

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

Note: prior authorization applies to both over the counter (OTC) and prescription (RX) versions of the medications listed in the below table.

Medication	Strength	Quantity Limits
Allegra	30mg ODT, 60mg	#60 per 30 days
Allegra	180mg	#30 per 30 days
Allegra-D 12-Hour	60mg-120	#60 per 30 days
Allegra-D 24-Hour	180mg-240	#30 per 30 days
Allegra Suspension	30mg/5ml	900mL per 30 days
Cetirizine	5mg, 10mg	#30 per 30 days
Cetirizine-D	5mg-120mg	#60 per 30 days
Cetirizine Solution	5 mg/5 mL	300mL per 30 days
Cetirizine Syrup	1mg/mL	300mL per 30 days
Clarinet, Clarinet RediTab	2.5mg, 5mg	#30 per 30 days
Clarinet-D 12-Hour	2.5mg-120	#60 per 30 days
Clarinet-D 24-Hour	5-240mg	#30 per 30 days
Clarinet syrup	2.5mg/5ml	300mL per 30 days
Desloratadine (generic Clarinet)	5mg	#30 per 30 days
Desloratadine ODT (generic Clarinet RediTab)	2.5mg, 5mg	#30 per 30 days
Semprex-D	8-60mg	N/A
Levocetirizine solution	2.5 mg/5 mL	10 mL per day
Levocetirizine tablet	5 mg	N/A
Xyzal solution	2.5 mg/5 mL	10 mL per day
Xyzal tablet	5 mg	N/A

VERRIDE(S)

Prior Authorization of Benefits

PROVAL DURATION

1 year

PROVAL CRITERIA

- I. Requires a treatment failure, intolerance, or contraindication to over-the-counter loratadine/loratadine-D and fexofenadine/fexofenadine D.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

WEB-PEC-0278-15