Non-sedating Antihistamines
Step Therapy
Pharmacy Coverage Policy

Reviewed Date: 01/26/2012
Revision Date: 12/23/2011
Effective Date: 00/00/0000

Non-sedating antihistamines include cetirizine (ZYRTEC®, ZYRTEC-D®), desloratadine (CLARINEX®, CLARINEX-D®), fexofenadine (ALLEGRA®, ALLEGRA-D®), levocetirizine (XYZAL®), and loratadine (CLARITIN®, CLARITIN-D®, ALAVERT®, ALAVERT-D®). Antihistamines inhibit the effects of histamines, which can cause smooth muscle constriction, vasodilation, endothelial permeability, and sensory nerve stimulations leading to allergic signs and symptoms that include sneezing, rhinitis, rhinorrhea, erythema, pruritus, and urticaria. Non-sedating antihistamines include 2nd and 3rd generation antihistamines that tend to have less adverse effects than the first generation drugs due to having higher specificity for binding histamine receptors and being less lipophilic.

CRITERIA FOR COVERAGE/NONCOVERAGE

Commercial and Medicare Part D 2012
ALLEGRA® ODT, ALLEGRA® Suspension, CLARINEX®, CLARINEX-D® will be covered when the following step therapy criteria are met:

- The patient has had a trial of a generic non-sedating antihistamine or non-sedating antihistamine/pseudophedrine combination product (i.e. cetirizine, fexofenadine, levocetirizine, and loratadine).