



# Highmark Healthy Kids coverage includes allergy medications.

## Does your child have allergies?

Highmark Healthy Kids includes certain over-the-counter allergy medications. The medications listed below will require a prescription from your child's CHIP network doctor but will come at no additional cost to you. Be sure to ask your child's CHIP network doctor for a prescription so you can take advantage of this coverage. This drug list is subject to change at any time.

If you have any questions, call Highmark Healthy Kids Member Service at **1-800-KIDS-105 (TTY: 711)**, Monday, 9 a.m. – 8 p.m. ET, Tuesday – Friday, 9 a.m. – 5 p.m. ET, or visit the CHIP member website at **HighmarkCHIP.com**.

Generic drugs = *lowercase italics*  
Brand name drugs = UPPERCASE

Drug Name	Strength	Dosage Form
<i>24hr allergy relief</i>	5 mg	Tablet
<i>24hr allergy-congestion relief</i>	180 – 240 mg	Tablet, extended release 24 hr
<i>alavert d-12</i>	5 – 120 mg	Tablet, extended release 12 hr
<i>alavert</i>	10 mg	Tablet, disintegrating
<i>alavert</i>	5 – 120 mg	Tablet, extended release 12 hr
<i>all day allergy relief</i>	10 mg	Capsule
<i>all day allergy relief</i>	10 mg	Tablet
<i>all day allergy</i>	10 mg	Tablet
<i>all day allergy-d</i>	5 – 120 mg	Tablet, extended release 12 hr
<i>aller-ease</i>	180 mg	Tablet
<i>allergy</i>	10 mg	Tablet
<i>allergy d-12 hour</i>	5 – 120 mg	Tablet, extended release 12 hr
<i>allergy relief d-12</i>	5 – 120 mg	Tablet, extended release 12 hr

Drug Name	Strength	Dosage Form
<i>allergy relief d-24hr</i>	10 – 240 mg	Tablet, extended release 24 hr
<i>allergy relief nasal decongest</i>	5 – 120 mg	Tablet, extended release 12 hr
<i>allergy relief</i>	10 mg	Capsule
<i>allergy relief</i>	10 mg	Tablet
<i>allergy relief</i>	180 mg	Tablet
<i>allergy relief</i>	5 mg/5 ml	Solution, oral
<i>allergy relief</i>	5 mg	Tablet
<i>allergy relief</i>	60 mg	Tablet
<i>allergy relief-d</i>	5 – 120 mg	Tablet, extended release 12 hr
<i>allergy relief-nasal decongest</i>	10 – 240 mg	Tablet, extended release 24 hr
<i>allergy-congestion relief 12hr</i>	5 – 120 mg	Tablet, extended release 12 hr
<i>allergy-congestion relief</i>	10 – 240 mg	Tablet, extended release 24 hr
<i>allergy-congestion-d er</i>	60 – 120 mg	Tablet, extended release 12 hr
<i>cetirizine hcl</i>	1 mg/ml	Solution, oral
<i>cetirizine hcl</i>	10 mg	Tablet
<i>cetirizine hcl</i>	10 mg	Tablet, chewable
<i>cetirizine hcl</i>	5 mg/5 ml	Solution, oral
<i>cetirizine hcl</i>	5 mg	Tablet
<i>cetirizine hcl</i>	5 mg	Tablet, chewable
<i>cetirizine-pseudoephedrine er</i>	5 – 120 mg	Tablet, extended release 12 hr
<i>children's all day allergy</i>	1 mg/ml	Solution, oral
<i>children's allergy relief</i>	1 mg/ml	Solution, oral
<i>children's allergy relief</i>	5 mg/5 ml	Solution, oral
CHILDREN'S ALLERGY RELIEF	5 mg	Tablet, chewable
<i>children's allergy</i>	30 mg/5 ml	Suspension, oral (final dose form)
<i>children's allergy</i>	5 mg/5 ml	Solution, oral
<i>children's cetirizine hcl</i>	1 mg/ml	Solution, oral
<i>children's cetirizine hcl</i>	10 mg	Tablet, chewable
<i>children's cetirizine hcl</i>	5 mg	Tablet, chewable

Drug Name	Strength	Dosage Form
CHILDREN'S CLARITIN	5 mg/5 ml	Solution, oral
CHILDREN'S CLARITIN	5 mg	Tablet, chewable
<i>children's loratadine</i>	5 mg/5 ml	Solution, oral
CHILDREN'S LORATADINE	5 mg	Tablet, chewable
CLARITIN	10 mg	Capsule
CLARITIN	10 mg	Tablet
CLARITIN	10 mg	Tablet, chewable
CLARITIN	10 mg	Tablet, disintegrating
CLARITIN-D 24 HOUR	10 – 240 mg	Tablet, extended release 24 hr
<i>fexofenadine hcl</i>	180 mg	Tablet
<i>fexofenadine hcl</i>	60 mg	Tablet
<i>fexofenadine-pse er</i>	180 – 240 mg	Tablet, extended release 24 hr
<i>fexofenadine-pse er</i>	60 – 120 mg	Tablet, extended release 12 hr
<i>levocetirizine dihydrochloride</i>	5 mg	Tablet
<i>loratadine</i>	10 mg	Tablet
<i>loratadine</i>	10 mg	Tablet, disintegrating
<i>loratadine</i>	5 mg/5 ml	Solution, oral
<i>loratadine-d</i>	10 – 240 mg	Tablet, extended release 24 hr
<i>loratadine-d</i>	5 – 120 mg	Tablet, extended release 12 hr

## Questions?

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Medications that are produced by manufacturers that do not participate in the federal rebate program are excluded from coverage.

Health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield and/or Highmark Choice Company, which are independent licensees of the Blue Cross Blue Shield Association.

**Your plan may not cover all your health care expenses. Read your plan materials carefully to determine which health care services are covered. For more information, call the number on the back of your Member ID Card or, if not a member, call 1-800-543-7105.**

Highmark Choice Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-543-7105 (TTY 711)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-543-7105 (телетайп: 711).