



Request for Prior Authorization
ANTIHISTAMINES-ORAL

(PLEASE PRINT - ACCURACY IS IMPORTANT)

Form with fields for IA Medicaid Member ID #, Patient name, DOB, Patient address, Provider NPI, Prescriber name, Phone, Prescriber address, Fax, Pharmacy name, Address, Phone, Pharmacy NPI, Pharmacy fax, NDC.

Prior authorization is required for all non-preferred oral antihistamines.

Patients 21 years of age and older must have three unsuccessful trials with oral antihistamines that do not require prior authorization, prior to the approval of a non-preferred oral antihistamine. Two of the trials must be with cetirizine and loratadine.

Patients 20 years of age and younger must have an unsuccessful trial with cetirizine and loratadine prior to the approval of a non-preferred oral antihistamine. The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Preferred 1st Generation Antihistamines (no PA required) required)

- Chlorpheniramine Maleate (OTC)
Cyproheptadine
Diphenhydramine (OTC)
Other preferred as listed on PDL

Non- Preferred 1st Generation Antihistamines (PA

- Carbinoxamine Maleate
Clemastine Fumarate
Dexchlorpheniramine maleate

Preferred 2nd Generation OTC Antihistamines (no PA required)

- Loratadine Tab (OTC)
Loratadine Syrup (OTC)
Cetirizine Tab (OTC)
Cetirizine Syrup (OTC)

Non-Preferred 2nd Generation Antihistamines (PA required)

- Clarinet/Clarinet D
Desloratadine
Levocetirizine
Xyzal

Strength Dosage Instructions Quantity Days Supply

Diagnosis:

Document antihistamine treatment failure(s) including drug names, strength, exact date ranges and failure reasons:

Medical or contraindication reason to override trial requirements:

Reason for use of Non-Preferred drug requiring prior approval:

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.) Date of submission

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.