

Covered Over-the-Counter Drugs

Effective 7/1/2025

Acne Agents, Topical³
Benzoyl Peroxide 2.5%, 5%, and 10%
Adapalene 0.1% gel (effective 1/1/2023)
Analgesics, Topical
Capsaicin Topical 0.025%, 0.075%, and 0.1% cream
Capsaicin Topical 0.15% liquid
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
Loratadine/Pseudoephedrine

Covered Over-the-Counter Drugs (Continued)
Antiparasitics, Topical
Ivermectin lotion
Permethrin
Bladder Relaxant Preparations³
Oxybutynin transdermal patch
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 ³
Ketotifen ophthalmic ³
Levonorgestrel 1.5 mg tablet ³
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
Opioid Dependency Agents-Rescue Agent³
Naloxone nasal spray OTC (<i>Prior Authorization Required. See Handbook Topic #22218</i>)
Narcan nasal spray OTC (<i>Prior Authorization Not Required.</i>)
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 3 mg , 5 mg, 10mg rapid tabs and sublingual

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.