribe auto-injectable epinephrine, instruct and train patients on its appropriate use, and instruct patients to seek immediate medical care upon its use.**
- **ORALAIR may not be suitable for patients with certain underlying medical conditions that may reduce their ability to survive a serious allergic reaction.**
- **ORALAIR may not be suitable for patients who may be unresponsive to epinephrine or inhaled bronchodilators, such as those taking beta-blockers.**

ORALAIR is contraindicated in patients with severe, unstable or uncontrolled asthma, patients with a history of any severe systemic allergic reaction or severe local reaction to sublingual allergen immunotherapy or of eosinophilic esophagitis, or patients who are hypersensitive to any of the inactive ingredients.

ORALAIR can cause systemic allergic reactions, including anaphylaxis, and severe local reactions, including laryngopharyngeal swelling, which may be life-threatening. Severe and serious allergic reactions may require treatment with epinephrine. Patients who have a systemic allergic reaction to ORALAIR should stop taking the product. Eosinophilic esophagitis has been reported in association with sublingual tablet immunotherapy. Discontinue ORALAIR in patients with persistent symptoms of eosinophilic esophagitis, including dysphagia or chest pain. ORALAIR treatment should be withheld if the patient is experiencing an acute asthma exacerbation. Re-evaluate patients who have recurrent asthma exacerbations and consider discontinuation of ORALAIR. Concomitant dosing with other allergen immunotherapy may increase the likelihood of local or systemic adverse reactions to either subcutaneous or sublingual allergen immunotherapy.

In case of oral inflammation or wounds, such as following oral surgery or dental extraction, ORALAIR treatment should be discontinued to allow complete healing of the oral cavity. The risk of ORALAIR may be increased when treatment is initiated during the grass pollen season.

The most common adverse events reported in $\geq 5\%$ of patients were oral pruritus, throat irritation, ear pruritus, mouth edema, tongue pruritus, cough, and oropharyngeal pain. Patients who have escalating or persistent local reactions to ORALAIR should be reevaluated and considered for discontinuation of ORALAIR.

ORALAIR should be used during pregnancy or breastfeeding only if clearly needed.

Please see full Prescribing Information, including Boxed Warning and Medication Guide, on pages 77-89.

Reference: Data on file. GREER Laboratories, Inc. 2016.

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use ORALAIR safely and effectively. See full prescribing information for ORALAIR.

ORALAIR® (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens Allergen Extract)
Tablet for Sublingual Use

Initial U.S. Approval: 2014

WARNING: SEVERE ALLERGIC REACTIONS

See full prescribing information for complete boxed warning

- ORALAIR can cause life-threatening allergic reactions such as anaphylaxis and severe laryngopharyngeal edema. (5.1)
- Do not administer ORALAIR to patients with severe, unstable or uncontrolled asthma. (4)
- Observe patients in the office for at least 30 minutes following the initial dose. (5.1)
- Prescribe auto-injectable epinephrine, instruct and train patients on its appropriate use, and instruct patients to seek immediate medical care upon its use. (5.2)
- ORALAIR may not be suitable for patients with certain underlying medical conditions that may reduce their ability to survive a serious allergic reaction. (5.2)
- ORALAIR may not be suitable for patients who may be unresponsive to epinephrine or inhaled bronchodilators, such as those taking beta-blockers. (5.2)

RECENT MAJOR CHANGES

Contraindications (4) 10/2014
Warnings and Precautions, Eosinophilic Esophagitis (5.3) 10/2014

INDICATIONS AND USAGE

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.

DOSAGE AND ADMINISTRATION

For sublingual use only.

Age (years)	Dose		
	Day 1	Day 2	Day 3 and following
10-17	100 IR	2x 100 IR	300 IR
18-65	300 IR	300 IR	300 IR

- Initiate treatment 4 months before the expected onset of each grass pollen season and continue treatment throughout the season. (2.2)
- Place the tablet under the tongue for at least 1 minute, until complete dissolution and then swallow. (2.2)
- Administer the first dose of ORALAIR under the supervision of a physician with experience in the diagnosis and treatment of severe allergic reactions. Observe the patient for at least 30 minutes. (2.1)

DOSAGE FORMS AND STRENGTHS

- Tablets, 100 IR and 300 IR (3)

CONTRAINDICATIONS

- Severe, unstable or uncontrolled asthma (4)
- History of any severe systemic allergic reaction or any severe local reaction to sublingual allergen immunotherapy (4)
- A history of eosinophilic esophagitis (4)
- Hypersensitivity to any of the inactive ingredients contained in this product (4)

WARNINGS AND PRECAUTIONS

- Inform patients of the signs and symptoms of severe allergic reactions and instruct them to seek immediate medical care and discontinue therapy should any of these occur. (5.1)
- In case of oral inflammation or wounds, stop treatment with ORALAIR to allow complete healing of the oral cavity. (5.5)

ADVERSE REACTIONS

Adverse reactions reported in $\geq 5\%$ of patients were: oral pruritus, throat irritation, ear pruritus, mouth edema, tongue pruritus, cough, oropharyngeal pain (6)

To report SUSPECTED ADVERSE REACTIONS, contact Stallergenes at 1-855-274-1322 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch

