



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/5/Default.aspx>.

| NDC Code | Label Name Description | Generic Drug Description | PDL Status |
|-------------|--------------------------------|---|---------------|
| 62135071341 | CLEMASTINE 0.5 MG/5 ML SYRUP | clemastine fumarate ORAL 0.5 MG/5ML SYRUP | Preferred |
| 60505035700 | CLEMASTINE 0.67 MG/5 ML SYRUP | clemastine fumarate ORAL 0.5 MG/5ML SYRUP | Preferred |
| 00093030801 | CLEMASTINE FUM 2.68 MG TAB | CLEMASTINE FUMARATE ORAL 2.68 MG TABLET | Preferred |
| 00121048900 | DIPHENHYDRAMINE 12.5MG/5ML CUP | DIPHENHYDRAMINE HCL ORAL 12.5MG/5ML ELIXIR | Preferred |
| 00121048905 | DIPHENHYDRAMINE 12.5MG/5ML CUP | DIPHENHYDRAMINE HCL ORAL 12.5MG/5ML ELIXIR | Preferred |
| 00121097800 | DIPHENHYDRAMINE 25 MG/10ML CUP | DIPHENHYDRAMINE HCL ORAL 12.5MG/5ML ELIXIR | Preferred |
| 00121097810 | DIPHENHYDRAMINE 25 MG/10ML CUP | DIPHENHYDRAMINE HCL ORAL 12.5MG/5ML ELIXIR | Preferred |
| 15370015004 | RYCLORA 2 MG/5 ML SOLUTION | dexchlorpheniramine maleate ORAL 2 MG/5 ML SOLUTION | Non-Preferred |