

Covered Over-the-Counter Drugs

November 5, 2025

Acne Agents, Topical³

Adapalene

Benzoyl peroxide 10%

Benzoyl peroxide 2.5%

Benzoyl peroxide 5%

Analgesics, Oral and Rectal

Acetaminophen

Acetaminophen, Chewable Tablets (Age 0-12)³

Acetaminophen, Rapid Tablets (Age 0-12)³

Aspirin

Ibuprofen

Ibuprofen, Chewable Tablets (Age 0-12)³

Naproxen

Analgesics, Topical

Capsaicin

Analgesics/Anesthetics, Topical

Diclofenac

Antacids

Aluminum Hydroxide

Calcium Carbonate

Magnesium Carbonate/Aluminum Hydroxide

Magnesium Hydroxide/Aluminum Hydroxide

Magnesium Hydroxide/Aluminum Hydroxide/Simethicone

Sodium Bicarbonate

Antibiotics, Topical

Bacitracin

Bacitracin/Neomycin/Polymyxin

Bacitracin/Polymyxin

Clotrimazole

Miconazole

Neomycin/polymyxin/pramoxine

Tolnaftate

Antifungals, Topical

Miconazole

Tolnaftate

Antifungals, Vaginal

Antifungals, Vaginal

Clotrimazole

Miconazole

Antihistamines, Oral

Cetirizine

Cetirizine/Pseudoephedrine

Diphenhydramine

Fexofenadine

Loratadine

Loratadine/Pseudoephedrine

Antiparasitics, Topical³

Ivermectin

Permethrin

Bladder Relaxant Preparations³

Oxybutynin Transdermal Patch

Cough and Cold Products¹Codeine/Guaifenesin³

Dextromethorphan

Guaifenesin/Dextromethorphan³Guaifenesin³

Pseudoephedrine

Insulin^{2,3}

Insulin Isophane (NPH)

Insulin Regular

Intranasal Rhinitis Agents

Mometasone Furoate

Iron³

Ferrous Gluconate

Ferrous Sulfate

Miscellaneous³

Dimenhydrinate

Ketotifen

Levonorgestrel

Meclizine

Melatonin

Norgestrel

Ophthalmic Lubricants³

Carboxymethylcellulose sodium

Hydroxypropylmethylcellulose

Mineral Oil/Petrolatum

Polyvinyl Alcohol

Ophthalmic Lubricants³

Propylene Glycol/PEG

Ophthalmics, Allergic Conjunctivitis³

Olopatadine

Opioid Dependency Agents-Rescue Agent³

Narcan Nasal Spray (No Prior Auth)

Naloxone (Prior Auth Required. See Handbook Topic #22218)

Proton Pump Inhibitors

Lansoprazole

Omeprazole

Steroids, Topical Low

Hydrocortisone

Tobacco Cessation³

Nicotine

- 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