



**LOW SEDATING ANTIHISTAMINES AND COMBINATION PRODUCTS
PA SUMMARY**

PREFERRED	Clarinet, Clarinet Reditabs, Clarinet-D, Clarinet syrup, Generic Generic Cetirizine tablets/syrup, Generic Loratadine products (tablets, chewable, ODT, syrup), Generic loratidine-D products, Semprex-D
NON-PREFERRED	Generic Desloratadine (tablet, ODT), Generic levocetirizine

LENGTH OF AUTHORIZATION: 1 Year

NOTE: PA is required for preferred and non-preferred agents. Exceptions are generic cetirizine syrup Rx/OTC, generic cetirizine tablets OTC, and generic loratadine/loratadine-D OTC which do not require prior authorization. Allegra OTC, generic cetirizine chewable, generic cetirizine-D, OTC Claritin Reditabs, and all Zyrtec products are not covered.

PA CRITERIA:

For Clarinet (brand), Clarinet-D, Clarinet Reditabs (brand), or Clarinet Syrup

- ❖ Claims history reviewed for the use of one loratadine claim within the same formulation in the past 365 days.
- ❖ Otherwise, physician should submit documentation of ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to the same formulation of a loratadine product.
- ❖ In addition, for members 12 years and older, requests for Clarinet 2.5mg Reditabs (RDT/ODT) require a written letter of medical necessity stating the reason(s) that brand-name Clarinet 5 mg Reditabs (RDT/ODT) AND loratadine ODT cannot be used.

For Generic Desloratadine tablets/ODT

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) the same formulation of the preferred products, brand-name Clarinet (requires PA) AND loratidine (does not require PA), are not appropriate for the member.

For Levocetirizine

- ❖ Approvable for members 6 months of age or older.
- ❖ For members 2 years of age and older, physician should submit documentation of ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to loratadine and Clarinet.
- ❖ For members 6 months to 2 years of age, physician should submit documentation of ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to Clarinet.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

- ❖ 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.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

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