



## Step Therapy Guidelines For the Physician

### General Guidelines for Non-sedating Antihistamines:

- When drug history is reviewed, RESTAT will only look back one year in patient history for a drug from the prior step to consider the next step.
- Guidelines may be updated on an ongoing basis due to changes in the pharmacy industry. In order to help the employer and other client groups manage their quickly rising prescription drug brand cost, RESTAT has instituted our Step Therapy program to ensure that members are receiving appropriate, yet cost-effective drug therapies.

When using drugs within this high profile drug category, it will be necessary that the physician, pharmacist and RESTAT work together to ensure that the prescription is covered by the prescription benefit. This information should be provided to the physician to avoid any unnecessary delays at the pharmacy later.

If the prescription is not covered, and the claim is rejected at the pharmacy, the pharmacist may call RESTAT's Prior Authorization Hotline at 1-877-526-9906 for further instructions.

### Non-sedating Antihistamines

#### **Category A— (approved for all members):**

OTC Loratadine tabs, reditabs, syrup  
Loratadine-Pseudoephedrine 5-120mg ER tab  
Loratadine-Pseudoephedrine 10-240mg ER tab

RESTAT will cover loratadine or loratadine/ pseudoephedrine with a generic copay to the member via a prescription from the physician, and transmitted to RESTAT by the pharmacy.

#### **Category B— (Only after no relief with Category A medication):**

Fexofenadine tablets (generic Allegra®) 30mg, 60mg, 180mg  
Allegra-D® 60-120mg, 180-240mg  
Zyrtec Syrup (with PA) 1mg/ml  
Zyrtec Chewable (with PA) 5mg, 10mg  
Zyrtec-D® 5mg-120mg

#### **Category C— (Only after no relief with Category A & B medications):**

Clarinet® (Non Preferred) 2.5mg, 5mg  
Clarinet-D® (Non Preferred) 2.5-120mg, 5-240mg  
Zyrtec® tablets 5mg, 10mg

- It is recommended that members be able to begin therapy with a Category B drug without a Prior Authorization (PA) if their prescription history shows that the member has failed Clarinet® or loratadine in the past 12 months.
- All failure of previous steps in the program must be either in the patient history in the RESTAT claims database, or notes from the patient's medical chart must be FAXED to RESTAT showing failure.

RESTAT's online adjudication system will confirm the status and authorize the claim without intervention. Members that do not meet any of the above criteria may still request a PA for a Category B or C Non-sedating Antihistamine by contacting RESTAT's PA hotline at 1-877-526-9906.

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