Antihistamine Medication List

A working reference for the antihistamines a practice sees most: class and generation, brand names, OTC or prescription status, adult dosing, sedation, and what each agent is used for. Adult doses below follow current US labeling for the products named.

1. FIRST-GENERATION H1 ANTIHISTAMINES (SEDATING)

These cross the blood-brain barrier, so drowsiness and anticholinergic effects are expected, not incidental.

GENERIC NAME	COMMON BRAND	STATUS	TYPICAL ADULT DOSE	SEDATION	MAIN CLINICAL USES
Diphenhydramine	Benadryl	OTC	25—50 mg every 4 to 6 hours. Maximum 300 mg in 24 hours.	High	Allergic rhinitis, urticaria, pruritus, motion sickness, short-term insomnia
Chlorpheniramine	Chlor-Trimeton, generics	OTC	4 mg every 4 to 6 hours. Maximum 24 mg in 24 hours.	Moderate	Allergic rhinitis, urticaria, common cold combinations
Clemastine	Tavist Allergy	OTC	1.34 mg every 12 hours. Check the pack for the 24-hour limit.	Moderate	Allergic rhinitis, urticaria
Doxylamine	Unisom SleepTabs	OTC	25 mg at bedtime. Prescription pyridoxine combinations dose separately.	High	Short-term insomnia. With pyridoxine, nausea and vomiting of pregnancy
Dimenhydrinate	Dramamine	OTC	50—100 mg every 4 to 6 hours. Maximum 400 mg in 24 hours.	High	Motion sickness, nausea and vertigo of travel
Meclizine	Bonine, Antivert	OTC Rx	Motion sickness 25—50 mg one hour before travel. Vertigo 25—100 mg daily in divided doses.	Moderate	Motion sickness, vertigo of vestibular origin
Hydroxyzine	Vistaril (pamoate)	Rx	Pruritus 25 mg three or four times daily. Anxiety 50—100 mg four times daily.	High	Pruritus, anxiety, pre-procedure sedation, adjunct in acute urticaria
Promethazine	Phenergan	Rx	Allergy 25 mg at bedtime, or 12.5 mg before meals and at bedtime.	High	Allergy, nausea and vomiting, motion sickness. Boxed warning: never under 2 years
Cyproheptadine	Generics	Rx	4 mg three times daily. Usual range 4—20 mg daily.	Moderate to high	Allergic rhinitis, chronic and cold urticaria

2. SECOND-GENERATION H1 ANTIHISTAMINES (LOW OR NO SEDATION)

First-line for daytime and long-term allergy control. Cetirizine and levocetirizine still sedate a minority of patients.

GENERIC NAME	COMMON BRAND	STATUS	TYPICAL ADULT DOSE	SEDATION	MAIN CLINICAL USES
Cetirizine	Zyrtec	OTC	10 mg once daily. Maximum 10 mg in 24 hours.	Low	Allergic rhinitis, chronic urticaria, pruritus
Levocetirizine	Xyzal Allergy 24HR	OTC	5 mg once daily in the evening. Maximum 5 mg in 24 hours.	Low	Allergic rhinitis, chronic urticaria
Loratadine	Claritin	OTC	10 mg once daily.	Minimal	Allergic rhinitis, urticaria
Fexofenadine	Allegra	OTC	60 mg twice daily, or 180 mg once daily.	Minimal	Allergic rhinitis, chronic urticaria
Desloratadine	Clarinex	Rx	5 mg once daily.	Minimal	Allergic rhinitis, chronic idiopathic urticaria

Doses reflect current US FDA product labeling as published on DailyMed. Confirm every dose against the label in front of you, and against your own formulary, before you prescribe or counsel a patient.

3. TOPICAL ANTIHISTAMINES: NASAL AND OPHTHALMIC

Useful when symptoms sit in one organ and a systemic dose is more than the patient needs.

GENERIC NAME	COMMON BRAND	STATUS	TYPICAL ADULT DOSE	MAIN CLINICAL USES
Azelastine nasal spray	Astepro Allergy, Astelin	OTC Rx	1 or 2 sprays per nostril twice daily	Seasonal and perennial allergic rhinitis
Olopatadine nasal spray	Patanase	Rx	2 sprays per nostril twice daily	Seasonal allergic rhinitis
Olopatadine eye drops	Pataday	OTC	1 drop in each affected eye once daily	Allergic conjunctivitis, ocular itch
Ketotifen eye drops	Zaditor, Alaway	OTC	1 drop in each affected eye every 8 to 12 hours	Allergic conjunctivitis, ocular itch

4. H2 ANTIHISTAMINES: GASTRIC ACID, NOT ALLERGY

Same receptor family, different job. An H2 blocker does not treat allergic rhinitis or hay fever.

