### Comparison Table: Some Oral Drugs for Allergic Rhinitis

<table>
<thead>
<tr>
<th>Drug</th>
<th>Some Formulations</th>
<th>OTC/Rx</th>
<th>Usual Adult Dosage</th>
<th>Usual Pediatric Dosage</th>
<th>Adverse Effects</th>
<th>Class Comments</th>
<th>Cost2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oral Second-Generation H1-Antihistamines</strong></td>
<td></td>
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<tr>
<td>Cetirizine – Zyrtec Allergy</td>
<td>Children’s Zyrtec Allergy (Johnson &amp; Johnson)</td>
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</tr>
<tr>
<td></td>
<td>5, 10 mg tabs and caps; 5,10 mg chewable tabs; 5 mg/5 mL syrup</td>
<td>OTC</td>
<td>10 mg once/d</td>
<td>6-11 mos: 2.5 mg once/d 12-23 mos: 2.5 mg\textsuperscript{1} once/d-bid 2-5 yrs: 2.5 mg once/d or 2.5 mg bid 6-11 yrs: 5 or 10 mg once/d</td>
<td>▶ May cause sedation  ▶ Dry eyes and mouth can occur</td>
<td>▶ Preferred first-line therapy for relief of itching, sneezing, rhinorhea in mild-to-moderate allergic rhinitis; less effective for congestion  ▶ Addition of pseudoephedrine can relieve congestion  ▶ Less likely than first-generation agents to impair CNS function and cause sedation  ▶ More effective when taken regularly, but can be taken as needed (2-5 hours before exposure to allergen)  ▶ Consider lower starting doses in older adults  ▶ Products containing pseudoephedrine are subject to sales restrictions  ▶ Individual retailers may have their own OTC generic products</td>
<td>$15.90</td>
</tr>
<tr>
<td>Cetirizine/pseudoephedrine – Zyrtec-D 12 hour (Johnson &amp; Johnson)</td>
<td>5 mg/120 mg ER tabs</td>
<td>OTC</td>
<td>1 tab bid</td>
<td>≥12 yrs: 1 tab bid</td>
<td>▶ Pseudoephedrine can cause insomnia, excitability, headache, nervousness, anorexia, palpitations, tachycardia, arrhythmias, hypertension, nausea, vomiting, and urinary retention</td>
<td></td>
<td>39.80</td>
</tr>
<tr>
<td>Desloratadine – generic Clarinex (MSD)</td>
<td>5 mg tabs; 2.5, 5 mg ODT 5 mg tabs; 0.5 mg/mL syrup</td>
<td>Rx</td>
<td>5 mg once/d Renal or hepatic impairment: 5 mg every other day</td>
<td>6-11 mos: 1 mg once/d\textsuperscript{1} 1-5 yrs: 1.25 mg once/d\textsuperscript{1} 6-11 yrs: 2.5 mg once/d ≥12 yrs: 5 mg once/d</td>
<td>▶ May cause sedation at higher doses  ▶ Dry eyes and mouth can occur</td>
<td></td>
<td>51.10 206.70</td>
</tr>
<tr>
<td>Desloratadine/pseudoephedrine – Clarinex-D 12 hour (MSD)</td>
<td>2.5 mg/120 mg ER tabs</td>
<td>Rx</td>
<td>1 tab bid Renal or hepatic impairment: should be avoided</td>
<td>≥12 yrs: 1 tab bid</td>
<td>▶ Pseudoephedrine can cause insomnia, excitability, headache, nervousness, anorexia, palpitations, tachycardia, arrhythmias, hypertension, nausea, vomiting, and urinary retention</td>
<td></td>
<td>284.40</td>
</tr>
<tr>
<td>Fexofenadine – Allegra Allergy</td>
<td>Children’s Allegra Allergy</td>
<td>OTC</td>
<td>60 mg bid or 180 mg once/d Renal impairment: 60 mg once/d</td>
<td>6-23 mos: 15 mg bid\textsuperscript{4} Renal impairment: 15 mg once/d 2-11 yrs: 30 mg bid Renal impairment: 30 mg once/d ≥12 yrs: 60 mg bid or 180 mg once/d Renal impairment: 60 mg once/d</td>
<td>▶ Does not cause sedation, even at higher-than-recommended doses  ▶ Dry eyes and mouth can occur</td>
<td></td>
<td>15.60\textsuperscript{3}</td>
</tr>
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*Continued on next page*
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<tbody>
<tr>
<td>Fexofenadine/pseudoephedrine – Allegra-D 12 hour (Chattem) Allegra-D 24 hour</td>
<td>60 mg/120 mg ER tabs 180 mg/240 mg ER tabs</td>
<td>OTC</td>
<td>1 tab bid 1 tab once/d Renal impairment: 12 hr: 1 tab once/d 24 hr: should be avoided</td>
<td>≥12 yrs: 1 tab bid Renal impairment: 1 tab once/d ≥12 yrs: 1 tab once/d Renal impairment: should be avoided</td>
<td>▶ Pseudoephedrine can cause insomnia, excitability, headache, nervousness, anorexia, palpitations, tachycardia, arrhythmias, hypertension, nausea, vomiting, and urinary retention</td>
