

The following guidelines are only to be used as guidelines and do not in anyway suggest the referenced medications are covered as part of the Maricopa Health Plan drug formulary. Please call our member services department at 1-800-582-8686 for up to date formulary information.

The Maricopa Health Plan guidelines are subject to change and may not be reflected in the printed or on-line drug formulary. Please call our member services department at 1-800-582-8686 for up to date guidelines.

PHARMACY GUIDELINE – 10

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UNIVERSITY PHYSICIANS HEALTH PLANS

(Maricopa Health Plan)

PHARMACY REFERRAL GUIDELINE

SECOND-GENERATION ANTIHISTAMINES

- Loratadine and cetirizine are the formulary second-generation antihistamines.
- All other second-generation antihistamines are non-formulary and require prior authorization.
- Documentation must be provided of the patient failing two formulary antihistamines including loratadine and cetirizine as well as nasal steroids, and nasal cromolyn or the patient must have a job where sedation would present a hazard (e.g., operates heavy machinery, long distance truck driver).

Approved by the Pharmacy and Therapeutics Committee 12/00; Revised and approved by the Pharmacy and Therapeutics Committee 12/03, 5/09; Reviewed 12/05, 6/06, 1/08, 5/09