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## ***Hot Tip: Over-the-Counter Products***

Healthy Blue members using non-preferred over-the-counter products may experience a pharmacy claim rejection if specific requirements are not met. Consider prescribing preferred products whenever possible to help avoid additional steps or delays at the pharmacy. *Clinical Criteria* may need to be met for certain preferred products. Coverage should be verified by reviewing the *Preferred Drug List* on the Healthy Blue provider website at [provider.healthybluenc.com](https://provider.healthybluenc.com). The *Preferred Drug List* is subject to change quarterly and at the North Carolina Department of Health and Human Services' discretion.

All covered over-the-counter (OTC) products are available for pharmacy billing with a valid prescription.

Therapeutic class	Preferred products	Non-preferred products
Smoking Cessation <sup>1</sup>	Nicotine gum/lozenge/patch	
Second generation (low sedating) Antihistamines <sup>1</sup>	Cetirizine tablet OTC Cetirizine syrup 1mg/1ml OTC <i>Generic for Zyrtec OTC</i>  Levocetirizine tablet OTC <i>Generic for Xyzal OTC</i>  Loratadine tablet OTC <i>Generic for Claritin OTC</i>	Cetirizine chewable tablet OTC Cetirizine syrup 5mg/5ml OTC Cetirizine soft gel OTC <i>Generic for Zyrtec OTC</i>  Fexofenadine suspension/tablet OTC <i>Generic for Allegra OTC</i>  Loratadine chewable ODT/solution OTC <i>Generic for Claritin OTC</i>
Second generation (low sedating) Antihistamine Combinations <sup>2</sup>	Loratadine-D tablet OTC <i>Generic for Claritin-D OTC</i>	Cetirizine-D tablet OTC <i>Generic for Zyrtec-D OTC</i>  Fexofenadine-D 12 Hour/24 Hour tablet OTC <i>Generic for Allegra-D OTC</i>

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Therapeutic class	Preferred products	Non-preferred products
Insulins <sup>1</sup>	Humulin R U-100 vial Humulin N U-100 vial Humulin 70/30 vial/KwikPen	Humulin N U-100 KwikPen Novolin R U-100 vial/ReliOn/FlexPen Novolin N U-100 vial/ReliOn/FlexPen Novolin 70/30 vial/ReliOn/FlexPen
Opioid Antagonists	Narcan nasal spray (OTC) Naloxone nasal spray OTC <i>Generic for Narcan</i>	
Contraceptives	Levonorgestrel <i>Generic for Plan B</i> Opill Nonoxynol 9 gel/film Condoms	
Laxatives	Polyethylene glycol 3350 <i>Generic for Miralax</i>	
<sup>1</sup> Additional prescription products in this class may be covered. Please refer to the <i>PDL</i> for additional coverage.		
<sup>2</sup> Quantity limit of 102 days' supply per 12 months apply to all drugs in this class.		

If you have questions regarding this *Hot Tip*, please call Healthy Blue Provider Solutions at **844-594-5072**.