	Loratadine (Claritin)	Desloratadine (Clarinex)
Mechanism of action	Non-sedating, selective H1-receptor histamine antagonist.	Non-sedating, selective H1-receptor histamine antagonist.
Indications and usage	• Indicated for the relief of symptoms associated with seasonal allergic rhinitis and chronic idiopathic urticaria. • Can be used in patients age 2 years and older.	• Indicated for the relief of seasonal and perennial allergic rhinitis and chronic idiopathic urticaria. • Can be used in patients age 12 years and older.
Available dosage forms	• Tablets: 10 mg • Syrup: 1 mg/mL • Reditabs: 10 mg	• Tablets: 5 mg • Reditabs: 5 mg
Dosage and administration	• ≥ 6 years of age: Recommended starting dose is 10 mg QD. (Children age 2-5 years should take 1 teaspoonful of loratadine syrup QD.) • ≥ 6 years of age with renal or liver impairment: Recommended starting dose of 10 mg QOD. (Children age 2-5 years with renal or liver impairment should take 1 teaspoonful QOD.)	• ≥ 12 years of age: Recommended starting dose is 5 mg QD. • Liver or renal impairment: Recommended starting dose is 5 mg QOD.
Pharmacokinetics	• Rapidly absorbed following oral administration. • Antihistamine effects begin within one to three hours, lasting ≥ 24 hours. • Food increases bioavailability by 40%. • Metabolized to des-carboethoxyloratadine by CYP3A4 and CYP2D6. • Mean half-life of loratadine is 8.4 hours; metabolite half-life is 28 hours. • Eliminated equally in urine and feces.	• Rapidly absorbed following oral administration. • Antihistamine effects within one hour, lasting ≥ 24 hours. • Bioavailability not affected by food or grapefruit juice • Metabolized to 3-hydroxydesloratadine in the liver. • Mean half-life of 27 hours. • Eliminated equally in urine and feces.
Special populations	• Geriatrics (≥ 65 years): Peak plasma levels are 50% greater than in younger subjects. • Renal impairment (CrCl ≤ 30 mL/min): Dosage adjustment is necessary. • Hepatic impairment: Dosage adjustment is necessary.	• Geriatrics (≥ 65 years): Peak plasma levels are 20% greater than in younger subjects. • Renal impairment (CrCl < 70): Dosage adjustment is necessary. • Hepatic impairment: Dosage adjustment is necessary.
Adverse drug reactions (≥2%)	• Headache • Somnolence • Fatigue • Dry mouth	• Sore throat • Dry mouth • Myalgia • Fatigue • Somnolence • Dysmenorrhea
Drug interactions	• Erythromycin increases loratadine and its metabolite's plasma concentrations by 40% and 46%, respectively. • Cimetidine increases loratadine and its metabolite's concentrations by 103% and 6%, respectively. • Ketoconazole increases loratadine and its metabolite's concentrations by 307% and 73%, respectively.	• Erythromycin increases desloratadine and its metabolite's plasma concentrations by 14% and 40%, respectively. • Ketoconazole increases desloratadine and its metabolite's concentrations by 39% and 72%, respectively. • Azithromycin increases desloratadine and its metabolite's concentrations by 5% and 4%, respectively. • Cimetidine increases desloratadine concentration by 19%. • Fluoxetine increases desloratadine's metabolite concentration 13%.
Contraindications	• Contraindicated in patients with hypersensitivity to this medication or its ingredients.	• Contraindicated in patients with hypersensitivity to this medication, its ingredients, or loratadine.
Other information	• Pregnancy category B. • Excreted into breast milk in nursing mothers.	• Pregnancy category C. • Excreted into breast milk in nursing mothers.