



# ALABAMA MEDICAID AGENCY

## 1<sup>st</sup> Generation Antihistamines Preferred Status

Effective July 1, 2010, the 1<sup>st</sup> generation antihistamines were included in the Alabama Medicaid Preferred Drug Program. The list below includes the current preferred status of the covered 1<sup>st</sup> 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
63323036601	DIMENHYDRINATE 50 MG/ML VIAL	DIMENHYDRINATE INJECTION 50 MG/ML VIAL	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
46122061862	GNP ALLERGY RELIEF 4 MG TABLET	CHLORPHENIRAMINE MALEATE ORAL 4 MG TABLET	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