

UPDATE ON OVER THE COUNTER ANTIHISTAMINES

Dear Patient:

As you may know, Claritin, a non-sedating antihistamine, was recently approved for over-the-counter sales in the United States. Claritin is an effective once a day non-sedating antihistamine that had been a prescription drug for many years.

In an effort to save on pharmacy expenses, many managed care insurance companies are now beginning to decline to cover the cost of prescription non-sedating antihistamines such as Allegra, Clarinex, and Zyrtec. Many of these companies are requiring that anyone who requests prescription coverage for these three drugs must first try over-the-counter medications such as Claritin or the generic version loratadine, marketed as Alavert. Alavert may be purchased at pharmacies such as CVS for 50 cents per pill or \$15 for a 30 day supply making it quite competitive with a monthly copay.

These insurance companies have instituted an appeals process by which insured patients may request authorization for coverage for Allegra, Clarinex, or Zyrtec.

Because of the large numbers of patients put in this position, we ask that you consider trying over-the-counter Alavert before requesting authorization for alternative drugs. You may find that you are quite happy with Alavert. If not, we will help you file the paperwork with your insurer to get another drug.

What we request is a written statement from you ([YOU WILL FIND A SAMPLE FORM ON THE NEXT PAGE](#)) which may be faxed to us indicating that you have tried Claritin or Alavert for two weeks and find its use unacceptable in terms of efficacy or side effects.

If you have any questions, please feel free to call us.

Sincerely,

New York Allergy and Sinus Centers

FAX TO: 212-686-6329

Dear Sir or Madame:

I have tried over-the-counter generic loratadine for two weeks to treat my allergic problems.

I don't find that it is a suitable drug for me and I request that it be authorized for me to have (Allegra/Zyrtec/Clarinet) as a prescription benefit under my insurance plan.

Sincerely,

Name: _____

Insurance Company: _____

Date: _____

Signature: _____

FAX TO: 212-686-6329