



**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 Levocetirizine tablets generic Loratadine generic Loratadine/pseudoephedrine generic Semprex-D | Clarinex-D (desloratadine/pseudoephedrine) Clarinex Syrup (desloratadine) Desloratadine generic Karbinal ER (carbinoxamine ER 4 mg/5 mL suspension) Levocetirizine solution generic Ryvent (carbinoxamine IR 6 mg) |

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 \geq 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.