# The **only** sublingual grass allergy immunotherapy tablet with a mixed pollens allergen extract from 5 grasses<sup>1</sup>

**⊘**ralair<sup>∗</sup>

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

- An important immunotherapy option for patients with grass allergies
- Effective during the first pollen season
- Demonstrated safety profile

# Visit ORALAIR.com to learn more.

Initiate treatment with ORALAIR® 4 months before the expected onset of each grass pollen season and maintain it throughout the grass pollen season.<sup>1</sup>

# 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.

Please see additional Important Safety Information on last page. Please see full Prescribing Information, including Boxed Warning and Medication Guide, at ORALAIR.com.



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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 accompanying full Prescribing Information, including Boxed Warning and Medication Guide.

Reference: 1. ORALAIR full Prescribing Information, Stallergenes SAS 2014.





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This form is only to be used when faxing directly to a specialty pharmacy within the ORALAIR® network of pharmacies.

Patient Information (to be used by Specialty Pharmacy)	<b>Prescriber Information</b> (To be used as a prescription, prescriber must fully complete the prescription information section on this form.)	
Patient Name:	Prescriber's First Name:	
Address:	Prescriber's Last Name:	
City, State, Zip:	State License Number:	
Primary Phone: Alternate Phone:	NPI Number: DEA Number:	
Date of Birth:Gender:	Address:	
Medication Allergies:	City, State, Zip:	
E-mail:	_   Phone: Fax:	
Last 4 Digits of Social Security Number:	Contact Person:	
Parent/Guardian:	Contact Phone:	
Delivery/Shipping Options		
Ship to Patient's Home 🔾 Other 🖵		
Insurance Information	Diagnosis and Clinical Information	
Prescription Card (Drug Insurance)	J30.1 Allergic Rhinitis due to Pollen	
Name of Insurer:	□ Other:	
ID Number:		
BIN:		
PCN:		
Group:		
Please copy the front and back of insurance card and ORALAIR co-pay card (if patient has one), and attach all pages to this form.		
Prescription Information (This form can also be used to prescribe aut	o-injectable epinephrine.)	
MEDICATION DOSE/STRENGTH	DIRECTIONS QUANTITY REFILLS	
Prescriber Signature Required		
Dispense as written	Date:	
Substitution allowed		
IMPORTANT NOTICE: This facsimile transmission is intended to be de		

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee. Please see Important Safety Information on last page. Please see full Prescribing Information, including Boxed Warning and Medication Guide, at ORALAIR.com.



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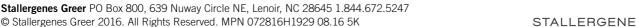
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ORALAIR® is a registered trademark of Stallergenes Greer or its affiliates.







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# Participating specialty pharmacy list:

#### **Acro Specialty Pharmacy:**

- Fax referral to: 877-381-3806
- Phone: 800-906-7798
   National Specialty Pharmacy
   ✓ MOST COMMERCIAL PAYORS ACCEPTED

### AllCarePlus Pharmacy:

- Fax referral to: 508-459-3534
- Phone: 855-880-1091
  National Specialty Pharmacy
- ✓ MOST COMMERCIAL PAYORS ACCEPTED

#### **CVS Caremark Specialty Pharmacy:**

- Fax referral to: 800-323-2445
- Phone: 800-237-2767
- National Specialty Pharmacy
- ✓ MOST COMMERCIAL PAYORS ACCEPTED
- ✓ MOST MEDICAID PAYORS ACCEPTED

#### **Optum Rx Specialty Pharmacy:**

- Fax referral to: 800-853-3844
- Phone: 866-218-5445

National Specialty Pharmacy

✓ ONLY United Healthcare
Patients Accepted

# Prime Therapeutics Specialty Pharmacy:

- Fax referral to: 877-828-3939
- Phone: 877-627-6337 National Specialty Pharmacy

✓ LIMITED PAYORS ACCEPTED

— SELECT BLUE CROSS BLUE SHIELD AFFILIATES IN THE FOLLOWING STATES:

AL	MS	NM
AR	MT	OK
FL	NC	SC
IL	ND	TX
KS	NE	WY
MN	NJ	

#### **Publix Specialty Pharmacy:**

- Fax referral to: 863-413-5723
- Phone: 855-797-8254
   Regional Specialty Pharmacy
   ✓ MOST COMMERCIAL PAYORS
  - ACCEPTED FL. GA. AL. TN
  - NC, SC (in-store pickup only)

# Walgreens/Duane Reade Specialty Pharmacy:

- Fax referral to: 877-231-8302
- Phone: 888-347-3416
- **National Specialty Pharmacy**
- ✓ MOST COMMERCIAL PAYORS ACCEPTED
- ✓ MOST MEDICAID PAYORS ACCEPTED

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