See 17 for Patient Counseling Information and FDA-approved Medication Guide

FULL PRESCRIBING INFORMATION: CONTENTS*

WARNING: SEVERE ALLERGIC REACTIONS

1 INDICATIONS AND USAGE

2 DOSAGE AND ADMINISTRATION

2.1 Dose

2.2 Administration

3 DOSAGE FORMS AND STRENGTHS

4 CONTRAINDICATIONS

5 WARNINGS AND PRECAUTIONS

5.1 Severe Allergic Reactions

5.2 Epinephrine

5.3 Eosinophilic Esophagitis

5.4 Asthma

5.5 Concomitant Allergen Immunotherapy

5.6 Oral Inflammation

5.7 Initiation of ORALAIR Therapy during Grass Pollen Season

6 ADVERSE REACTIONS

6.1 Clinical Trials Experience

6.2 Postmarketing Experience

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

8.2 Labor and Delivery

8.3 Nursing Mothers

8.4 Pediatric Use

8.5 Geriatric Use

11 DESCRIPTION

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

14 CLINICAL STUDIES

16 HOW SUPPLIED/STORAGE AND HANDLING

17 PATIENT COUNSELING INFORMATION

*Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

WARNING: SEVERE ALLERGIC REACTIONS

- **ORALAIR can cause life-threatening allergic reactions such as anaphylaxis and severe laryngopharyngeal restriction. (5.1)**
- **Do not administer ORALAIR to patients with severe, unstable or uncontrolled asthma. (4)**
- **Observe patients in the office for at least 30 minutes following the initial dose. (5.1)**
- **Prescribe auto-injectable epinephrine, instruct and train patients on its appropriate use, and instruct patients to seek immediate medical care upon its use. (5.2)**
- **ORALAIR may not be suitable for patients with certain underlying medical conditions that may reduce their ability to survive a serious allergic reaction.(5.2)**
- **ORALAIR may not be suitable for patients who may be unresponsive to epinephrine or inhaled bronchodilators, such as those taking beta-blockers. (5.2)**

1 INDICATIONS AND USAGE

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.

2 DOSAGE AND ADMINISTRATION

For sublingual use only.

2.1 Dose

For adults 18 through 65 years of age, the dose is 300 IR (index of reactivity) daily. For children and adolescents 10 through 17 years of age, the dose is increased over the first three days as shown in Table 1.

Table 1. Dosage for Adults and Children for the Days 1-3 (and following)

Age (years)	Dose		
	Day 1	Day 2	Day 3 and following
10-17	100 IR	2x 100 IR	300 IR
18-65	300 IR	300 IR	300 IR

2.2 Administration

Administer the first dose of ORALAIR in a healthcare setting in which acute allergic reactions can be treated under the supervision of a physician with experience in the diagnosis and treatment of severe allergic reactions. After receiving the first dose of ORALAIR, observe the patient for at least 30 minutes to monitor for signs or symptoms of a severe systemic or a severe local allergic reaction. If the patient tolerates the first dose, the patient may take subsequent doses at home.

Administer ORALAIR to children under adult supervision.

Remove the ORALAIR tablet from the blister just prior to dosing.

Place the ORALAIR tablet immediately under the tongue until complete dissolution for at least 1 minute before swallowing.

Wash hands after handling the ORALAIR tablet.

Do not take the ORALAIR tablet with food or beverage. To avoid swallowing allergen extract, food or beverage should not be taken for 5 minutes following dissolution of the tablet.

Initiate treatment 4 months before the expected onset of each grass pollen season and maintain it throughout the grass pollen season.

Data regarding the safety of starting treatment during the pollen season or restarting treatment after missing a dose of ORALAIR are not available.

It is recommended that auto-injectable epinephrine be made available to patients prescribed ORALAIR. Patients who are prescribed epinephrine while receiving immunotherapy should be instructed in the proper use of emergency self-injection of epinephrine [*See Warnings and Precautions (5.2)*].

3 DOSAGE FORMS AND STRENGTHS

ORALAIR tablets are available as follows:

- ORALAIR 100 IR tablets are round and biconvex, slightly speckled white to beige with “100” engraved on both sides
- ORALAIR 300 IR tablets are round and biconvex, slightly speckled white to beige with “300” engraved on both sides

4 CONTRAINDICATIONS

ORALAIR is contraindicated in patients with:

- Severe, unstable or uncontrolled asthma
- History of any severe systemic allergic reaction
- History of any severe local reaction to sublingual allergen immunotherapy
- A history of eosinophilic esophagitis
- Hypersensitivity to any of the inactive ingredients (mannitol, microcrystalline cellulose, croscarmellose sodium, colloidal anhydrous silica, magnesium stearate and lactose monohydrate) contained in this product [*see Description (11)*]

5 WARNINGS AND PRECAUTIONS

5.1 Severe Allergic Reactions

ORALAIR can cause systemic allergic reactions including anaphylaxis which may be life-threatening. In addition, ORALAIR can cause severe local reactions, including laryngopharyngeal swelling, which can compromise breathing and be life-threatening.

Patients who have a systemic allergic reaction to ORALAIR should stop taking ORALAIR.

