

Over-the-counter Drug Benefit

For members covered under **Business Choice (NHP Care), GIC HMO, NHP Commonwealth Choice plans with prescription coverage, NHP Commonwealth Care Plan Types 2-4, and the Non-Group plan.**

The following over-the-counter (OTC) products are covered. Covered items require a prescription and may be available in quantities up to a 90-day supply at various copays. The OTC benefit is only available at participating pharmacies in the NHP network. The list may show brand names, but please note that generic products must be prescribed when available.

<u>Therapy Class</u>	<u>Drug Class</u>	<u>Drug Name †</u>	<u>Copay</u>	
Cough, Cold & Allergy	<i>Antitussive</i> <i>Expectorant</i> <i>Nasal Decongestant</i> <i>Antihistamines</i>	Robitussin DM syrup - generic (guaifenesin DM) syrup	\$0	
		Robitussin syrup - generic (guaifenesin) syrup	\$0	
		Sudafed-generic (pseudoephedrine)-liquid* & tablets	\$0	
		Benadryl-generic (diphenhydramine)-liquid & capsules	\$0	
		Chlor-Trimeton-generic (chlorpheniramine)-liquid* & tablets	\$0	
		Claritin - generic (loratadine) – tablets, syrup**	Tier 1	
	Claritin-D- generic (loratadine/ pseudoephedrine) – tablets	Tier 1		
	<i>Cough suppressant/ Decongestant</i>	Triaminic AM, Night, soft chew tablets-generic	Tier 1	
	Nutrients	<i>Vitamins</i>	Prenatal vitamins-generic tablets	Tier 1
Multi-vitamins-generic-tablets, liquid* & chewables*			Tier 1	
Multi-vitamins with iron-generic-tablets, liquid* & chewables*			Tier 1	
Folic acid-generic			Tier 1	
Nicotinic acid-generic			Tier 1	
<i>Minerals</i>		Magnesium oxide-generic	Tier 1	
		Caltrate – generic (calcium + vitamin D)	Tier 1	
		Tums Chew Tabs – generic (calcium carbonate)	Tier 1	
		Oscal 500 + Vit D – generic (calcium carbonate + D) – tabs	Tier 1	
		Citracal – generic (calcium citrate) - tablets	Tier 1	
		Citracal + D – generic (calcium citrate + D) – tablets	Tier 1	
		Neutra-phos/K powder-generic	Tier 1	
<i>Trace Elements</i>		Ferrous sulfate-generic-tablets, elixir*, drops**	Tier 1	
		Ferrous gluconate – generic tablets	Tier 1	
		Electrolyte solutions**-generic	Tier 1	
Dermatologicals		<i>Antibiotics</i>	Clotrimazole – cream, vaginal cream/inserts-generic	Tier 1
			Miconazole – cream, vaginal cream/inserts – generic	Tier 1
			Tolnaftate – cream, gel, solution, aerosol - generic	Tier 1
	<i>Dry Skin Preparations</i> <i>Poison Ivy</i>	AmLactin-generic	Tier 1	
		Hydrocortisone – cream, lotion, ointment, solution – generic	Tier 1	
Gastrointestinal	<i>H2-blockers</i>	Zantac (ranitidine) 75mg tablets-generic	Tier 1	
		Pepcid (famotidine) 10mg tablets – generic	Tier 1	

Neighborhood Health Plan

Getting better together.

	<i>Proton Pump Inhibitors (PPIs)</i>	Prilosec OTC tablets	Tier 1
	<i>Laxatives</i>	Miralax OTC	Tier 1
Respiratory	<i>Mast Cell Stabilizer Diluents</i>	Nasalcrom-generic Sodium chloride	Tier 1 Tier 1
Central Nervous System	<i>Smoking Deterrents</i>	NicoDerm CQ transdermal patch-generic Nicorette gum-generic Nicorette DS gum-generic Nicotrol transdermal patch-generic Commit Lozenges	Tier 1 Tier 1 Tier 1 Tier 1 Tier 3
Ophthalmic Preparations	<i>Dry Eye Allergy</i>	Artificial tears – generic drops Zaditor-OTC (ketotifen 0.025%) Alaway – (ketotifen 0.025%)	Tier 1 Tier 1 Tier 1
Otic Preparations	<i>Ear</i>	Star Otic drops	Tier 1
DME Products	<i>Humidifiers/Vaporizers Asthma</i>	Humidifiers & vaporizers (selected NDCs) ^{***} Peak Flow Meters Spacers	Tier 3 \$0 \$0
	<i>Diabetes</i>	Diabetic testing supplies	\$0

† Brand name medications are listed for reference purposes only. Generic drugs must be dispensed whenever available.

Copay amount varies based on your group coverage. Please refer to your membership card.

* Age limit applies: covered for children under 12 years old.

** Age limit applies: covered for children under 6 years old.

*** For a list of NDC numbers, please contact NHP Customer Care Center at 800.462.5449.