

Covered Over-the-Counter Drugs

Effective 1/1/2022

Acne Agents, Topical³
Benzoyl Peroxide 2.5%, 5%, and 10%
Analgesics, Topical
Capsaicin Topical 0.025%, 0.075%, and 0.1% cream
Analgesics, Oral and Rectal
Acetaminophen Aspirin Ibuprofen Naproxen Sodium ³
Analgesics, Rapid Tabs (Age 0-12)
Acetaminophen
Analgesics, Chewable Tabs (Age 0-12)
Acetaminophen Ibuprofen
Antacids
Aluminum Hydroxide Calcium Carbonate Magnesium Carbonate/Aluminum Hydrox Magnesium Hydrox/ Aluminum Hydrox Magnesium Hydrox/Aluminum Hydrox/Simethicone Sodium Bicarbonate
Antibiotics, Topical Creams and Ointments
Bacitracin Bacitracin/Neomycin/Polymyxin Bacitracin/Polymyxin/
Antifungals, Topical Creams, Ointments, and Powders
Clotrimazole Miconazole Tolnaftate
Antifungals, Vaginal
Clotrimazole Miconazole
Antihistamines, Oral (Excluding Rapid Tabs)
Cetirizine Cetirizine/Pseudoephedrine Diphenhydramine Fexofenadine (see Preferred Drug List for PA requirements) Loratadine 10mg Tab and 5mg solution Loratadine/Pseudoephedrine 5mg and 10mg Tab

Covered Over-the-Counter Drugs (Continued)
Cough and Cold Products¹
Dextromethorphan liquid Dextromethorphan/Guaifenesin liquid ³ Guaifenesin liquid ³ Pseudoephedrine 30 mg tablet, 60 mg tablet, syrup, and liquid
Iron Supplements³
Ferrous Gluconate tablet
Ferrous Sulfate tablet
Insulin^{2,3}
Miscellaneous
Dimenhydrinate Ketotifen ophthalmic ³ Levonorgestrel 1.5 mg tablet Meclizine ³ Permethrin
Ophthalmic Lubricants³
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
Steroids, Topical Low
Hydrocortisone 0.5%, 1% cream Hydrocortisone 0.5%, 1% ointment Hydrocortisone 1% lotion Hydrocortisone 1% solution
Tobacco Cessation³
Nicotine Gum Nicotine Lozenges Nicotine Patches
Other
Melatonin 1, 3, and 5 mg

¹ 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.

² Insulin is the only covered OTC product for SeniorCare members.

³ 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.