Patients who have either escalating or persistent local reactions to ORALAIR should be reevaluated and considered for discontinuation of ORALAIR.

Administer the initial dose of ORALAIR in a healthcare setting under the supervision of a physician prepared to manage a severe systemic or a severe local allergic reaction. Observe patients in the office for at least 30 minutes following the initial dose of ORALAIR.

Severe and serious allergic reactions may require treatment with epinephrine [*See Warnings and Precautions (5.2)*].

5.2 Epinephrine

Prescribe auto-injectable epinephrine to patients receiving ORALAIR. Instruct patients to recognize the signs and symptoms of a severe allergic reaction and in the proper use of emergency self-injection of epinephrine, and instruct patients to seek immediate medical care upon its use [*See Patient Counseling Information (17)*].

ORALAIR may not be suitable for patients with certain medical conditions that may reduce the ability to survive a serious allergic reaction or increase the risk of adverse reactions after epinephrine administration. Examples of these medical conditions include but are not limited to: markedly compromised lung function (either chronic or acute), unstable angina, recent myocardial infarction, significant arrhythmia, and uncontrolled hypertension.

ORALAIR may not be suitable for patients who are taking medications that can potentiate or inhibit the effect of epinephrine. These medications include:

Beta-adrenergic blockers: Patients taking beta-adrenergic blockers may be unresponsive to the usual doses of epinephrine used to treat serious systemic reactions, including anaphylaxis. Specifically, beta-adrenergic blockers antagonize the cardiostimulating and bronchodilating effects of epinephrine.

Alpha-adrenergic blockers, ergot alkaloids: Patients taking alpha-adrenergic blockers may be unresponsive to the usual doses of epinephrine used to treat serious systemic reactions, including anaphylaxis. Specifically, alpha-adrenergic blockers antagonize the vasoconstricting and hypertensive effects of epinephrine. Similarly, ergot alkaloids may reverse the pressor effects of epinephrine.

Tricyclic antidepressants, levothyroxine sodium, monoamine oxidase inhibitors and certain antihistamines: The adverse effects of epinephrine may be potentiated in patients taking tricyclic antidepressants, levothyroxine sodium, monoamine oxidase inhibitors, and the antihistamines chlorpheniramine, and diphenhydramine.

Cardiac glycosides, diuretics: Patients who receive epinephrine while taking cardiac glycosides or diuretics should be observed carefully for the development of cardiac arrhythmias.

5.3 Eosinophilic Esophagitis

Eosinophilic esophagitis has been reported in association with sublingual tablet immunotherapy [*see Contraindications (4) and Adverse Reactions (6.2)*]. Discontinue ORALAIR and consider a diagnosis of eosinophilic esophagitis in patients who experience severe or persistent gastro-esophageal symptoms including dysphagia or chest pain.

5.4 Asthma

ORALAIR has not been studied in subjects with moderate or severe asthma or any subjects who required daily medication.

Immunotherapy with ORALAIR should be withheld if the patient is experiencing an acute asthma exacerbation. Reevaluate patients who have recurrent asthma exacerbations and consider discontinuation of ORALAIR.

5.5 Concomitant Allergen Immunotherapy

ORALAIR has not been studied in subjects receiving concomitant allergen immunotherapy. Concomitant dosing with other allergen immunotherapy may increase the likelihood of local or systemic adverse reactions to either subcutaneous or sublingual allergen immunotherapy.

5.6 Oral Inflammation

Stop treatment with ORALAIR to allow complete healing of the oral cavity in patients with oral inflammation (e.g., oral lichen planus, mouth ulcers or thrush) or oral wounds, such as those following oral surgery or dental extraction.

5.7 Initiation of ORALAIR Therapy during Grass Pollen Season

The risk of ORALAIR may be increased when treatment is initiated during the grass pollen season.

6 ADVERSE REACTIONS

Adverse reactions reported in $\geq 5\%$ of patients were: oral pruritus, throat irritation, ear pruritus, mouth edema, tongue pruritus, cough, oropharyngeal pain.

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rate observed in practice.

Adults

Overall, in 6 placebo-controlled clinical trials, 1,038 adults 18 through 65 years of age received at least one dose of ORALAIR 300IR, of whom 611 (59%) completed at least four months of therapy. Of study participants, 56% were male, 17% had a history of mild intermittent asthma at study entry, and 64% were polysensitized. Data on race and ethnicity were not systematically captured in the five European studies (N=805). In the US study (N=233), a limited number of patients reported their race as other than White/Caucasian (Black/African American: 5.6%, Asian: 2.6%, Other: 2.1%) or their ethnicity as Hispanic or Latino (3.0%). Adverse events were captured on a daily diary card that did not solicit for specific adverse events.

Across the six clinical studies, adverse reactions reported at an incidence of $\geq 2\%$ of ORALAIR recipients and at a greater incidence than that in participants treated with placebo are listed in Table 2.

