Quzyttir (cetirizine hydrochloride)
Effective 07/01/2020

<table>
<thead>
<tr>
<th>Plan</th>
<th>MassHealth</th>
<th>Commercial/Exchange</th>
<th>Program Type</th>
<th>Prior Authorization</th>
<th>Quantity Limit</th>
<th>Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit</td>
<td>Pharmacy Benefit</td>
<td>Medical Benefit (NLX)</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
</tr>
</tbody>
</table>

Specialty Limitations
N/A

<table>
<thead>
<tr>
<th>Specialty Medications</th>
<th>All Plans</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Specialty Medications</td>
<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
</tr>
<tr>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
<td></td>
</tr>
<tr>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
<td></td>
</tr>
<tr>
<td>Medical Specialty Medications (NLX)</td>
<td>All Plans</td>
<td>Phone: 844-345-2803</td>
<td>Fax: 844-851-0882</td>
</tr>
</tbody>
</table>

Exceptions

Overview
Cetirizine hydrochloride is a histamine-1 (H1) receptor antagonist. Quzyttir is an intravenous formulation of cetirizine hydrochloride indicated for the treatment of acute urticaria (hives lasting less than six weeks), in adults and children 6 months of age and older.

Coverage Guidelines
Authorization may be granted for members who are currently receiving treatment with Quzyttir, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs OR
Authorization may be granted if the member meets all following criteria and documentation has been submitted:
1. Member is ≥ 6 months of age
2. Prescriber is an allergist/immunologist or dermatologist, or consultation notes from an allergist/immunologist or dermatologist regarding the diagnosis and treatment recommendations are submitted
3. Member has had an inadequate response to IV diphenhydramine

Continuation of Therapy
Reauthorization may be granted for members who have met the initial criteria and documentation of clinical response has been submitted (e.g. reduction of symptoms).

Limitations
Initial approvals and reauthorizations will be granted for 3 months.

Dosing
| Quzyttir IV injection 10mg/mL | 6 months to 5 years: 2.5mg every 24 hours  
6 years to 11 years: 5mg or 10mg every 24 hours  
12 years to 17 years: 10mg every 24 hours  
18 years and older: 10mg every 12 hours |

References
1. Quzyttir (cetirizine hydrochloride) [prescribing information]. Lake Forest, IL: Tersera Therapeutics LLC; October 2019.
2. Diphenhydramine hydrochloride injection [prescribing information]. Lake Forest, IL: Hospira; May 2019

Review History
5/20/2020 – Created and Reviewed P&T Mtg. Effective 7/1/20

Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.