GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIHISTAMINES PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbinoxamine IR 4 mg tablets and 4 mg/5mL solution generic</td>
<td>Clarinex-D (desloratadine/pseudoephedrine)</td>
</tr>
<tr>
<td>Cetirizine generic</td>
<td>Clarinex Syrup (desloratadine)</td>
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<tr>
<td>Levocetirizine tablets generic</td>
<td>Desloratadine generic</td>
</tr>
<tr>
<td>Loratadine generic</td>
<td>Karbinal ER (carbinoxamine ER 4 mg/5 mL suspension)</td>
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<tr>
<td>Loratadine/pseudoephedrine generic</td>
<td>Levocetirizine solution generic</td>
</tr>
<tr>
<td>Semprex-D</td>
<td>Ryvent (carbinoxamine IR 6 mg)</td>
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</tbody>
</table>

IR=immediate-release; ER=extended-release; ODT=orally disintegrating tablets

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

**Clarinex-D**
- Approvable for members who have experienced ineffectiveness or history of intolerable side effects to the preferred product, loratadine/pseudoephedrine.

**Clarinex Syrup**
- Approvable for members < 2 years of age who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or history of intolerable side effect to the preferred product, 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 the preferred products, cetirizine liquid and loratadine liquid.

**Desloratadine Orally Disintegrating Tablets Generic**
- Approvable for members who have experienced ineffectiveness or history of intolerable side effects to the preferred product, loratadine rapidly disintegrating tablets.

**Desloratadine Tablets Generic**
- Approvable for members who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or history of intolerable side effects to the preferred products, cetirizine or levocetirizine and loratadine.

**Karbinal ER and Ryvent**
- Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, carbinoxamine immediate-release generic, is not appropriate for the member.
Levocetirizine Solution Generic

- Approvable for members < 2 years of age who have experienced ineffectiveness or history of intolerable side effect to the preferred product, 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 the preferred products, 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 OptumRx at 1-866-525-5827.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.

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 Pharmacy and click on Other Documents, then select the most recent quarters QLL List.