GENERIC NAME	COMMON BRAND	STATUS	TYPICAL ADULT DOSE	NOTES FOR THE TEAM
Famotidine	Pepcid AC, Zantac 360°	OTC Rx	OTC 10—20 mg up to twice daily. Prescription 20 mg twice daily, or 40 mg at bedtime.	The usual first choice in this class. Zantac 360° contains famotidine, not ranitidine
Cimetidine	Tagamet HB	OTC Rx	OTC 200 mg. Prescription 300 mg four times daily, or 800 mg at bedtime.	Inhibits several CYP450 enzymes, so run an interaction check first
Nizatidine	Generics	Rx	150 mg twice daily, or 300 mg at bedtime.	US supply has been intermittent. Confirm availability before you recommend it
Ranitidine	Old Zantac products	Withdrawn	—	The FDA asked for removal of all ranitidine on 1 April 2020 over NDMA. Do not stock or recommend it

5. PEDIATRIC ORAL DOSING FROM OTC LABELS

Check the child's age and weight against the pack in the room. Formulations differ, and so do their age bands.

GENERIC NAME	2 TO 5 YEARS	6 TO 11 YEARS	12 YEARS AND OVER
Cetirizine	2.5 mg once daily, up to 5 mg in 24 hours	5—10 mg once daily	10 mg once daily
Levocetirizine	1.25 mg once daily in the evening	2.5 mg once daily in the evening	5 mg once daily in the evening
Loratadine	5 mg once daily	10 mg once daily	10 mg once daily
Fexofenadine	30 mg every 12 hours, up to 60 mg in 24 hours	30 mg every 12 hours, up to 60 mg in 24 hours	60 mg every 12 hours, or 180 mg once daily
Diphenhydramine	Only if a physician directs it	12.5—25 mg every 4 to 6 hours, up to 6 doses in 24 hours	25—50 mg every 4 to 6 hours, up to 300 mg in 24 hours
Chlorpheniramine	Ask a physician	2 mg every 4 to 6 hours, up to 12 mg in 24 hours	4 mg every 4 to 6 hours, up to 24 mg in 24 hours
Promethazine	Contraindicated under 2 years. The boxed warning cites fatal respiratory depression, so no dose is safe in that age band.		

Pediatric bands above are taken from the consumer labels for Children's Zyrtec, Children's Xyzal, Children's Claritin, Children's Allegra, Children's Benadryl and 4 mg chlorpheniramine tablets.

6. SIDE EFFECTS, INTERACTIONS AND CAUTIONS

Work through this list before you recommend an antihistamine, and record what you checked.

- ☐ **Anticholinergic load.** First-generation agents bring dry mouth, blurred vision, constipation, urinary retention and confusion.
- ☐ **Adults 65 and over.** The Beers criteria advise against first-generation antihistamines in this group. Reach for a second-generation agent.
- ☐ **Other sedatives.** Alcohol, opioids, benzodiazepines and sedative-hypnotics all add to the drowsiness and the fall risk.
- ☐ **Narrow-angle glaucoma, prostatic enlargement, stenosing peptic ulcer.** Avoid or use first-generation agents with real caution.
- ☐ **MAOI therapy.** Avoid first-generation antihistamines during treatment and for 14 days after it stops.
- ☐ **QT prolongation.** Hydroxyzine and promethazine both carry the risk. Review the rest of the patient's QT-prolonging medicines.
- ☐ **Duplicate therapy.** Cold, sinus and sleep combinations often already contain an antihistamine. Ask what else the patient takes.
- ☐ **Fexofenadine absorption.** Fruit juice lowers it, and so do antacids containing aluminum or magnesium. Separate the doses.
- ☐ **Kidney and liver impairment.** Doses drop for cetirizine, levocetirizine, loratadine and desloratadine. The OTC levocetirizine label rules out kidney disease.
- ☐ **Pregnancy and breastfeeding.** Loratadine and cetirizine carry the largest safety datasets. Confirm the plan with the obstetric team.

7. DOCUMENT THESE POINTS WITH EVERY RECOMMENDATION

Six lines in the record that answer the questions an auditor or a colleague will ask later.

- ☐ **Agent, strength, frequency and indication.** Name the drug you recommended and the symptom you recommended it for.
- ☐ **Sedation risk discussed.** Note whether the patient drives or works in a safety-sensitive role, and what you advised.
- ☐ **Full medication history taken.** Include supplements and any OTC cold, sinus or sleep product.
- ☐ **Dose-changing conditions checked.** Pregnancy, breastfeeding, kidney or liver impairment, and age 65 or over.
- ☐ **Response reviewed at follow-up.** Record whether symptoms settled and whether any adverse effect appeared.
- ☐ **Reviewer and date.** Name the clinician who signed the recommendation off.

8. YOUR PRACTICE FORMULARY ADDITIONS

Add the agents your medical director has approved, including the strengths you keep in stock.

MEDICATION	STRENGTH	OTC OR RX	NOTES, CAUTIONS, WHO APPROVED IT

9. REVIEW RECORD

Practice or site: _____ Prepared by: _____

Clinical reviewer: _____ Date reviewed: _____ dd / mm / yyyy

Next review due: _____ dd / mm / yyyy Version: _____

How to use this document. It is a reference for qualified staff, not a prescribing authority and not patient-facing advice. Labeling changes, and products move between OTC and prescription status, so re-check each entry at every review and record who signed it off.