



ANTI-HISTAMINES PA SUMMARY

| Preferred | Non-Preferred |
|---|---------------------------------|
| Carbinoxamine IR generic - <i>PA not required</i> | Arbinoxa (carbinoxamine) |
| Cetirizine generic - <i>PA not required</i> | Clarinet Syrup |
| Clarinet-D (desloratadine/pseudoephedrine) | Desloratadine ODT generic |
| Desloratadine tablets generic | Karbinal ER (carbinoxamine ER) |
| Levocetirizine tablets generic - <i>PA not required</i> | Levocetirizine solution generic |
| Loratadine generic - <i>PA not required</i> | |
| Loratadine-D generic - <i>PA not required</i> | |
| Semprex-D - <i>PA not required</i> | |

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

For Clarinet-D and Desloratadine Tablets Generic

- ❖ .
- ❖ Approvable for member who have experienced ineffectiveness or a history of intolerable side effects to the same formulation of a loratadine product.

For Arbinoxa and Karbinal ER

- ❖ Physician must submit a written letter of medical necessity stating the reason(s) carbinoxamine generic is not appropriate for the member.

For Clarinet Syrup

- ❖ Approvable for members < 2 years of age who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or history of intolerable side effects to cetirizine liquid.
- ❖ Approvable for members ≥ 2 years of age who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or history of intolerable side effects to cetirizine liquid and loratadine liquid.

For Desloratadine ODT Generic

- ❖ Approvable for members who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or history of intolerable side effects to cetirizine and loratadine.

For Levocetirizine Solution Generic

- ❖ Approvable for members < 2 years of age who have experienced ineffectiveness or a history of intolerable side effects to cetirizine liquid.
- ❖ Approvable for members ≥ 2 years of age who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or history of intolerable side effects to cetirizine liquid and loratadine liquid.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827.**



PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.