Table 2. Adverse Reactions Reported by $\geq 2\%$ of Adults Receiving ORALAIR 300 IR and at a Greater Incidence than that in Participants Treated with Placebo

Adverse Reactions	ORALAIR 300 IR (N=1,038)	PLACEBO (N=840)
<i>Ear and labyrinth disorders</i>		
Ear pruritus	8.4%	0.6%
<i>Respiratory, thoracic and mediastinal disorders</i>		
Throat irritation	22.0%	3.7%
Cough	7.3%	5.9%
Oropharyngeal pain	5.1%	3.7%
Pharyngeal edema	3.8%	0.1%
<i>Gastrointestinal disorders</i>		
Oral pruritus	25.1%	5.0%
Edema mouth	8.2%	0.6%
Tongue pruritus	7.9%	0.7%
Lip edema	4.4%	0.4%
Paraesthesia oral	4.3%	1.0%
Abdominal pain	4.2%	1.3%
Dyspepsia	3.9%	0.4%
Tongue edema	2.7%	0.1%
Hypoaesthesia oral	2.2%	0.1%
Stomatitis	2.1%	0.7%
<i>Skin and subcutaneous tissue disorders</i>		
Urticaria	2.3%	1.5%

Additional adverse reactions of interest that occurred in <2% of ORALAIR recipients include dysphagia, nausea, vomiting, esophageal pain, gastritis, and gastroesophageal reflux.

Children and Adolescents

Overall, in placebo-controlled clinical trials, 154 children and adolescents 5 through 17 years of age received ORALAIR 300 IR, of whom 147 were exposed for more than 3 months. Of study participants, 66% were male, and 21% had a history of mild intermittent asthma at study entry. Data on race and ethnicity were not systematically captured.

The safety profile in the pediatric population, was generally similar to that of adults. In pediatric patients receiving ORALAIR, additional adverse reactions reported at an incidence of $\geq 2\%$ and at a greater incidence than that in participants treated with placebo are listed in Table 3.

Table 3. Additional Adverse Reactions Reported by $\geq 2\%$ of Children and Adolescents Receiving ORALAIR 300 IR and at a Greater Incidence than that in Participants Treated with Placebo

Adverse Reactions	ORALAIR 300 IR (N=154)	PLACEBO (N=158)
<i>Infections and infestations</i>		
Tonsillitis	5.8%	3.2%
Upper respiratory tract infection	3.9%	1.9%
<i>Respiratory, thoracic and mediastinal disorders</i>		
Asthma	7.1%	3.8%
Dysphonia	2.6%	1.3%
<i>Gastrointestinal disorders</i>		
Lip pruritus	3.2%	0.0%
<i>Skin and subcutaneous tissue disorders</i>		
Atopic dermatitis	3.2%	0.6%

Serious Adverse Reactions

At least 1 serious adverse event was reported in 22 of 1514 (1.5%) subjects who received ORALAIR at any dose, and 11 of 840 (1.1%) of placebo recipients. Of the 22 serious adverse events in the ORALAIR recipients, 2 were considered “definitely related” to ORALAIR.

The first subject was an adult who experienced a severe hypersensitivity reaction which began 5 minutes after administration of ORALAIR. The symptoms were violent coughing and marked dyspnea. The subject was treated with antihistamines, salbutamol and prednisolone and the reaction resolved without sequelae.

The second subject was an adult who experienced severe laryngeal edema. The subject was treated with prednisolone and event resolved without sequelae.

There was also one case of gastroenteritis with an onset on Day 93 of therapy that was possibly related to ORALAIR.

6.2 Postmarketing Experience

Post Marketing Safety Studies

A total of 1728 individuals (808 adults; 920 children 5 through 17 years of age) received ORALAIR in post marketing safety studies. Reported adverse reactions included: anaphylactic reaction, oral allergy syndrome, flushing, dyspnea, laryngeal edema, and diarrhea.

Spontaneous Postmarketing Reports

In addition to adverse reactions reported in clinical and post marketing safety studies, the following adverse reactions have been identified during post approval use of ORALAIR. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure: autoimmune thyroiditis, eosinophilic myocarditis, eosinophilic esophagitis, palpitations, tachycardia, hypotension, loss of consciousness, circulatory collapse, malaise, pallor, peripheral vascular disorder, stridor, angioedema, face edema, weight decreased, wheezing, exacerbation of asthma, chest discomfort, oropharyngeal paresthesia, oropharyngeal blistering, headache, dizziness, tinnitus, asthenia, somnolence, anxiety, rash, pruritus, salivary gland enlargement and/or hypersecretion, dry mouth, dry eye, influenza-like syndrome, lymphadenopathy, eosinophil count increased.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Pregnancy Category B: Reproductive and developmental toxicity studies performed in female rats and rabbits have revealed no evidence of harm to the fetus due to ORALAIR. In these studies, the effect of ORALAIR on embryo-fetal development was evaluated. Animals were administered 1000 IR/kg/day of ORALAIR by oral gavage on days 6-17 of gestation for rats, and days 6-18 of gestation for rabbits. A dose of 1000 IR/kg/day of ORALAIR corresponds to approximately 200 fold a human dose on an IR/kg/day basis. No adverse effects on embryo-fetal development were observed. There are, however, no adequate and well controlled studies in pregnant women. Because animal reproduction studies are not always

predictive of human response, ORALAIR should be used during pregnancy only if clearly needed.

Because systemic and local adverse reactions with immunotherapy may be poorly tolerated during pregnancy, ORALAIR should be used during pregnancy only if clearly needed.

