

desloratadine ODT (CLARINEX REDITABS)

Diagnoses Considered for Coverage:

- Seasonal Allergic Rhinitis
- Perennial Allergic Rhinitis
- Chronic Idiopathic Urticaria

Coverage Criteria:

For diagnoses above:

- Patient is unable to use desloratadine tablet, **and**
- Dose does not exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 09/27/2023