

# Covered Over-the-Counter Drugs

Effective 12/1/2023

<b>Acne Agents, Topical<sup>3</sup></b>
Benzoyl Peroxide 2.5%, 5%, and 10% Adapalene 0.1% gel (effective 1/1/2023)
<b>Analgesics, Topical</b>
Capsaicin Topical 0.025%, 0.075%, and 0.1% cream Capsaicin Topical 0.15% liquid
<b>Analgesics, Oral and Rectal</b>
Acetaminophen Aspirin Ibuprofen Naproxen Sodium <sup>3</sup>
<b>Analgesics, Rapid Tabs (Age 0-12)</b>
Acetaminophen
<b>Analgesics, Chewable Tabs (Age 0-12)</b>
Acetaminophen Ibuprofen
<b>Antacids</b>
Aluminum Hydroxide Calcium Carbonate Magnesium Carbonate/Aluminum Hydrox Magnesium Hydrox/Aluminum Hydrox Magnesium Hydrox/Calcium Carbonate Magnesium Hydrox/Aluminum Hydrox/Simethicone Sodium Bicarbonate
<b>Antibiotics, Topical Creams and Ointments</b>
Bacitracin Bacitracin/Neomycin/Polymyxin Bacitracin/Polymyxin/
<b>Antifungals, Topical Creams, Ointments, and Powders</b>
Clotrimazole Miconazole Tolnaftate
<b>Antifungals, Vaginal</b>
Clotrimazole Miconazole
<b>Antihistamines, Oral (Excluding Rapid Tabs)</b>
Cetirizine Cetirizine/Pseudoephedrine Diphenhydramine Fexofenadine (see Preferred Drug List for PA requirements) Loratadine Loratadine/Pseudoephedrine

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<b>Covered Over-the-Counter Drugs (Continued)</b>
<b>Cough and Cold Products<sup>1</sup></b>
Dextromethorphan liquid Dextromethorphan/Guaifenesin liquid <sup>3</sup> Guaifenesin liquid <sup>3</sup> Pseudoephedrine 30 mg tablet, 60 mg tablet, syrup, and liquid
<b>Iron Supplements<sup>3</sup></b>
Ferrous Gluconate tablet Ferrous Sulfate tablet
<b>Insulin<sup>2,3</sup></b>
<b>Miscellaneous</b>
Dimenhydrinate <sup>3</sup> Ketotifen ophthalmic <sup>3</sup> Levonorgestrel 1.5 mg tablet <sup>3</sup> Meclizine <sup>3</sup> Permethrin
<b>Ophthalmic Lubricants<sup>3</sup></b>
Carboxymethylcellulose 0.5% and 1% drops and dropperette Hydromellose 0.3% and 0.4% drops and 0.3% gel Mineral Oil 3% /Petrolatum 94% ointment Mineral Oil 15% /Petrolatum 83% ointment Mineral Oil 15% /Petrolatum 85% ointment Mineral Oil 42.5% /Petrolatum 56.8% ointment Mineral Oil 42.5% /Petrolatum 57.3% ointment Polyvinyl Alcohol 1.4% drops Polyvinyl Alcohol 0.5%/Povidone 0.6% drops Polyvinyl Alcohol 1.4%/Povidone 0.6% dropperette Propylene glycol 0.3%/Peg400 0.4% drops
<b>Opioid Dependency Agents-Rescue Agent <sup>3</sup></b>
Naloxone nasal spray ( <i>Prior Authorization Required. See Handbook Topic #22218</i> ) Narcan nasal spray ( <i>Prior Authorization Not Required.</i> )
<b>Steroids, Topical Low</b>
Hydrocortisone 0.5%, 1% cream Hydrocortisone 0.5%, 1% ointment Hydrocortisone 1% lotion Hydrocortisone 1% solution
<b>Tobacco Cessation<sup>3</sup></b>
Nicotine Gum Nicotine Lozenges Nicotine Patches

**Other**

Melatonin 3 mg , 5 mg

- <sup>1</sup> Coverage of over-the-counter (OTC) cough preparations are limited to coverage of cough liquids that treat only coughs. Covered products include those containing a single component, a single cough suppressant, or a combination of an expectorant and cough suppressant.
- <sup>2</sup> Insulin is the only covered OTC product for SeniorCare members.
- <sup>3</sup> Products are not included in the nursing home daily rate and are separately reimbursable. All other OTCs on this list are covered in the nursing home daily rate and are not separately reimbursable.