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| Drug Name | Class | Treatment For | Symptoms controlled | Dosage Adult | Dosage Children | Adverse Effects | Availability | Counseling points | Pregnancy Category |
| Chlorpheniramine maleate  Chol-Trimeton | **Oral (Systemic) antihistamines, First generation, non-selective** | Seasonal (begin before exposure); Perennial (in combo with intranasal steroid) | Sneezing, rhinorrhea, itching, conjunctivitis | 4 mg every 6 h  Elderly: Avoid use due to increased risk of confusion, dry mouth, constipation, and other anticholinergic effects | 6-12 y: 2 mg every 6 h  2-5 y: 1 mg every 6 h | Drowsiness, drying effects, dry mouth, difficulty voiding urine, constipation, CV effects (tachycardia), GI effects (N/V, epigastric distress), loss of appetite | OTC | Caution in pts. with increased intraocular pressure, hyperthyroidism, and CVD, lower respiratory tract disease. Take 1-2 hour before anticipated exposure, if tolerance develops change to agent in different chemical class, don’t use other CNS depressants such as alcohol, do not take multiple antihistamines at once, do not double dose if dose is missed, take with meal or full glass of water to prevent GI effects | C |
| Chlorpheniramine maleate, sustained release |  |  |  | 8-12 mg daily at bedtime or 8-12 mg every 8 h | 6-12 y: 8 mg at bedtime  <6 y: Not recommended | See above | OTC | Avoid use in elderly | C |
| Clemastine fumarate  Tavist |  |  |  | 1.34 mg every 8 h | 6–12 y: 0.67 mg every 12 h | See above | OTC | Elderly: Avoid use due to increased risk of confusion, dry mouth, constipation, and other anticholinergic effects | B |
| Diphenhydramine hydrochloride  Benadryl |  |  |  | 25–50 mg every 8 h | 5 mg/kg per day divided every 8  h (up to 25 mg per dose) | See above | OTC | Caution in elderly | B, crosses placenta, not antihistamine of choice |
| Loratadine  Claritin, Alavert | **Oral (Systemic) antihistamines, Second generation, peripherally-selective** |  |  | 10 mg once daily | 6–12 y: 10 mg once daily  2–5 y: 5 mg once daily | Liver and kidney warning | OTC | May be inappropriate in older adults depending on comorbidities (e.g., dementia, delirium) due to its potent anticholinergic effects | B, may be the preferred second generation antihistamine |
| Fexofenadine  Allegra |  |  |  | 60 mg twice daily or  180 mg once daily | 6–11 y: 30 mg twice daily | Kidney warning, once daily dosing in elderly & renal impairment | OTC | Do NOT take at same time as Aluminum or Magnesium antacids, Do NOT take with fruit juices | C |
| Cetirizine  Zyrtec |  |  |  | 5–10 mg once daily | >6 y: 5 mg once daily Infants  6–11 month: 0.25 mg/kg orally demonstrated as safe | Drowsiness, Liver and kidney warning | OTC | Allergy to Hydroxyzine?  Caution in elderly | B, may be a preferred second generation antihistamine |
| Levocetirizine  Xyzal |  |  |  | 5 mg every evening | 6–11 y: 2.5 mg every evening | Dose for renal impairment | Rx | Increased duration of action, caution in elderly | B |
| Levocabastine  Livostin eye drops | **Ophthalmic antihistamines** | Seasonal, Addition to nasal steroids when ocular symptoms occur | conjunctivitis | Instill 1 drop in affected eye(s) 2 times/day; may increase to 1 drop 3-4 times/day. | Children ≥12 years, same as adult | Avoid while wearing soft contact lenses since contains benzalkonium chloride | Not available in US | If no improvement within 3 days, consider discontinuation of therapy.  May cause drowsiness |  |
