



Cal MediConnect – 2016

**Prior Authorization Group Description**

ANTIHISTAMINES

**Covered Uses:**

All FDA-approved indications

**Exclusion Criteria:**

**Required Medical Information:**

**Age Restrictions:**

Prior authorization is required for patients 65 years and older. Prior authorization is not required for patients 64 years and younger.

**Prescriber Restrictions:**

**Coverage Duration:**

Length of Benefit

**Other Criteria:**

Allergic rhinitis: Failure or clinically significant adverse effects to two of the following: Xyzal, Flonase, Nasonex or Nasarel.