8.2 Labor and Delivery

Safety and effectiveness of ORALAIR in labor and delivery have not been established.

8.3 Nursing Mothers

It is not known if ORALAIR is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when ORALAIR is administered to a nursing woman.

8.4 Pediatric Use

Efficacy and safety of ORALAIR have been established in children and adolescents 10 through 17 years of age. ORALAIR is not approved for use in children younger than 10 years of age because safety has not been established.

8.5 Geriatric Use

ORALAIR has not been studied in patients over 65 years of age.

11 DESCRIPTION

ORALAIR (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens Allergen Extract) is a mixed allergen extract of the following five pollens: Sweet Vernal (*Anthoxanthum odoratum L*), Orchard (*Dactylis glomerata L*), Perennial Rye (*Lolium perenne L*), Timothy (*Phleum pratense L*), and Kentucky Blue Grass (*Poa pratensis L*).

ORALAIR is available as a sublingual tablet in the following strengths:

- 100 IR (equivalent to approximately 3000 BAU (bioequivalent allergy units))
- 300 IR (equivalent to approximately 9000 BAU)

Inactive ingredients: mannitol, microcrystalline cellulose, croscarmellose sodium, colloidal anhydrous silica, magnesium stearate and lactose monohydrate.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

The mechanisms of action of allergen immunotherapy are not known.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

No carcinogenicity studies were conducted in animals. There was no evidence of mutagenic or clastogenic activity in response to ORALAIR in the *in vitro* bacterial mutagenesis assay and mouse lymphoma thymidine kinase cell assay or the *in vivo* bone marrow micronucleus and unscheduled DNA synthesis tests in rats.

No fertility study was conducted with ORALAIR.

14 CLINICAL STUDIES

The efficacy of ORALAIR for the treatment of grass pollen-induced allergic rhinoconjunctivitis was investigated in five double-blind, placebo-controlled clinical trials: four natural field studies and an environmental exposure chamber study.

The natural field studies included three trials, each conducted over a single season (two in adults and one in adolescents and children) and one five-year study (adults). Participants received ORALAIR or placebo daily for four months prior to grass pollen season and throughout grass pollen season.

Study participants reported at least a two grass pollen season history of rhinoconjunctivitis symptoms. For the European studies, subjects had a positive skin prick test to 5-grass pollen extract and positive *in vitro* testing for timothy grass-specific serum IgE. For the US study, subjects had a positive skin prick test to Timothy grass pollen extract.

With the exception of those with mild intermittent asthma, patients with asthma were excluded. Approximately 16% had asthma at baseline and 65% were polysensitized (i.e., sensitized to the 5-grass pollen allergen extract and at least one other unrelated allergen). Overall, the mean age of study participants was 28 years and 56% were male.

Natural Field Studies

In the natural field studies, efficacy of ORALAIR as immunotherapy to treat symptoms of allergic rhinoconjunctivitis due to the grass pollens included in ORALAIR was assessed via daily recording of symptoms and rescue medication use. The daily Combined Score (CS, range: 0-3) equally weights symptoms and rescue medication use. The daily Rhinoconjunctivitis Total Symptom Score (RTSS, range 0-18) is the total of the six individual symptom scores (sneezing, rhinorrhea, nasal pruritus, nasal congestion, ocular pruritus and watery eyes) each graded by participants on a 0 (no symptoms) to 3 (severe symptoms) scale. The daily Rescue Medication Score (RMS, range 0-3) grades the intake of rescue medication as 0 = absent, 1 = antihistamine, 2 = nasal corticosteroid, 3 = oral corticosteroid. In case of multiple medications, the higher

score is retained. Least Squares (LS) means are within-group means adjusted for the covariates in the statistical models (i.e., analyses of covariance for average scores and linear mixed models with repeated measures for daily scores). The Relative Difference is the LS mean difference between ORALAIR and Placebo divided by the LS mean of Placebo, expressed as a percentage.

US Study

In this study, 473 adults aged 18 through 65 years received ORALAIR or placebo, starting approximately four months prior to the expected onset of the grass-pollen season and continuing for the duration of the pollen season. The results of the analysis of the daily Combined Score (CS), daily Rhinoconjunctivitis Total Symptom Score (RTSS), and daily Rescue Medication Score (RMS) are summarized in Table 4.

Table 4. Daily Combined Score (CS), Daily Rhinoconjunctivitis Total Symptom Score (RTSS), and Daily Rescue Medication Score (RMS) during the Grass Pollen Period (US study)

Efficacy endpoint	ORALAIR (N=208) LS ^c Mean	Placebo (N=228) LS Mean	LS Mean Difference ORALAIR - Placebo	Relative Difference	
				Estimate	95% CI
Daily CS ^a	0.32	0.45	-0.13	-28.2%	[-43.4%;-13.0%]
Daily RTSS ^b	3.21	4.16	-0.95	-22.9%	[-38.2%;-7.5%]
Daily RMS ^b	0.11	0.20	-0.09	-46.5%	[-73.9%;-19.2%]

^a Primary efficacy analysis

^b Secondary efficacy analysis

^c LS: Least Squares

European Study

In this study, adults aged 18 to 45 years received one of 3 different doses of 5-grass pollen extract sublingual tablet or placebo. A total of 311 subjects received ORALAIR or placebo starting approximately 4 months prior to the expected onset of the grass pollen season and continuing for the duration of the grass pollen season. The results of the analysis of the daily CS, daily RTSS and daily RMS for ORALAIR (300 IR) are shown in Table 5.