| Naphazoline and Pheniramine  Naphcon-A® [OTC]; Opcon-A® [OTC]; Visine-A® [OTC] | **Ophthalmic antihistamines and vasoconstrictors** |  |  | 1-2 drops into the affected eye(s) up to 4 times/day |  | Avoid while wearing soft contact lenses since contains benzalkonium chloride | OTC |  |  |
| Azelastine  Astelin, Astepro | **Intranasal antihistamines** | Seasonal | Sneezing, rhinorrhea, nasal pruritus | 0.15% (either),  1-2 sprays each nostril twice daily | 0.1% (seasonal) | Drying effects, headache, diminished effectiveness over time, bitter taste | Rx | Potential drowsiness, rapid symptom relief, clear nasal passages before administration | C |
| Olopatadine  Patanase | **Intranasal antihistamine with mast cell stabilizing and anti-inflammatory properties** | Seasonal |  | 2 sprays into each nostril twice daily | Children ≥12 years, same as adult | Drowsiness, nasal ulcerations, bitter taste | Rx | clear nasal passages before administration | C |
| Pseudoephedrine, plain  Sudafed | **Oral (Systemic) decongestants** |  | Nasal congestion | 60 mg every 4–6 h  MAX Dose: 240 mg/24hours | 6–12 y: 30 mg every 4–6 h 2–5  y: 15 mg every 4–6 h  MAX Dose: 120 mg/24hours | CV stimulation: Increased BP, tachycardia, palpitations, arrhythmias; CNS stimulation: restlessness, insomnia, anxiety, tremors, hallucinations | OTC | Warnings: HTN, heart disease, diabetes, renal impairment, seizure disorder, hyperthyroid, BPH; DDI with MAOIs | Avoid during the first trimester, Decongestants are not preferred agents for treatment during pregnancy |
| Pseudoephedrine, sustained-release  Sudafed 12 hour |  |  |  | 120 mg every 12 h  MAX Dose: 240 mg/24hours | Not recommended | See above | OTC | See above | Avoid during the first trimester, Decongestants are not preferred agents for treatment during pregnancy |
| Phenylephrine  Sudafed PE |  |  |  | 10–20 mg every 4 h  MAX Dose: 60 mg/24 hours | 6–12 y: 10 mg every 4 h 2–6 y:  0.25% drops, 1 mL every 4 h  2–6 y: 0.25% drops, 1 mL every  4 h  MAX Dose: 30 mg/24 hours | See above | OTC | caution in patients with asthma, bowel obstruction, hyperthyroidism, diabetes, CVD, ischemic heart disease, hypertension, increased intraocular pressure, prostatic hyperplasia or in the elderly | C, Avoid during the first trimester, Decongestants are not preferred agents for treatment during pregnancy |
| Phenylephrine hydrochloride  (Short acting)  4 way, Little noses, Vicks Sinex | **Topical decongestants** |  | Nasal congestion | Every 4 h  1%  Instill 2-3 sprays or 2-3 drops in each nostril | ≥ 12 yo: 0.25 or 0.5 or 1 %  6-12 yo: 0.25 %  2- 6 yo : 0.125% | Burning, stinging, sneezing, dryness of nasal mucosa  Caution in BPH and increased intraocular pressure | OTC | Do NOT exceed 3-5 days (rhinitis medicamentosa), clear nose first, don’t blow nose for 5 min after, Caution in CVD including ischemic, diabetes, hyperthyroidism and elderly | Decongestants not preferred agents for treatment during pregnancy, Short-term use (<3 days) may benefit some pts. |
| Naphazoline hydrochloride (intermediate acting)  Privine |  |  |  | Every 6 h  0.05%  1-2 drops or sprays | ≥ 12 yo | See above | OTC | See above |  |
| Tetrahydrozoline hydrochloride  (intermediate acting)  Tyzine |  |  |  | Instill 2-4 drops or 3-4 sprays of 0.1% solution into each nostril every 3-4 hours | > 6 yo: see adult dosing  2-6 years: Instill 2-3 drops of 0.05% solution into each nostril every 4-6 hours as needed | See above | OTC | See above | C |
| Oxymetazoline hydrochloride (Long acting)  Afrin, 4 way 12 hr |  |  |  | Every 12 h  0.05 %  Instill 2-3 sprays into each nostril twice daily | 6 or older : 0.05 %  2-6 yo: 0.025% | See above | OTC | See above |  |
