

Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial



Non-Sedating Antihistamines/Combinations

GPI CODING:

415500210072**	Clarinet ODT Reditabs (generic only)
439930026274**	Clarinet-D 12HR
439930026275**	Clarinet-D 24HR
41550027102020	Xyzal solution

DESCRIPTION:

Non-sedating antihistamines/combinations compete with free histamine for binding to H-1 receptors. The blockade of H1-receptors suppresses the formation of edema, flare, pruritus that results from histaminic activity. These do not readily cross the brain-blood barrier. They also preferentially bind at H-1 receptors in the periphery rather than within the brain, and this accounts for some of its nonsedating character.

APPROVAL DURATION:

Approval duration: 12 months

CRITERIA FOR NON-SEDATING ANTI-HISTAMINES/COMBINATIONS

- I. Patient has inadequate treatment response or serious adverse event to at least three of the following four non-sedating antihistamines
 - A. cetirizine or cetirizine-D
 - B. loratadine or loratadine-D
 - C. fexofenadine or fexofenadine-D
 - D. levocetirizine
- II. Requests for Xyzal solution: patient has inadequate treatment response or serious adverse event to two non-sedating antihistamines AND levocetirizine, unless the patient is unable to swallow tablets for request of liquid formulations