

Position Statement

Over-the-counter antihistamines

December 2002

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Allergic diseases that may require antihistamine therapy affect up to 25% of the population. Antihistamines are used to treat allergic rhinitis (hay fever), allergic conjunctivitis (red, itchy, watery eyes), urticaria (hives), and angioedema (swelling). We are writing to make your readers aware of some unfortunate consequences of loratadine (Claritin) becoming available without a prescription.

We do not object to loratadine becoming available over the counter per se-it is a safe and effective medication. However, a number of insurance companies have announced that, when loratadine becomes available over the counter, they will either not cover other second generation antihistamines (such as Allegra, Zyrtec, or Clarinex) or substantially raise the co-pays for these medications. We think this will adversely affect quality healthcare and public safety in several ways.

Clinical studies and physician experience have shown that patients do not necessarily respond the same way to specific medications within the second generation antihistamine class. Currently accepted standards of care will not be met if physicians and patients can only choose from a limited number of therapeutic options that may be less effective or less safe for an individual patient. These policies will create economic barriers for patients and administrative hurdles for medical care providers that hinder clinical decision making and impede the physician-patient relationship. Many patients will be forced to self-medicate using over the counter first generation antihistamines, which cause sedation and performance impairment, potentially impacting public safety as the impaired individuals have contact with others at work, school, and on our highways. In addition, patients who choose to self medicate will not receive valuable professional advice from physician experts, thereby limiting their access to many other potentially important aspects of optimal allergic diseases therapy. Ironically, barriers to newer and more effective medications, in order to reduce pharmaceutical costs in the short term, may actually increase overall management costs for chronic diseases in the long run.

We believe that prescription policies limiting coverage and use of second generation antihistamines are medically inappropriate, in the long term more expensive, and are clearly below the current standard of practice in the field of allergic and immunologic diseases. On behalf of our patients, their families, and their employers, we look forward to working with those parties interested in maintaining quality allergy healthcare and hope to resolve these issues for the benefit of all.

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