

Antihistamines

Goals:

- Approve antihistamines only for conditions funded by the OHP.
- 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:

6 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: <ul style="list-style-type: none"> • 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

<p>5. Does the drug profile show an asthma controller medication (e.g. ORAL inhaled corticosteroid, leukotriene antagonist, etc.) and/or inhaled rescue beta-agonist (e.g. albuterol) within the last 6 months?</p> <p><i>Keep in mind: albuterol may not need to be used as often if asthma is controlled on other medications.</i></p>	<p>Yes: Approve for 6 months</p>	<p>No: Pass to RPh. Deny; medical appropriateness.</p> <p><i>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).</i></p>
<p>6. Does patient have other co-morbid conditions or complications that are funded?</p> <ul style="list-style-type: none"> • Acute or chronic inflammation of the orbit • Chronic Sinusitis • Acute Sinusitis • Sleep apnea • Wegener's Granulomatosis 	<p>Yes: Document ICD-10 codes. Go to #7</p>	<p>No: Pass to RPh. Deny; not funded by the OHP</p>
<p>7. Does patient have contraindications (e.g. pregnancy), or had insufficient response to available alternatives? Document.</p>	<p>Yes: Approve for up to 6 months</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>
<p>8. Is the diagnosis COPD or Obstructive Chronic Bronchitis?</p>	<p>Yes: Pass to RPh. Deny; medical appropriateness. Antihistamine not indicated.</p>	<p>No: Go to #9</p>
<p>9. Is the diagnosis Chronic Bronchitis?</p>	<p>Yes: Pass to RPh. Deny; not funded by the OHP</p>	<p>No: Pass to RPh. Go to #10</p>
<p>10. RPh only: Is the diagnosis above the line or below the line?</p> <ul style="list-style-type: none"> • Above: Deny; medical appropriateness • Below: Deny; not funded by the OHP (e.g., acute upper respiratory infections or urticaria). 		

P&T Review: 5/15 (AG); 9/10; 9/08; 2/06; 9/04; 5/04; 2/02
 Implementation: 7/15, 1/11, 7/09, 7/06, 3/06, 10/04, 8/02, 9/06