

- Must have tried each of the following medications with an inadequate response as documented in pharmacy claims or physician chart documentation:
 - Loratadine
 - Fexofenadine
 - Cetirizine
 - Intranasal corticosteroid

2. For the diagnosis of urticaria

- Must have tried each of the following medications with an inadequate response as documented in pharmacy claims or physician chart documentation:
 - Loratadine
 - Fexofenadine
 - Cetirizine

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Levocetirizine (Xyzal) □package insert□. Bridgewater, NJ: Sanofi-Aventis U.S. LLC; July 2007.
2. Dykewicz MS, Fineman S, Skoner DP, et.al. Diagnosis and management of rhinitis: Complete guidelines of the Joint Task Force on Practice Parameters in Allergy, Asthma, and Immunology. Ann Allergy Asthma Immunol 1998;81:478.
3. Zuberbier T. Urticaria. Allergy 2003;58:1224.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual Review</i>	<i>02/17, 02/18</i>

