# Compass - Standard RxOTC (Prescriptions Over the Counter) Equivalents Drug List Medications Not Covered Reject 70

[Background and Response to Member](#_Toc133327444)

[Related Documents](#_Toc133327445)

** Description:** Describes the allergy medications that can be purchased over the counter which are no longer included in the standard RxOTC program that will reject when attempting to process through Compass/RxClaim.

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| Background and Response to Member |

**Impacted:** Member plans where the clients participate in our standard RxOTC (Prescriptions Over the Counter) Equivalents drug list. The impacted client list is not included in this document since clients can opt into the program.

**Change:** Effective 05/01/2023, the following over the counter medications will no longer be covered under the pharmacy benefit. Members can obtain the OTC products at their local pharmacy.

* Fluticasone propionate 50 mcg nasal steroid spray (**Example:** Flonase Allergy) GPI - 42200032301810
* Levocetirizine 5 mg tablets (**Example:**  Xyzal Allergy 24HR) (oral antihistamine) GPI – 41550027100320
* Mometasone furoate 50 mcg nasal steroid spray (**Example:** Nasonex 24 HR Allergy) GPI - 42200045101820

**Reject Code:** Reject 70 NDC Not Covered

**Response to Member:** The member will need to pay out of pocket if they wish to have these medications. There could be discount options available to them, refer to [Member Cannot Afford Medication (Alternatives and Financial Assistance) (026963)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=62aa67ac-8298-4fa1-b1ba-fda383d15b4c).

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| Related Documents |

[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

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