



**GEORGIA MEDICAID FEE-FOR-SERVICE  
ANTI-HISTAMINES PA SUMMARY**

Preferred	Non-Preferred
Carbinoxamine IR 4 mg tablets and 4 mg/5mL solution generic Cetirizine generic Clemastine generic Cyproheptadine generic Diphenhydramine generic Hydroxyzine generic Levocetirizine tablets generic Loratadine generic Loratadine/pseudoephedrine generic	Clarinex-D (desloratadine/pseudoephedrine) Desloratadine generic Karbinal ER (carbinoxamine ER 4 mg/5 mL oral suspension) Levocetirizine oral solution generic Ryclora (dexchlorpheniramine oral solution) Ryvent (carbinoxamine IR 6 mg tablets)

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 intolerable side effect to the preferred product, loratadine/pseudoephedrine.

*Desloratadine Generic*

- ❖ Approvable for members who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to the preferred products, loratadine and cetirizine or levocetirizine.

*Karbinal ER and Ryvent*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, carbinoxamine immediate-release generic as well as at least one other preferred product, are not appropriate for the member.

*Levocetirizine Oral Solution Generic*

- ❖ Approvable for members less than 2 years of age who have experienced ineffectiveness or intolerable side effect to the preferred product, cetirizine liquid.
- ❖ Approvable for members 2 years of age and older who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to the preferred products, cetirizine liquid and loratadine liquid.

*Ryclora*



**GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH**

- ❖ Approvable for members 2 years of age and older who have experienced ineffectiveness or intolerable side effect to over-the-counter (OTC) chlorpheniramine as well as experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two preferred products.

**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](http://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](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.