

**Radicava (edaravone)  
 Radicava ORS (edaravone)  
 Effective 4/1/2020**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

### 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 new to the plan 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  $\geq$  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

<b>Quzyttir IV injection 10mg/mL</b>	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

11/16/2022 – Reviewed for Nov P&T. Separated out MH vs Comm/Exch. No clinical changes.

