



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: levocetirizine

Brand Name: Xyzal

Medication Class: Antihistamine

FDA Approved Uses: Allergic Rhinitis and Chronic Idiopathic Urticaria

Available Dosage Forms: 5mg tablet

Usual Dose: 6-11 years of age 2.5mg daily
12 years and older 5 mg daily

Duration of Therapy: Indefinite, allergy season

Approximate monthly cost (based on AWP 2007): \$84.30/month

Criteria for Use: *(bullet points below are all inclusive unless otherwise noted)*

- Patient has clinically documented allergic rhinitis or chronic idiopathic urticaria
- Patient failed/intolerant to OTC products including loratadine
- Patient failed/intolerant to at least 2 formulary medications including but not limited to Zyrtec and nasal steroids.

Contraindications:

- Known hypersensitivity to levocetirizine or cetirizine.
- Patients on hemodialysis
- Patients with creatinine clearance <10 ml/min
- Patients 6-11 years of age with renal impairment

Not Approved if:

- The patient does not meet the above stated criteria
- The patient has any contraindications to the use of Xyzal.

P&T Approval: _____ Date: _____