| Beclomethasone dipropionate,  Monohydrate  Beconase Aq,  Vancenase Aq | **Intranasal corticosteroids** | Seasonal (when congestion present, begin before exposure); Excellent choice for perennial, useful controller drug | Sneezing, rhinorrhea, itching, nasal congestion, **Most effective against late phase mediators** | >12 y: 1–2 inhalations (42–84 mcg) twice daily in each nostril | 6–12 y: 1 inhalation per nostril (42 mcg) twice daily to start | Sneezing, stinging, headache, epistaxis;  Growth suppression in prepubertal children? | Rx | Peak responses may take 2-3 weeks, once response achieved can reduce dose, clear nasal passages before administration; Not for pts. with nasal septum ulcers or recent nasal surgery; may confer protection against asthma exacerbations | C |
| Budesonide  Rhinocort Aq |  |  |  |  | >6 y: 2 sprays (64 mcg) per nostril in am and pm or 4 sprays per nostril in am  (maximum: 256 mcg) | See above | Rx | See above | B |
| Flunisolide  Nasalide, Nasarel |  |  |  | 2 sprays (50 mcg) per nostril twice daily (maximum: 400 mcg) | 1 spray per nostril three times a day | See above | Rx | See above | C |
| Fluticasone propionate  Flonase  Fluticasone furoate  Veramyst |  |  |  | 2 sprays (100 mcg) per nostril once daily; after a few days decrease to 1  spray per nostril | >4 y and adolescents: 1 spray per nostril once daily (maximum: 200  mcg/day) | See above | Rx | See above | C |
| Mometasone furoate  Nasonex |  |  |  | >12 y: 2 sprays (100 mcg) per nostril once daily |  | See above | Rx | See above | C |
| Triamcinolone acetonide  Nasacort Aq |  |  |  | >12 y: 2 sprays (110 mcg) per nostril once daily (maximum: 440 mcg/day) |  | See above | Rx | See above | C |
| Cilesonide  Omnaris |  |  |  | 2 sprays (50 mcg/spray) per nostril once daily; maximum: 200 mcg/day | Children ≥12 years: Refer to adult dosing | See above | Rx | See above | C |
| Cromolyn sodium  NasalCrom | **Mast cell stabilizers** | Seasonal (use before allergen’s season starts); Perennial (may take 2-4 weeks to see improvement) | Prevents symptoms | 1 spray in each nostril 3-4x/day at regular intervals of 4-6 h to maintain effect | > 2 yo: 1 spray in each nostril 3-4x/day at regular intervals of 4-6 h to maintain effect | Local irritation, sneezing, stinging | OTC | Clear nasal passages before administration, must cover entire nasal lining | Preferred initial DOC during pregnancy and lactation |
| Ipratropium bromide  Atrovent | **Intranasal anticholinergics** | Perennial; Reserve for use when above therapies fail or not tolerated | Rhinorrhea | 0.03% 2 sprays (42 mcg) 2-3x/day | Children ≥5 years: Refer to adult dosing | Headache, nosebleeds, nasal dryness, local irritation | Rx | Caution in glaucoma, Myasthenia gravis, BPH/bladder neck obstruction | B |
| Montelukast  Singulair | **Leukotriene receptor antagonists** | Combo with antihistamines more effective; Monotherapy in children with asthma and coexisting allergic rhinitis |  | Adults and adolescents >14 years 10 mg tablet daily | 6–14 y: 5 mg chewable tablet daily  6 months to 5 years: 4 mg chewable tablet or oral granule packet daily | Neuropsychiatric events, headache, dizziness, fatigue | Rx | May be beneficial for men with significant BPH and pts. with difficulty stopping antihistamines a week before skin testing | B |
| Omalizumab  Xolair | **Recombinant humanized anti-IgE monoclonal antibody** | Allergic asthma, seasonal and perennial |  | SubQ, every 2-4 weeks based on weight & IgE serum levels |  | Good safety profile for children, malignancies, life threatening anaphylaxis, urticarial, serum sickness | Rx | Very expensive | B |