

Alaska Medicaid

Second Generation Non-Sedating Antihistamines

Clarinet[®] (All forms) and Xyzal[®] (All forms)

Criteria for Approval:

- Coverage will be given for loratadine products.
- Coverage will be given for Clarinet or Xyzal if the recipient has completed a 30 day trial and treatment failure of loratadine.

Length of Authorization:

Coverage may be approved for 1 year.

Dispensing Limit:

The dispensing limit is a 30 day supply of medication.