



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

NON-SEDATING ANTIHISTAMINES
(Cetirizine, Loratadine, Fexofenadine)

Effective 1/01/2018

[Prior Authorization Request Form](#)

CRITERIA FOR APPROVAL

- WV Medicaid shall cover generic **cetirizine, loratadine, and fexofenadine** without the requirement of a prior-authorization.
- All other non-sedating antihistamines shall require 14-day trials of all three of the above agents unless contraindicated or age restricted.