Table 5. Daily Combined Score (CS), Daily Rhinoconjunctivitis Total Symptom Score (RTSS), and Daily Rescue Medication Score (RMS) during the Grass Pollen Period (European study)

Efficacy endpoint	ORALAIR (N=136) LS ^a Mean	Placebo (N=148) LS Mean	LS Mean Difference ORALAIR - Placebo	Relative Difference	
				Estimate	95% CI
Daily CS	0.50	0.70	-0.21	-29.6%	[-43.1%;-16.1%]
Daily RTSS	3.48	4.91	-1.44	-29.2%	[-43.4%;-15.1%]
Daily RMS	0.41	0.59	-0.18	-30.1%	[-49.5%;-10.6%]

^a LS: Least Squares

Long Term Study

In this study, adults received ORALAIR or placebo according to two different treatment regimens. A total of 426 subjects received ORALAIR or placebo starting approximately 4 months prior to the grass pollen season and continuing for the entire season. Subjects were treated for three consecutive grass pollen seasons (Year 1 to Year 3). The primary evaluation was the Year 3 pollen period. Participants then entered two years of immunotherapy-free follow-up (Year 4 and Year 5). The results of the analysis of the daily Combined Score for ORALAIR (4M) for treatment Years 1-3 are summarized in Table 6. Data are insufficient to demonstrate efficacy for one or two years after discontinuation of ORALAIR.

Table 6. Analysis of Daily Combined Score for Each Grass Pollen Period (Long Term study)

Year	ORALAIR (4M)		Placebo		LS Mean Difference ORALAIR - Placebo	Relative Difference	
	N	LS ^a Mean	N	LS Mean		Estimate	95% CI
Year 1	188	0.56	205	0.67	-0.11	-16.4%	[-27.0%;-5.8%]
Year 2	160	0.35	172	0.56	-0.21	-38.0%	[-53.4%;-22.6%]
Year 3	149	0.31	165	0.50	-0.19	-38.3%	[-54.7%;-22.0%]

^a LS: Least Squares

Pediatric Study

In this study, 278 children and adolescents received ORALAIR or placebo starting approximately 4 months prior to the grass-pollen season and continuing for the duration of the pollen season. The results of the daily CS, daily RTSS, and daily RMS are summarized in Table 7.

Table 7. Daily Combined Score (CS), Daily Rhinoconjunctivitis Total Symptom Score (RTSS), Daily Rescue Medication Score (RMS) during the Grass Pollen Period (Pediatric study)

Efficacy endpoint	ORALAIR (N=131) LS ^a Mean	Placebo (N=135) LS Mean	LS Mean Difference ORALAIR - Placebo	Relative Difference	
				Estimate	95% CI
Daily CS	0.44	0.63	-0.19	-30.1%	[-46.9%;-13.2%]
Daily RTSS	2.52	3.63	-1.11	-30.6%	[-47.0%;-14.1%]
Daily RMS	0.46	0.65	-0.19	-29.5%	[-50.9%;-8.0%]

^a LS: Least Squares

Allergen Environmental Chamber Study

In an allergen environmental chamber study, 89 adults with grass pollen-associated allergic rhinoconjunctivitis were challenged with four of the five grass pollens contained in ORALAIR at baseline and after 4 months of treatment with ORALAIR (n=45) or placebo (n=44). The average Rhinoconjunctivitis Total Symptom Score (RTSS) of each group during the 4 hours of the allergen challenge was assessed; use of rescue medication was not permitted. The results of this study are shown in Table 8.

Table 8. Average Rhinoconjunctivitis Total Symptom Score (RTSS) during Grass Pollen Allergen Challenge in an Environmental Exposure Chamber after 4 months of ORALAIR or placebo

Efficacy endpoint	ORALAIR (N=45) LS ^b Mean	Placebo (N=44) LS Mean	LS Mean Difference ORALAIR - Placebo	Relative Difference	
				Estimate	95% CI
Average RTSS ^a	4.88	6.84	-1.97	-28.7%	[-43.7%;-13.7%]

^a Primary efficacy analysis

^b LS: Least Squares

16 HOW SUPPLIED/STORAGE AND HANDLING

ORALAIR is available as a sublingual tablet equivalent to 100 IR and 300 IR of five grass mixed pollens allergen extract.

	Description	NDC Number
Children and Adolescents Sample Kit (10 to 17 years of age)	One box of the 100 IR Starter Pack Two boxes of the 300 IR Sample Packs	NDC 59617-0020-1
Adult Sample Kit (18 to 65 years of age)	One box of 300 IR Starter Pack Two boxes of 300 IR Sample Packs	NDC 59617-0025-1
Children and Adolescents Starter Pack (10 to 17 years of age)	1 blister pack of three 100 IR tablets	NDC 59617-0010-1
Adult Starter Pack (18 to 65 years of age)	1 blister pack of three 300 IR tablets	NDC 59617-0016-1
Sample Pack	1 blister pack of three 300 IR tablets	NDC 59617-0015-3
Commercial Pack	1 blister pack of thirty 300 IR tablets	NDC 59617-0015-2

Storage: Store at controlled room temperature (20°C-25°C/68°F-77°F); excursions permitted to 15-30°C (59-86°F). Protect from moisture.

