

## OVER-THE-COUNTER DRUG LIST

Coverage of over-the-counter drugs (OTC) is outlined in SECTION 2 of the Pharmacy Manual, Chapter 2 - 4, *Prescribed Over-the-Counter Products*. In summary, OTC's are covered ONLY when (1) on the Medicaid OTC list, (2) ordered on a written prescription and (3) the manufacturer has entered into a rebate agreement with CMS (see exceptions at bottom of list).

This list is for Traditional clients, the following exceptions are listed:

Limits: Limits and other criteria may be noted after the drug name.

NH: Drugs marked NH are reimbursable for patients who are residents of a long term care facility such as a nursing home. When the restriction applies to a drug, all dosage forms apply.

NTM: Item is covered under the Non-Traditional Medicaid program.

PCN: Item is covered under the Primary Care Network program.

Rejection for an "unrecognized" NDC code means the product is not covered.

**Use the 11-digit NDC Code for billing. Drug Name**

Drug Name	Limits	NH	NTM	PCN
Acetaminophen			●	
Antacids	liquid and tablets covered		●	
Antidiarrheals			●	
Antihistamines	liquid and tablets ODT tabs not covered	●	●	
Aspirin	including enteric coated, buffered		●	
Bisacodyl	tablets and suppositories		●	
Calcium	tablets without Vitamin D	●	●	
Citrate of magnesia	600 ml, maximum	●		
DSS	caps, liquid, and syrup and concentrate drops 5% (Na+ or Ca++ salt)		●	
Guaifenesin	with or without DM	●	●	●
H2 antagonists	<a href="#">see PDL for coverage</a>	●	●	
Hydrocortisone	cream, ointment, lotion	●	●	
Ibuprofen	<a href="#">see PDL for coverage</a>		●	

Insulin	<a href="#">see PDL for coverage</a>	●	●	●
Milk of magnesia		●	●	●
Nicotine (tobacco cessation)	patch, gum, lozenge <a href="#">see PDL for coverage</a>	●		
Pediculicides		●	●	
Plan B		●	●	●
Polyethylene glycol powder		●	●	●
Proton pump inhibitors	<a href="#">see PDL for coverage</a>	●	●	
Pseudoephedrine HCL	30mg, 60mg	●	●	
Psyllium mucilloid powder		●	●	
Sennosides	tablets	●	●	
Topical antifungals	<a href="#">see PDL for coverage</a>	●	●	
Triple antibiotic ointment		●	●	
Vaginal antifungals	<a href="#">see PDL for coverage</a>	●	●	

**The following OTC medications are covered although the manufacturers have not entered into rebate agreements with CMS.**

<b>Drug Name</b>	<b>Limits</b>	<b>NH</b>	<b>NTM</b>	<b>PCN</b>
Contraceptives	creams, foams, tablets, sponges, and condoms		●	●
Glucose blood test strips	200/ month maximum <a href="#">see PDL for coverage</a>		●	●
Insulin syringe with needle-disposable	200/ month maximum		●	●
Iron	ferrous gluconate 324mg, ferrous sulfate 325mg/ elixir, 220mg/5ml	●		
Lancets	200/ month maximum		●	●
Urine test (Clinistix, Clinitest, Diastix, Ketostix)	bill through DME			