



Uniform Formulary Medical Necessity Criteria for Newer Antihistamines

Drug Class - Newer antihistamines

Background - After evaluating the relative clinical and cost effectiveness of the newer antihistamines, the DoD P&T Committee recommended that the following medications be designated as non-formulary: Clarinex (desloratadine) and Clarinex D (desloratadine/pseudoephedrine). This recommendation has been approved by the Director, TMA.

Effective Date: 16 Jan 2008

Patients currently using Clarinex or Clarinex D may wish to ask their doctor to consider a formulary alternative.

Uniform Formulary Status, Cost Shares, and Therapeutic Alternatives for Newer Antihistamines ¹⁻³

Uniform Formulary Status	Medication	Military Treatment Facilities (MTFs) cost share for up to a 90 day supply	Mail Order cost share for up to a 90 day supply	Retail Network cost share for up to a 30 day supply
Non-Formulary (Tier 3)	Clarinex, Clarinex D ³	Not available ²	Non-Formulary cost share applies	Non-Formulary cost share applies
Formulary: Brand Name (Tier 2)	Allegra D ³ Semprex-D ³ Zyrtec Zyrtec D ³	\$0	Formulary (Brand) cost share applies	Formulary (Brand) cost share applies
Formulary: Generic (Tier 1)	Fexofenadine (generic Allegra)	\$0	Generic cost share applies	Generic cost share applies
<ol style="list-style-type: none"> 1. Active duty cost share always \$0 in all points of service for all three tiers; active duty service members may not fill prescriptions for a non-formulary medication unless it is determined to be medically necessary. 2. MTFs will be able to fill non-formulary requests for non-formulary medications only if both of the following conditions are met: 1) a MTF provider writes the prescription, and 2) medical necessity is established for the non-formulary medication. MTFs may (but are not required to) fill a prescription for a non-formulary medication written by a non-MTF provider to whom the patient was referred, as long as medical necessity has been established. 3. Products containing the decongestant pseudoephedrine are not FDA indicated for use in children younger than 12 years of age and may not be suitable for use in patients with certain conditions. Because Semprex-D (acrivastine/pseudoephedrine) is available only as a combination agent, it is not considered to be a formulary alternative. 				

Medical Necessity Criteria for Newer Antihistamines

The non-formulary cost share for Clarinex or Clarinex D may be reduced to the formulary cost share IF one or more of the following criteria are met:

1. Use of BOTH of the following formulary newer antihistamines is contraindicated: fexofenadine (or Allegra D) AND Zyrtec (or Zyrtec D).
2. The patient has experienced significant adverse effects from ALL of the formulary newer antihistamines: fexofenadine (or Allegra D) AND Zyrtec (or Zyrtec D).
3. Use of ALL of the following formulary newer antihistamines has resulted in therapeutic failure: fexofenadine (or Allegra D) AND Zyrtec (or Zyrtec D).

Criteria recommended by the DoD Pharmacy & Therapeutics Committee at the August 2007 meeting & approved by the Director, TMA on 17 Oct 2007. For more information, please see the August 2007 [DoD P&T Committee minutes](#).

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