<td>▶ Preferred first-line therapy for relief of itching, sneezing, rhinorrhea in mild-to-moderate allergic rhinitis; less effective for congestion ▶ Addition of pseudoephedrine can relieve congestion ▶ Less likely than first-generation agents to impair CNS function and cause sedation ▶ More effective when taken regularly, but can be taken as needed (2-5 hours before exposure to allergen) ▶ Consider lower starting doses in older adults ▶ Individual retailers may have their own OTC generic products</td>
<td>$41.00 31.20</td>
</tr>
<tr>
<td>Levocetirizine – generic Xyzal Allergy 24 hour (Chattem) Children’s Xyzal Allergy</td>
<td>5 mg tabs; 2.5 mg/5 mL oral soln</td>
<td>Rx Rx OTC</td>
<td>5 mg once/d Renal impairment: GFR 50-80 mL/min: 2.5 mg every other day GFR 30-50 mL/min: 2.5 mg twice weekly GFR &lt;10 mL/min: should be avoided Hemodialysis: should be avoided</td>
<td>6 mos-5 yrs: 1.25 mg once/d 6-11 yrs: 2.5 mg once/d ≥12 yrs: 5 mg once/d</td>
<td>▶ May cause sedation at higher doses ▶ Dry eyes and mouth can occur</td>
<td>▶ Preferred first-line therapy for relief of itching, sneezing, rhinorrhea in mild-to-moderate allergic rhinitis; less effective for congestion ▶ Addition of pseudoephedrine can relieve congestion ▶ Less likely than first-generation agents to impair CNS function and cause sedation ▶ More effective when taken regularly, but can be taken as needed (2-5 hours before exposure to allergen) ▶ Consider lower starting doses in older adults ▶ Products containing pseudoephedrine are subject to sales restrictions ▶ Individual retailers may have their own OTC generic products</td>
<td>$10.00 113.40 18.00 13.00</td>
</tr>
<tr>
<td>Loratadine – Alavert (Pfizer) Claritin, Children’s Claritin (Bayer)</td>
<td>10 mg ODT 10 mg tabs and caps; 10 mg ODT, 5 mg chewable tabs; 1 mg/mL syrup</td>
<td>OTC</td>
<td>10 mg once/d Renal impairment: GFR 10-50 mL/min: 10 mg q24-48 h GFR &lt;10 mL/min: 10 mg q48 h Hemodialysis: 10 mg q48 h</td>
<td>2-5 yrs: 5 mg once/d ≥6 yrs: 10 mg once/d</td>
<td>▶ May cause sedation ▶ Dry eyes and mouth can occur</td>
<td>▶ Preferred first-line therapy for relief of itching, sneezing, rhinorrhea in mild-to-moderate allergic rhinitis; less effective for congestion ▶ Addition of pseudoephedrine can relieve congestion ▶ Less likely than first-generation agents to impair CNS function and cause sedation ▶ More effective when taken regularly, but can be taken as needed (2-5 hours before exposure to allergen) ▶ Consider lower starting doses in older adults ▶ Products containing pseudoephedrine are subject to sales restrictions ▶ Individual retailers may have their own OTC generic products</td>
<td>$7.80 18.60</td>
</tr>
<tr>
<td>Loratadine/pseudoephedrine – Alavert-D 12 hour (Pfizer) Claritin-D 24 hour (Bayer) Claritin-D 24 hour</td>
<td>5 mg/120 mg ER tabs 10 mg/240 mg ER tabs</td>
<td>OTC</td>
<td>1 tab bid 1 tab once/d Renal impairment: GFR &lt;30 mL/min: 12 hr: 5 mg loratadine once/d 24 hr: 10 mg every other day Hepatic impairment: should be avoided</td>
<td>≥12 yrs: 1 tab bid Renal impairment: ≥12 yrs: 1 tab once/d Renal impairment: should be avoided</td>
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<td>$29.40 39.90 31.50</td>
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### Comparison of Some Oral Drugs for Allergic Rhinitis (continued)

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<td><strong>Leukotriene Receptor Antagonist</strong></td>
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| Montelukast – generic         | 10 mg tabs; 4, 5 mg chewable tabs; 4 mg granule packets | Rx     | 10 mg once/d       | 6 mos-5yrs: 4 mg once/d 6-14 yrs: 5 mg once/d | ▶ Generally well tolerated  
▶ Neuropsychiatric changes have been reported (insomnia, anxiety, depression, suicidal thinking)  
▶ Less effective than H1-antihistamines or intranasal corticosteroids  
▶ May be useful in patients with concomitant asthma | $12.10  
215.40 |