

October 2023

Hot Tip: Over-the-Counter (OTC) Products

Your Healthy Blue patients on non-preferred products may experience a pharmacy claim rejection if specific requirements are not met. Please consider prescribing preferred products whenever possible. This will 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: provider.healthybluenc.com. The *Preferred Drug List* is subject to change biannually and at the Department's discretion.

All covered OTC products are available for pharmacy billing with a valid prescription.

Therapeutic class	Preferred products	Non-preferred products
Smoking Cessation ¹	Nicotine gum/lozenge/patch	
Second generation (low sedating) Antihistamines ¹	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 ²	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>

<https://provider.healthybluenc.com>

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Therapeutic class	Preferred products	Non-preferred products
Insulins ¹	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
Emergency Contraceptives	Levonorgestrel <i>Generic for Plan B</i>	
Laxatives	Polyethylene glycol 3350 <i>Generic for Miralax</i>	
¹ Additional prescription products in this class may be covered. Please refer to the <i>PDL</i> for additional coverage. ² Quantity limit of 02 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**.

Preferred Drug List: medicaid.ncdhhs.gov/preferred-drug-list