

## Hot Tip: Over-the-Counter Products

Your Healthy Blue and Healthy Blue Care Together 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 and Healthy Blue Care Together provider website at <https://provider.healthybluenc.com>. The Preferred Drug List is subject to change quarterly and at the North Carolina Department of Health and Human Services (NCDHHS)'s 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>

Therapeutic Class	Preferred Products	Non-Preferred Products
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<https://provider.healthybluenc.com>

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Blue Cross and Blue Shield of North Carolina  
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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	
Laxatives	Polyethylene glycol 3350 <i>Generic for Miralax</i>	
<p><sup>1</sup> Additional prescription products in this class may be covered. Please refer to the PDL for additional coverage.</p> <p><sup>2</sup> Quantity limit of 102 days' supply per 12 months apply to all drugs in this class.</p>		

If you have questions regarding this Hot Tip, please call Provider Services at **844-594-5072** (Healthy Blue Provider Services) or **833-777-3698** (Healthy Blue Care Together Provider Services).