

Antihistamines, Non-Sedating

<i>Product Name</i>	<i>Preferred Drug List</i>	<i>Medicaid</i>	<i>Health Choice</i>	<i>ABW: Wayne, Macomb</i>	<i>Plan B: Wayne, Macomb</i>
Cetirizine (tablets)	√	FA	FA	FA	FA
Cetirizine, (syrup, chewable)		PA	PA	NF	NF
Loratadine, (tablets, syrup)	√	FA	FA	FA	FA
Loratadine, (dissolvable tablets)		PA	PA	NF	NF
Loratadine-D		FA	FA	FA	FA

- Additional antihistamines listed in the PDL are:
 - Benadryl (diphenhydramine)
 - Periactin (cyproheptadine)
 - Tavist (clemastine)
 - Vistaril (hydroxyzine)
- Antihistamine with decongestant:
 - Actifed (pseudoephedrine/triprolidine)

Generics are **bolded**

*√ = Preferred Drug

*FA = Formulary

*PA = Prior Authorization required

*NF = Not on Formulary

*ST = Step Therapy

*QL = Quantity Limits