

Clemastine fumarate (oral syrup)

Diagnoses Considered for Coverage:

- Allergic rhinitis
- Cutaneous hypersensitivity, urticaria and angioedema

Coverage Criteria:

For coverage review, approve if:

- Patient is unable to take or has an intolerance to clemastine tablet, and
- Inadequate response, intolerable side effect to one preferred oral liquid antihistamine (e.g. carbinoxamine 4mg/5ml solution, hydroxyzine solution, cyproheptadine solution) or contraindication to all, and
- Dose does not exceed 60mL per day

Coverage Duration: one year

Effective Date: 11/02/2023