# Changes to Over-the-Counter (OTC) Medications Coverage

[Impacts to Members](#_Toc192074657)

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** Description:** This document outlines the new guidelines effective 11/01/2024 for handling claims related to Over-the-Counter (OTC) medications and Utilization Management (UM) Criteria, focusing on coverage, quantity limits, and prior authorization.

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| Impacts to Members |

 Effective November 1, 2024, this change may result in claims for **Commercial** clients for OTC medications being rejected if they are not covered under the members’ plan. If a client wants to cover an OTC medication per the CIF, an override may be needed. 

**What the CCR Needs to Know**

Test Claims

* Quantity Limits: Claims for OTC products within quantity limits will be rejected with the message “OTC not covered.”

Claims Above Plan Limits

* Claims exceeding plan limits will be rejected for:
  + Prior Authorization (PA)
  + OTC not covered

Client Information Form (CIF)

* Review to confirm if the plan covers OTC products or overrides.

If you have questions, reach out to your supervisor or team leader.

**Note:** Always run a Test Claim and make sure to review the CIF.

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| Examples |

**Example 1**

* ** Reject Code:** 70 (NDC/Product/Service Not Covered)
* **Description:** “10158 - OTC Not Covered”

**Note:** Always check the CIF for the plan’s intent regarding OTC products.

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**Example 2**

* **Reject Codes:**
  + 76 (Plan limitations exceeded)
  + 70 (NDC/Product/Service Not Covered)
* **Additional Message:** Quantity limit exceeded PA required

**Note:** Even if Prior Authorization (PA) is approved, the claim will be denied with reject code 70 if the product is not included in the plan. Asking for a PA for a product that is not covered/plan exclusion will not help.

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**Example 3**

* Plan Coverage: OTC products are allowed to pay at 100% of the plan’s discounted rate.

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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)

[Compass – Plan Benefit Override (PBO) Guide (061708)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=44418b02-7e70-41cc-bb2e-bb38164a951f)

[Compass and PeopleSafe - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c)

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