

## **Hot Tip: Allergies**

Your Amerigroup Community Care patients on nonpreferred products will experience a pharmacy claim rejection. To avoid additional steps or delays at the pharmacy, please consider prescribing preferred products whenever possible.

<b>Nonpreferred products</b>	<b>Preferred products</b>
Zyrtec/Zyrtec D <i>Generic: Cetirizine/Cetirizine D<sup>1</sup></i>	Fexofenadine/Fexofenadine-D <i>Brand: Allegra/Allegra D</i>
Xyzal <i>Generic: Levocetirizine<sup>1</sup></i>	Over-the-counter (OTC) Loratadine, Loratadine/Pseudoephedrine <i>Brand: OTC Claritin/Claritin D</i>
Clarinex <i>Generic: Desloratadine<sup>1</sup></i>	
Flonase Nasal Spray <i>Generic: Fluticasone Nasal<sup>1</sup></i>	OTC Flonase Allergy Relief
Nasacort Nasonex <i>Generic: Mometasone<sup>1</sup></i>	OTC Triamcinolone Acetonide Nasal Relief
Patanol 0.1% Eye Drops <i>Generic: Olopatadine<sup>1</sup></i>	OTC Allergy Eye Drops, Ketotifen 0.025% <i>Brand: OTC Zaditor</i>
Pataday 0.2% Eye Drops <i>Generic: Olopatadine<sup>1</sup></i>	OTC Alaway Eye Drops, Ketotifen 0.025%
Alocril 2% Eye Drops	Epinastine 0.05% Eye Drops <i>Brand: Elestat</i>
Alomide 0.1% Eye Drops	Azelastine 0.05% Eye Drops
Bepreve 1.5% Eye Drops	Cromolyn 4% Eye drops
Emadine 0.5% Eye Drops	
Lastacaft 0.25% Eye Drops	
Pazeo 0.7% Eye Drops	
<b>1 Neither brand nor generic formulations are covered.</b>	

If you have questions regarding this *Hot Tip*, please call Provider Services at 1-800-454-3730.

*Preferred Drug List:* <https://providers.amerigroup.com/MD> > Pharmacy > Medicaid Preferred Drug List