Mass General Brigham
Health Plan

Antihistamines
Quzyttir (cetirizine injection)
Effective 06/01/2025

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Quzyttir is indicated for the treatment of acute urticaria in adults and children 6 months of age and older.

Limitations of use:
Quzyttir is not recommended in pediatric patients less than 6 years of age with impaired renal or hepatic function.

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization will be granted when all the following criteria has been met, and documentation has been submitted:

1. Diagnosis of acute urticaria
2. Inadequate response, adverse reaction or contraindication to IM/IV diphenhydramine
3. Member must meet the above criteria and the prescriber must submit documentation of trials of alternatives with rebate or clinical rationale for the use of a non-rebate product (as per the Non-FDA approved and Non-rebate Medications guideline)

Continuation of Therapy
Reauthorization by physician will infer a positive response to therapy.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.

References

1. Quzyttir (cetirizine injection) [package insert]. Pfizer Rocky Mount, NC: TerSera Therapeutics LLC.; Mar 2020.

Review History

02/08/2023 - Reviewed and created for Feb P&T; matched MH UPPL. Effective 4/1/23.
05/10/23 – Reviewed and updated for P&T. Added criteria for swallowing disorders. Updated language to require one or contraindication to all trial agents. Fexofenadine 60mg and 180mg tablets no longer require PA. Effective 6/5/23
5/15/25 – Reviewed and updated for P&T. Updated formatting and references.