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the Medication Guide and to keep ORALAIR and all medicines out of the reach of children.

Inform patients that ORALAIR is used for sublingual immunotherapy for the treatment of grass pollen-induced allergic rhinitis with or without conjunctivitis and is not indicated for the immediate relief of allergy symptoms.

Severe Allergic Reactions

Advise patients that ORALAIR may cause systemic allergic reactions, including anaphylactic reactions, and severe local allergic reactions [*See Warnings and Precautions (5.1)*].

Educate patients about the signs and symptoms of a severe systemic allergic reaction and a severe local allergic reaction. The signs and symptoms of a severe allergic reaction may include: syncope, dizziness, hypotension, tachycardia, dyspnea, wheezing, bronchospasm, chest discomfort, cough, abdominal pain, vomiting, diarrhea, rash, pruritus, flushing, and urticaria [*See Warnings and Precautions (5.2)*].

Ensure that patients have injectable epinephrine available and are appropriately trained in its use. Instruct patients who experience a severe allergic reaction to seek immediate medical care, discontinue therapy, and resume treatment only at the instruction of a physician [*See Warnings and Precautions (5.2)*].

Inform the patient that the first dose of ORALAIR is administered in a healthcare setting under the supervision of a physician and s/he will be monitored for at least 30 minutes to watch for signs and symptoms of a severe systemic or a severe local allergic reaction [*See Dosage and Administration (2.2)*].

Inform parents/guardians that ORALAIR should be administered to children only under adult supervision [*See Dosage and Administration (2.2)*].

Because of the risk of eosinophilic esophagitis, instruct patients with severe or persistent symptoms of esophagitis to discontinue ORALAIR and to contact their healthcare professional. [*See Warnings and Precautions (5.3)*]

Asthma

Instruct patients with asthma that if they have difficulty breathing or if asthma becomes difficult to control, they are to stop taking ORALAIR and contact their healthcare professional immediately [*See Warnings and Precautions (5.3)*].

Administration Instructions

Instruct patients to carefully remove the ORALAIR tablet from the blister just prior to dosing and to take the sublingual tablet immediately by placing it under the tongue where it will dissolve. Also instruct patients to avoid swallowing for about 1 minute, to wash their hands after handling the tablet, and to avoid food or beverages for 5 minutes after taking the tablet [*See Dosage and Administration (2.2)*].

ORALAIR® is a registered trademark of Stallergenes S.A.

Manufactured by:
Stallergenes S.A.
Antony, 92183, France
U.S. License # 1893

Distributed by:
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Lenoir, N.C. 28645

MEDICATION GUIDE

ORALAIR® (OR-AL-AIR):(Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens Allergen Extract)

Carefully read this Medication Guide before you or your child start taking ORALAIR and each time you get a refill. This Medication Guide does not take the place of talking to your doctor about your medical condition or treatment. Talk with your doctor or pharmacist if there is something you do not understand or you want to learn more about ORALAIR.

What is the Most Important Information I Should Know about ORALAIR?

ORALAIR can cause severe allergic reactions that may be life-threatening. Symptoms of allergic reactions to ORALAIR include:

- Trouble breathing
- Throat tightness or swelling
- Trouble swallowing or speaking
- Dizziness or fainting
- Rapid or weak heartbeat
- Severe stomach cramps or pain, vomiting, or diarrhea
- Severe flushing or itching of the skin

If any of these symptoms occur, stop taking ORALAIR and immediately seek medical care.

For home administration of ORALAIR, your doctor should prescribe auto-injectable epinephrine for you to keep at home for treating a severe reaction, should one occur. Your doctor will train and instruct you on the proper use of auto-injectable epinephrine.

What is ORALAIR

ORALAIR is a prescription medicine used for sublingual (under the tongue) immunotherapy prescribed to treat sneezing, runny or itchy nose, nasal congestion or itchy and watery eyes due to allergy to these grass pollens. ORALAIR may be prescribed for persons 10 to 65 years of age whose doctor has confirmed are allergic to any of the grass pollens contained in ORALAIR.

ORALAIR is taken for about four months before the expected start of the grass pollen season and is continued throughout the grass pollen season.

ORALAIR is NOT a medication that gives immediate relief of allergy symptoms.

