

# Covered Over-the-Counter Drugs

Effective 4/1/2013

<b>Acne Agents, Topical<sup>3</sup></b>
Benzoyl Peroxide 2.5%, 5%, and 10%
<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 Loratadine Loratadine/Pseudoephedrine

Covered Over-the-Counter Drugs (Continued)
<b>Cough and Cold Products<sup>1</sup></b>
Dextromethorphan liquid
Dextromethorphan/Guaifenesin liquid <sup>3</sup>
Guaifenesin liquid <sup>3</sup>
Guaifenesin/Codeine liquid <sup>3</sup>
Pseudoephedrine 30 mg tablet, 60 mg tablet, syrup, and liquid
<b>Iron Supplements for Pregnant Women (Diagnosis and Age Restricted [Age 21–60])<sup>3</sup></b>
Ferrous Gluconate tablet
Ferrous Sulfate tablet
<b>Insulin<sup>2,3</sup></b>
<b>Miscellaneous</b>
Dimenhydrinate
Ketotifen ophthalmic <sup>3</sup>
Meclizine
Permethrin
<b>Ophthalmic Lubricants<sup>3</sup></b>
Carboxymethylcellulose 0.5% and 1% drops and droperette
Hydromellose 0.3% and 0.4% drops and 0.3% gel
Mineral Oil 15% /Petrolatum 85% ointment
Mineral Oil 42.5% /Petrolatum 56.8% ointment
Petrolatum/Mineral oil/Sodium chloride ointment
Polyvinyl Alcohol 1.4% drops
Polyvinyl Alcohol 0.5%/Povidone 0.6% drops
Polyvinyl Alcohol 1.4%/Povidone 0.6% droperette
Propylene glycol 0.3%/Peg400 0.4% drops
<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 Patches

<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.