

Covered Over-the-Counter Drugs

Effective 10/1/2024

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
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 Agent ³
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

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Other

Melatonin 3 mg , 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.