



Antihistamine Prior Authorization Program Description-March 2008 Update

The U.S. Food and Drug Administration currently allows the Claritin (loratadine) family of products and the Zyrtec (cetirizine) family of products to be sold to consumers over-the-counter (OTC) without a prescription. All forms of these products, including tablets, syrup, and “D” formulations are available OTC in the original prescription strengths. ConnectiCare’s philosophy is to encourage the use of OTC and generic drug alternatives when available and medically appropriate.

Effective January 30, 2008, ConnectiCare will no longer cover prescription versions of Zyrtec or Zyrtec-D. ConnectiCare will **cover all generic and brand forms** of Zyrtec OTC and Claritin/Alavert OTC, **without authorization, when you prescribe them (with a prescription).**

Effective March 1, 2008, ConnectiCare will **only cover Allegra, Allegra D, Fexofenadine, Clarinex, Clarinex-D, Xyzal and Singulair (for allergies)** if the following **prior authorization (PA) criteria** are met:

- Member has had a prescription claim filled for both Zyrtec/Cetirizine **and** Claritin/Alavert/Loratadine within the past twelve months, or the member is less than 24 months of age.
- Office notes will no longer be accepted for documentation of use. A prescription claim for both trials must be seen on the members prescription profile.
- To avoid the prior authorization process, please ask your doctor to prescribe Zyrtec OTC or Claritin OTC for you or your family member.
- For ConnectiCare members that have taken **Zyrtec** with a prescription and plan to continue take Zyrtec in the future, some pharmacies may ask you to obtain a new prescription from your doctor for **Cetirizine/ Zyrtec OTC**.

Note: *If you have an active prior authorization for one of the above listed drugs, ConnectiCare will honor the authorization until the expiration date indicated. Upon expiration, you will need to meet the above requirements (i.e., trial of both Claritin & Zyrtec) prior to approval of a Tier 3, branded agent.*

ConnectiCare Antihistamine Coverage as of March 2008

Tier 1: Lowest Copay Covered with prescription	Tier 2: Middle Level Copay Covered with prescription	Tier 3: Highest Copay Each of the below subject to Prior Authorization
Generic OTC Loratadine (Claritin) Generic OTC Cetirizine (Zyrtec)	*Zyrtec OTC Zyrtec-D OTC *Alavert / Claritin OTC Brands Alavert-D/Claritin-D/loratadine-D OTC	Allegra/Allegra-D Fexofenadine Clarinex/Clarinex-D Xyzal Singulair

*If you choose to fill the brand name OTC Zyrtec, Claritin or Alavert where there is a generic or store brand available, you will be responsible to pay the difference in cost between the brand and generic OR the Tier 2 copay, depending on your benefits.

The cost of the over-the-counter Zyrtec (cetirizine) or Claritin (loratadine) will provide significant savings for you. By using OTC cetirizine or loratadine, you may save up to \$25-\$30 per month! Whereas, your cost for Allegra, Allegra-D, fexofenadine, Xyzal, Clarinex, Clarinex-D, if approved, will continue to be your Tier 3 copay (the most common Tier 3 copayment for ConnectiCare members is \$35-\$40 per month).