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	Generic Drug Name	PDL Status
63717087001	ARBINOXA 4 MG TABLET	CARBINOXAMINE MALEATE ORAL 4 MG TABLET	Non-Preferred
63717087116	ARBINOXA 4 MG/5 ML LIQUID	CARBINOXAMINE MALEATE ORAL 4 MG/5 ML LIQUID	Non-Preferred
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
00781135901	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
51645074501	DIPHENHYDRAMINE 25 MG CAPLET	DIPHENHYDRAMINE HCL ORAL 25 MG TABLET	Preferred
00121048910	DIPHENHYDRAMINE 25 MG/10 ML	DIPHENHYDRAMINE HCL ORAL 12.5MG/5ML ELIXIR	Preferred
64661003230	J-TAN D PD DROPS	BROMPHENIRAMIN/PSEUDOEPHEDRINE ORAL 1-7.5MG/ML DROPS	Non-Preferred
64661003130	J-TAN PD DROPS	BROMPHENIRAMINE MALEATE ORAL 1 MG/ML DROPS	Non-Preferred
13551010105	KARBINAL ER 4 MG/ 5 ML SUSP	CARBINOXAMINE MALEATE ORAL 4 MG/5 ML SUS ER 12H	Non-Preferred