

Hot Tip: Allergies

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this information is specific to the CHPlus program only.

Your Highmark BCBSWNY patients may experience a pharmacy claim rejection when prescribed nonpreferred products. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Utilization management edits may apply to select preferred products. Coverage should be verified by reviewing the *Preferred Drug List (PDL)* on the Highmark BCBSWNY provider website. The *PDL* is subject to change quarterly.

Therapeutic class	Nonpreferred products	Preferred products
Allergies	<p>Zyrtec/Zyrtec D <i>Generic name: Cetirizine/Cetirizine D¹</i></p> <p>Xyzal <i>Generic name: Levocetirizine¹</i></p> <p>Clarinex <i>Generic name: Desloratadine¹</i></p>	<p>Over-the-counter (OTC) Fexofenadine/Fexofenadine-D <i>Brand name: Allegra/Allegra D</i></p> <p>OTC Loratadine, Loratadine/Pseudoephedrine <i>Brand name: OTC Claritin/Claritin D</i></p>
Allergies	<p>Flonase Nasal Spray <i>Generic name: Fluticasone Nasal¹</i></p> <p>Nasacort <i>Generic name: Triamcinolone</i></p> <p>Nasonex <i>Generic name: Mometasone¹</i></p>	<p>OTC Fluticasone Nasal Allergy Relief</p> <p>OTC Triamcinolone Acetonide Nasal Relief</p> <p>OTC Rhinocort Nasal Spray</p> <p>OTC Budesonide Nasal Spray</p>
Allergies	<p>Patanol 0.1% Eye Drops <i>Generic name: Olopatadine¹</i></p> <p>Pataday 0.2% Eye Drops <i>Generic name: Olopatadine¹</i></p> <p>Alocril 2% Eye Drops</p> <p>Alomide 0.1% Eye Drops</p>	<p>OTC Allergy Eye Drops, Ketotifen 0.025% <i>Brand name: OTC Zaditor</i></p> <p>OTC Alaway Eye Drops, Ketotifen 0.025%</p> <p>Epinastine 0.05% Eye Drops <i>Brand name: Elestat</i></p>

<https://providerpublic.mybcbswny.com>

Amerigroup Partnership Plan, LLC provides management services for Highmark Blue Cross Blue Shield of Western New York's managed Medicaid. Amerigroup Partnership Plan, LLC brinda servicios administrativos para Medicaid administrado de Highmark Blue Cross Blue Shield of Western New York.

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	Bepreve 1.5% Eye Drops Emadine 0.5% Eye Drops Lastacaft 0.25% Eye Drops Pazeo 0.7% Eye Drops	Azelastine 0.05% Eye Drops Cromolyn 4% Eye Drops OTC Olopatadine Eye Drops all strengths OTC Pataday 0.1%, 0.2% Drops OTC Pataday extra strength 0.7% drops
¹ Neither brand nor generic formulations are covered.		

If you have questions regarding this *Hot Tip*, call Provider Services at **866-231-0847**.

The *PDL* is available at mybcbswny.com/stateplans > Provider > Eligibility & Pharmacy > Pharmacy Information.



Email is the quickest and most direct way to receive important information from Highmark Blue Cross Blue Shield of Western New York.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (bit.ly/NYwesternmp).

