



Pennsylvania's Children's Health Insurance Program
We Cover All Kids.



Highmark
Healthy Kids

Highmark Healthy Kids coverage now includes allergy medications.

Does your child have allergies?

Highmark Healthy Kids now 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 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 – Friday, 8:30 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>24 hr allergy relief</i>	5 mg	Tablet
<i>24 hr allergy-congestion relief</i>	180-240mg	Tablet, extended release 24 hr.
<i>alavert</i>	5-120mg	Tablet, extended release 12 hr.
<i>alavert</i>	10 mg	Tablet, disintegrating
<i>all day allergy</i>	10 mg	Tablet
<i>all day allergy relief</i>	10 mg	Capsule
<i>all day allergy relief</i>	10 mg	Tablet
<i>all day allergy-d</i>	5-120mg	Tablet, extended release 12 hr.
<i>aller-ease</i>	60 mg	Tablet
<i>aller-ease</i>	180 mg	Tablet
<i>allergy relief</i>	10 mg	Capsule
<i>allergy relief</i>	5 mg/5 ml	Solution, oral
<i>allergy relief</i>	180 mg	Tablet

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

Drug Name	Strength	Dosage Form
<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, disintegrating
CLARITIN-D 24 HOUR	10-240mg	Tablet, extended release 24 hr.
<i>fexofenadine hcl</i>	180 mg	Tablet
<i>fexofenadine hcl</i>	60 mg	Tablet
<i>fexofenadine-pse er</i>	60-120mg	Tablet, extended release 12 hr.
<i>fexofenadine-pse er</i>	180-240mg	Tablet, extended release 24 hr.
<i>levocetirizine dihydrochloride</i>	5 mg	Tablet
<i>loratadine</i>	5 mg/5 ml	Solution, oral
<i>loratadine</i>	10 mg	Tablet
<i>loratadine</i>	10 mg	Tablet, disintegrating
<i>loratadine allergy</i>	5 mg/5 ml	Solution, oral
<i>lorata-dine d</i>	10-240mg	Tablet, extended release 24 hr.
<i>loratadine-d</i>	5-120mg	Tablet, extended release 12 hr.
<i>loratadine-d</i>	10-240mg	Tablet, extended release 24 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 Shield, and/or Highmark Choice Company, all of 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).