Who Should Not Take ORALAIR

You or your child should not take ORALAIR if:

- You or your child has severe, unstable, or uncontrolled asthma
- You or your child had a severe allergic reaction in the past that included any of these symptoms:
 - Trouble breathing
 - Dizziness or fainting
 - Rapid or weak heartbeat

- You or your child has ever had difficulty with breathing due to swelling of the throat or upper airway after using any sublingual immunotherapy before.
- You or your child has ever been diagnosed with eosinophilic esophagitis.
- You or your child is allergic to any of the inactive ingredients contained in ORALAIR
 - The inactive ingredients contained in ORALAIR are: mannitol, microcrystalline cellulose, croscarmellose sodium, colloidal anhydrous silica, Magnesium stearate and lactose monohydrate

What Should I Tell My Doctor Before Taking ORALAIR

Your doctor may decide that ORALAIR is not the best course of therapy if:

- You or your child has asthma, depending on how severe it is
- You or your child suffers from lung disease such as chronic obstructive pulmonary disease (COPD)
- You or your child suffers from heart disease such as coronary artery disease, an irregular heart rhythm, or you have hypertension that is not well controlled.
- You or your daughter is pregnant, plans to become pregnant during the time you will be taking ORALAIR, or is breast-feeding.
- You or your child is unable or unwilling to administer auto-injectable epinephrine to treat a severe allergic reaction to ORALAIR
- You or your child is taking certain medicines that enhance the likelihood of a severe reaction, or interfere with the treatment of a severe reaction. These medicines include:
 - beta blockers and alpha-blockers (prescribed for high blood pressure)
 - cardiac glycosides (prescribed for heart failure or problems with heart rhythm)
 - diuretics (prescribed for heart conditions and high blood pressure)
 - ergot alkaloids (prescribed for migraine headache)
 - monoamine oxidase inhibitors or tricyclic antidepressants (prescribed for depression)
 - thyroid hormone (prescribed for low thyroid activity);

You should tell your doctor if you or your child is taking or has recently taken any other medicines, including medicines obtained without a prescription and herbal supplements. Keep a list of them and show it to your doctor and pharmacist each time you get a new supply of ORALAIR. Ask your doctor or pharmacist for advice before taking ORALAIR.

Are there any reasons to stop taking ORALAIR?

Stop ORALAIR and contact your doctor if you or your child:

- has any type of a serious allergic reaction
- develops throat tightness or swelling of the tongue or throat that causes trouble speaking, breathing or swallowing after taking ORALAIR
- has trouble breathing or asthma or another breathing condition that gets worse
- experiences dizziness or fainting
- develops rapid or weak heartbeat
- experiences severe stomach cramps or pain, vomiting, or diarrhea
- develops severe flushing or itching of the skin
- has heartburn, difficulty swallowing, pain with swallowing, or chest pain that does not go away or worsens

- has any mouth surgery procedures (such as tooth removal), develops any mouth infections, ulcers or cuts in the mouth or throat

How should I take ORALAIR?

Take ORALAIR exactly as your doctor tells you.

ORALAIR is a prescription medicine that is placed under the tongue.

- Remove the ORALAIR tablet from the blister just prior to dosing.
- Place the ORALAIR tablet immediately under the tongue until complete dissolution for at least 1 minute before swallowing.
- Do not take ORALAIR with food or beverage. Food and beverage should not be taken for the following 5 minutes.
- Wash hands after handling the tablet.

Take the first tablet of ORALAIR in your doctor's office. After taking the first tablet, you or your child will be observed for at least 30 minutes for symptoms of a serious allergic reaction.

- The first dose for children will be one 100 IR tablet.
- The first dose for adults will be one 300 IR tablet.

If you or your child tolerates the first dose of ORALAIR, you or your child will continue daily ORALAIR therapy at home.

- The first dose at home for children is two 100 IR tablets.
- The first dose at home for adults is one 300 IR tablet.
- After the first dose at home, the dose for children and adults is one 300 IR tablet each day.

Children should be given each dose of ORALAIR by an adult who will watch for any symptoms of a serious allergic reaction.

Take ORALAIR as prescribed by your doctor until the end of the treatment course. If you forget to take ORALAIR, do not take a double dose. Take the next dose at your normal scheduled time the next day. If you don't take ORALAIR for more than one day, contact your health provider before restarting.

What are the possible side effects of ORALAIR?

In children and adults, the most commonly reported side effects were itching of the mouth, lips, tongue or throat. These side effects, by themselves, are not dangerous or life-threatening.

ORALAIR can cause severe allergic reactions that may be life-threatening. Symptoms of allergic reactions to ORALAIR include:

- Trouble breathing
- Throat tightness or swelling
- Trouble swallowing or speaking
- Dizziness or fainting
- Rapid or weak heartbeat
- Severe stomach cramps or pain, vomiting, or diarrhea
- Severe flushing or itching of the skin

For additional information on the possible side effects of ORALAIR, talk with your doctor or pharmacist.

You may report side effects to the US Food and Drug Administration (FDA) at 1-800-FDA-1088 or www.fda.gov/medwatch.

How should I store ORALAIR?

Keep ORALAIR out of the reach of children.

Throw away any unused ORALAIR after the expiration date which is stated on the carton and blister pack after “EXP.”

Store ORALAIR in a dry place at room temperature, 20°C to 25°C (68°F to 77°F), in the original package.

General information about ORALAIR

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use ORALAIR for a condition for which it was not prescribed. Do not give ORALAIR to other people, even if they have the same symptoms. It may harm them.

This Medication Guide summarizes the most important information about ORALAIR. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about ORALAIR that was written for healthcare professionals. For more information go to www.ORALAIR.com or call Greer Laboratories at 1-855-752-5046.

This Medication Guide has been approved by the U.S. Food and Drug Administration.

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