Covered Over-the-Counter Drugs

Effective 12/1/2011

| Covered Over-the-Counter Drugs | |
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| Analgesics, Topical | |
| Capsaicin | |
| Analgesics, Oral and Rectal | |
| Acetaminophen | |
| Aspirin | |
| lbuprofen | |
| Naproxen Sodium | |
| Analgesics, Rapid Tabs (Age 0-12) | |
| Acetaminophen | |
| Analgesics, Chewable Tabs (Age 0-12) | |
| Acetaminophen | |
| lbuprofen | |
| Antacids | |
| Aluminum Hydroxide | |
| Calcium Carbonate | |
| Magnesium Carbonate/Aluminum Hydrox | |
| Magnesium Hydrox/Aluminum Hydrox | |
| Magnesium Hydrox/Calcium Carbonate | |
| Magnesium Hydrox/Aluminum Hydrox/Simethicone | |
| Sodium Bicarbonate | |
| Antibiotics, Topical Creams and Ointments | |
| Bacitracin | |
| Bacitracin/Neomycin/Polymyxin | |
| Bacitracin/Polymyxin | |
| Antifungals, Topical Creams and Ointments | |
| Clotrimazole | |
| Miconazole | |
| Tolnaftate | |
| Antifungals, Vaginal | |
| Clotrimazole | |
| Miconazole | |
| Antihistamines, Oral (Excluding Rapid Tabs) | |
| Cetirizine | |
| Cetirizine/Pseudoephedrine | |
| Diphenhydramine | |
| Loratadine | |
| Loratadine/Pseudoephedrine | |

| Covered Over-the-Counter Drugs (Continued) | |
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| Cough and Cold Products ¹ | |
| Dextromethorphan liquid | |
| Guaifenesin liquid | |
| Guaifenesin/Codeine liquid | |
| Guaifenesin/Dextromethorphan liquid | |
| Pseudophedrine 30 mg tablet, 60 mg tablet, liquid | |
| Iron Supplements for Pregnant Women (Diagnosis and Age Restricted (Age 21-60) | |
| Ferrous Gluconate tablet | |
| Ferrous Sulfate tablet | |
| Insulin ² | |
| Miscellaneous | |
| Hydrocortisone creams and ointments | |
| Ketotifen ophthalmic | |
| Meclizine | |
| Permethrin | |
| Ophthalmic Lubricants | |
| Carboxymethycellulose 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 | |
| Tobacco Cessation | |
| Nicotine Gum | |
| Nicotine Patches | |

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.