

Commercial/Healthcare Exchange PA Criteria

Effective: May 6th, 2020

Prior Authorization: Carbinoxamine

Products Affected: carbinoxamine 6mg oral tablet

Medication Description: Carbinoxamine maleate, an ethanolamine derivative, is an antihistamine with anticholinergic (drying) and sedative properties. Carbinoxamine appears to compete with histamine (type H1) for receptor sites on effector cells in the gastrointestinal tract, blood vessels and respiratory tract.

Covered Uses: Carbinoxamine maleate is effective for the symptomatic treatment of:

1. Seasonal and perennial allergic rhinitis.
2. Vasomotor rhinitis.
3. Allergic conjunctivitis due to inhalant allergens and foods.
4. Mild, uncomplicated allergic skin manifestations of urticaria and angioedema.
5. Dermatographism.
6. As therapy for anaphylactic reactions adjunctive to epinephrine and other standard measures after the acute manifestations have been controlled.
7. Amelioration of the severity of allergic reactions to blood or plasma.

Exclusion Criteria:

1. Nursing mothers
2. Patients who are hypersensitive to carbinoxamine or on monoamine oxidase inhibitor therapy

Required Medical Information:

1. Previous therapies tried/failed

Age Restrictions: 2 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

- A. Patient has had a trial and failure, intolerance, or contraindication to generic carbinoxamine 4mg tablets.

References:

1. Product Information: carbinoxamine maleate oral tablets, oral syrup, carbinoxamine maleate oral tablets, oral syrup. Breckenridge Pharmaceutical, Inc. (per DailyMed), Boca Raton, FL, 2012.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	5/6/2020