



Antihistamine Prior Authorization Program Description-Summer 2011 Update

The U.S. Food and Drug Administration currently allows the Claritin (loratadine) family of products, the Zyrtec (cetirizine) family of products, and now the Allegra (fexofenadine) 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.

ConnectiCare will cover all generic and brand forms of Allegra OTC, Zyrtec OTC and Claritin/Alavert OTC, **without authorization, when they are prescribed by a doctor (with a prescription).**

As before, ConnectiCare will **only cover Clarinex, Clarinex-D, and Xyzal** if the following **prior authorization (PA) criteria** are met:

- Member has had a prescription claim filled for Cetirizine (Zyrtec) and Loratadine (Claritin, Alavert) and Fexofenadine (Allegra) within the past 2 years, or the member is less than 24 months of age.
- If there is NO RECORD of claims payment, office notes (within the past 2 years) documenting the trial and outcome must be submitted for review.

To avoid the prior authorization process, please ask your doctor to prescribe Allegra OTC, Zyrtec OTC or Claritin OTC for you or your family member.

ConnectiCare Antihistamine Coverage as of May 1, 2011

Tier 1: Lowest Copay Covered with prescription	Tier 1: Lowest Copay Subject to Prior Authorization	Tier 2: Middle Level Copay Covered with prescription	Tier 3: Highest Copay Covered with Prescription	Tier 3: Highest Copay Subject to Prior Authorization
Generic OTC Loratadine (Claritin) Generic OTC Cetirizine (Zyrtec) Loratadine-D (Claritin-D) OTC Cetirizine-D (Zyrtec-D) OTC Generic Fexofenadine (Rx)	Generic Levocetirizine (Xyzal)	*Zyrtec OTC *Zyrtec-D OTC *Alavert / Claritin OTC Brands *Alavert-D/Claritin-D/ Singulair *Allegra OTC *Allegra-D OTC	Fexofenadine-D (Rx versions)	Clarinex/Clarinex-D

*If you choose to fill the brand name OTC Allegra, 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 Allegra (fexofenadine), Zyrtec (cetirizine) or Claritin (loratadine) will provide significant savings for you. By using OTC fexofenadine, cetirizine or loratadine, you may save up to \$25-\$30 per month! Whereas, your cost for Clarinex, or 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).

The information in this document does not apply to ConnectiCare VIP Medicare plan members. Rev. 7-11