Antihistamines (Oral)

Goals:
- Approve antihistamines only for conditions funded by the OHP in adults. Allow case-by-case review for members covered under the EPSDT program.
- Allergic rhinitis treatment is covered by the OHP only when complicated by other diagnoses (e.g. asthma, sleep apnea).
- Promote use that is consistent with Oregon Asthma Guidelines and medical evidence. http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Asthma/Pages/index.aspx

Length of Authorization:
- Up to 12 months

Requires PA:
- Non-preferred oral antihistamines and combinations

Covered Alternatives:
- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Will the prescriber consider a change to a preferred product? Message: • Preferred products do not require a PA. • Preferred products are evidence-based reviewed for comparative effectiveness and safety by the Oregon Pharmacy & Therapeutics Committee.	**Yes:** Inform prescriber of covered alternatives in class.	**No:** Go to #3
3. Does patient have a diagnosis of allergic rhinitis, allergic conjunctivitis, or chronic rhinitis/pharyngitis/nasopharyngitis?	**Yes:** Go to #4	**No:** Go to #8
4. Does the patient have asthma or reactive airway disease exacerbated by chronic/allergic rhinitis or allergies?	**Yes:** Go to #5	**No:** Go to #6

Approval Criteria		
5. Does the drug profile show an asthma controller medication (e.g. ORAL corticosteroid, etc.) and/or inhaled rescue beta-agonist (e.g. albuterol, ICS/formoterol) within the last 6 months? *Keep in mind: albuterol may not need to be used as often if asthma is controlled on other medications.*	**Yes:** Approve for 6 months	**No:** Pass to RPh. Deny; medical appropriateness. *Oregon Asthma guidelines recommend all asthma clients have access to rescue inhalers and those with persistent disease should use anti-inflammatory medicines daily (preferably orally inhaled corticosteroids).*
6. Does patient have other co-morbid conditions or complications that are funded? • Acute or chronic inflammation of the orbit • Chronic Sinusitis • Acute Sinusitis • Sleep apnea • Wegener's Granulomatosis	**Yes:** Document ICD-10 codes. Go to #7	**No:** If not eligible for EPSDT review: Pass to RPh. Deny; not funded by the OHP If eligible for EPSDT review: Go to #10
7. Does patient have contraindications (e.g. pregnancy), or had insufficient response to available treatment alternatives for the funded condition? Document.	**Yes:** Approve for up to 6 months	**No:** Pass to RPh. Deny; medical appropriateness
8. Is the diagnosis COPD or Obstructive Chronic Bronchitis?	**Yes:** Pass to RPh. Deny; medical appropriateness. Antihistamine not indicated.	**No:** Go to #9
9. Is the diagnosis funded? Note: Chronic Bronchitis, acute upper respiratory infections, and urticarial are not funded by the OHP	**Yes:** Pass to RPh. Deny; medical appropriateness	**No:** If not eligible for EPSDT review: Pass to RPh. Deny; not funded by the OHP If eligible for EPSDT review: Go to #10

Approval Criteria		
10. Is there documentation that the condition is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc.)?	**Yes:** Go to #11	**No:** Pass to RPh. Deny; medical necessity.
11. Is the request for a preferred product OR has the patient failed to have benefit with, or have contraindications or intolerance to, at least 2 preferred products? Message: Preferred products are evidence-based reviewed for comparative effectiveness and safety by the Oregon Pharmacy & Therapeutics Committee.	**Yes:** Approve for 12 months.	**No:** Pass to RPh. Deny; medical appropriateness. Inform prescriber of covered alternatives in class.

P&T Review: *2/26 (DM); 12/22; 5/15 (AG); 9/10; 9/08; 2/06; 9/04; 5/04; 2/02*
Implementation: *1/1/23; 5/1/16; 7/15, 1/11, 7/09, 7/06, 3/06, 10/04, 8/02, 9/06*