



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 TABLET	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