



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
64376061216	CARBINOXAMINE 4 MG/5 ML LIQUID	CARBINOXAMINE MALEATE ORAL 4 MG/5 ML LIQUID	Preferred
64376061240	CARBINOXAMINE 4 MG/5 ML LIQUID	CARBINOXAMINE MALEATE ORAL 4 MG/5 ML LIQUID	Preferred
44523082501	CARBINOXAMINE MALEATE 4 MG TAB	CARBINOXAMINE MALEATE ORAL 4 MG TABLET	Preferred
51991033301	CARBINOXAMINE MALEATE 4 MG TAB	CARBINOXAMINE MALEATE ORAL 4 MG TABLET	Preferred
64376060501	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
00121048905	DIPHENHYDRAMINE 12.5 MG/5 ML	DIPHENHYDRAMINE HCL ORAL 12.5MG/5ML ELIXIR	Preferred
00121048910	DIPHENHYDRAMINE 25 MG/10 ML	DIPHENHYDRAMINE HCL ORAL 12.5MG/5ML ELIXIR	Preferred
13551010105	KARBINAL ER 4 MG/ 5 ML SUSP	CARBINOXAMINE MALEATE ORAL 4 MG/5 ML SUS ER 12H	Non-preferred
15370013010	RYVENT 6 MG TABLET	CARBINOXAMINE MALEATE ORAL 6 MG TABLET	Non-preferred