

PHC Step Therapy Criteria

Drug(s):	Allergic Rhinitis Clarinex, Clarinex Reditabs or Singulair																
Process:	<p><u>If prescription is for Clarinex or Clarinex Reditabs:</u></p> <p>Step 1- Review patient history for use of generic non-sedating antihistamine Fexofenadine (Allegra)</p> <p>Step 2- If there is <u>NO</u> use of Fexofenadine, claim rejects, patient required to try and fail Fexofenadine first</p> <p>Step 3- If there <u>IS</u> history of Fexofenadine, then Clarinex or Clarinex Reditabs would process at their respective formulary copy</p> <p><u>If prescription is for Singulair:</u></p> <p>Step 1- Review 4 months of patient history. If <u>asthma</u> can be inferred from history of beta agonists or other asthma drugs (below), then Singulair (for asthma) will process at its respective formulary copy</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #d3d3d3;"> <th>Beta Adrenergic Agonists</th> <th>Adrenals</th> </tr> </thead> <tbody> <tr><td>ADVAIR DISKUS</td><td>AEROBID</td></tr> <tr><td>ADVAIR HFA</td><td>ASMANEX</td></tr> <tr><td>ALBUTEROL NEB</td><td>AZMACORT</td></tr> <tr><td>PROAIR HFA</td><td>FLOVENT HFA</td></tr> <tr><td>PROVENTILHFA</td><td>PULMICORT</td></tr> <tr><td>SEREVENT</td><td>QVAR</td></tr> <tr><td>VENTOLIN HFA</td><td>SYMBICORT</td></tr> </tbody> </table> <p>Step 2- If asthma <u>CANNOT</u> be inferred from history, check for use of an antihistamine <u>AND</u> a nasal steroid</p> <p>Step 3- Reject claim if either antihistamine or nasal steroid was used alone but not <u>BOTH</u>, patient must try and fail <u>BOTH</u> an antihistamine <u>AND</u> a nasal steroid before using Singulair (for allergic rhinitis)</p>	Beta Adrenergic Agonists	Adrenals	ADVAIR DISKUS	AEROBID	ADVAIR HFA	ASMANEX	ALBUTEROL NEB	AZMACORT	PROAIR HFA	FLOVENT HFA	PROVENTILHFA	PULMICORT	SEREVENT	QVAR	VENTOLIN HFA	SYMBICORT
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Exception:	<p>If doctor substantiates that none of the first and/or second line drugs is right for the patient due to their medical condition, or if the patient has already tried and failed a first or second line drug, he/she may request an exception to the formulary. To file a request, doctor should complete and submit a Coverage Exception Request Form.</p> <p>Computer assisted forms can be accessed online at www.PHCcares.com in the pharmacy section of the portal.</p> <p>If the request for an exception to our formulary is approved, we will continue to cover the requested drug without interruption.</p> <p>Please fax the Coverage Exception Request Form to Envision Pharmaceutical Services at 1-866-250-5178 or mail to Envision Pharmaceutical Services 2181 E. Aurora Rd. Twinsburg, OH 44087.</p>																
Duration Of Approval:	Lifetime of member under current Member ID																