ALABAMA MEDICAID AGENCY
1st Generation Antihistamines
Preferred Status

Effective July 1, 2010, the 1st generation antihistamines were included in the Alabama Medicaid Preferred Drug Program. The list below includes the current preferred status of the covered 1st generation antihistamines. Preferred drugs are available without prior approval. **The list is subject to change.** For additional PDL and coverage information, visit our drug look-up site at https://www.medicaid.alabamaservices.org/ALPortal/NDC%20Look%20Up/tabId/39/Default.aspx.

NDC Code	Label Name Description	Generic Drug Description	PDL Status
51991033404	CARBINOXAMINE 4 MG/5 ML LIQUID	CARBINOXAMINE MALEATE ORAL 4 MG/5 ML LIQUID	Preferred
51991033301	CARBINOXAMINE MALEATE 4 MG TAB	CARBINOXAMINE MALEATE ORAL 4 MG TABLET	Preferred
23359001430	CENTERGY PEDIATRIC DROPS	CHLORPHENIRAMINE/PHENYLEPHRINE ORAL 1MG-2MG/ML DROPS	Preferred
60505035700	CLEMASTINE 0.67 MG/5 ML SYRUP	CLEMASTINE FUMARATE ORAL 0.67MG/5ML SYRUP	Preferred
00093030801	CLEMASTINE FUM 2.68 MG TAB	CLEMASTINE FUMARATE ORAL 2.68 MG TABLET	Preferred
00121048900	DIPHENHYDRAMINE 12.5 MG/5 ML	DIPHENHYDRAMINE HCL ORAL 12.5MG/5ML ELIXIR	Preferred
00121048905	DIPHENHYDRAMINE 12.5 MG/5 ML	DIPHENHYDRAMINE HCL ORAL 12.5MG/5ML ELIXIR	Preferred
00121097800	DIPHENHYDRAMINE 25 MG/10 ML	DIPHENHYDRAMINE HCL ORAL 12.5MG/5ML ELIXIR	Preferred
00121097810	DIPHENHYDRAMINE 25 MG/10 ML	DIPHENHYDRAMINE HCL ORAL 12.5MG/5ML ELIXIR	Preferred
23594010105	KARBINAL ER 4 MG/5 ML SUSP	CARBINOXAMINE MALEATE ORAL 4 MG/5 ML SUS ER 12H	Non-preferred
15370015004	RYCLORA 2 MG/5 ML SOLUTION	dexchlorpheniramine maleate ORAL 2 MG/5 ML SOLUTION	Non-preferred
15370013010	RYVENT 6 MG TABLET	CARBINOXAMINE MALEATE ORAL 6 MG TABLET	Non-preferred