



## COVERED OVER THE COUNTER (OTC) MEDICATIONS AND MEDICAL SUPPLIES (ALL OTC MEDICATIONS REQUIRE A PRESCRIPTION)

NOTE: CERTAIN PRODUCTS ON THIS LIST MAY HAVE QUANTITY LIMITS (QLL), STEP THERAPY, OR PRIOR AUTHORIZATION REQUIREMENTS. THESE REQUIREMENTS ARE LISTED IN THE "REQUIREMENTS/LIMITS" COLUMN.

COVERED OTC DRUG	REFERENCE DRUG NAME	REQUIREMENTS/LIMITS
<b>TOPICAL ANTIBACTERIAL/ANTIFUNAL OTC DRUGS</b>		
OTC bacitracin topical ointment		
OTC clotrimazole (vaginal use)	Mycelex	
OTC clotrimazole (topical use)	Lotrimin	
OTC miconazole 2% ointment		
OTC miconazole vaginal suppositories, cream		
OTC triple antibiotic cream	Neosporin	
<b>PAIN RELIEVER OTC DRUGS</b>		
OTC acetaminophen tablets, capsules, suppositories, liquids, drops	Tylenol	QLL= up to 4 grams APAP/day
OTC EC aspirin 81 mg, 325 mg, OTC aspirin 325 mg	Ecotrin	
OTC ibuprofen	Motrin	
OTC naproxen	Aleve	
<b>SMOKING CESSATION OTC DRUGS</b>		
OTC nicotine patch	Nicoderm	Duration for all <u>formulary</u> smoking cessation meds=84 days/year
<b>TOPICAL DERMATOLOGICAL ("SKIN/SCALP") OTC DRUGS</b>		
OTC capsaicin		
OTC DOAK TAR DISTILLATE, OIL		
hydrocortisone (prescription and OTC forms covered)	Ala-Cort/Cetacort/Hytone	
OTC permethrin 1% lotion	Nix	
OTC Pyrethrin 0.33%		
OTC zinc oxide ointment	Desitin	
<b>DIABETES OTC DRUGS</b>		
<b>INSULIN OTC VIALS</b>		
OTC HUMULIN 50/50 VIAL		
OTC HUMULIN N		
OTC HUMULIN R (100 U/ML VIAL)		
OTC HUMULIN 70/30 VIAL		
OTC NOVOLIN 70/30 VIAL		
OTC NOVOLIN R VIAL		
OTC NOVOLIN N VIAL		



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COVERED OTC DRUG	REFERENCE DRUG NAME	REQUIREMENTS/LIMITS
<b>OTHER OTC DRUGS FOR DIABETES</b>		
OTC glucose chewable tablets		
<b>DIGESTION OTC DRUGS</b>		
<b>ANTIDIARRHEAL DRUGS</b>		
OTC loperamide	Imodium	
<b>ANTI-HEMORRHOIDAL DRUGS</b>		
OTC hemorrhoidal cream	PreparationH	
<b>ANTIULCER DRUGS</b>		
OTC cimetidine	Tagamet	
OTC famotidine	Pepcid	
OTC nizatidine	Axid	
OTC ranitidine	Zantac	
<b>PROTON PUMP INHIBITORS ("PPI")</b>		
OTC omeprazole		QLL=120 tabs /30 days
<b>LAXATIVES AND CATHARTICS</b>		
OTC bisacodyl	Dulcolax	
OTC docusate	Colace	
OTC glycerin	Fleet	
OTC MIRALAX		QLL=510 g/30 days
OTC psyllium	Metamucil	
OTC SENOKOT (brand and generic dosage forms covered)		
OTC SORBITOL 70% ORAL SOLN		
<b>OTHER DIGESTION DRUGS</b>		
OTC aluminum hydroxide gel	Alternagel	
OTC antacid liquid, suspension		
OTC calcium antacid tablet	Tums	
OTC effervescent pain relief	Alka Seltzer	
OTC simethicone drops		
<b>OTC VITAMINS</b>		
OTC calciferol, OTC ergocalciferol drops	Drisdol	
OTC calcium carbonate, OTC calcium carbonate 600 mg + D	Caltrate	
OTC calcium citrate	Citracal	
OTC ferrous fumerate		



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OTC ferrous gluconate		
OTC ferrous sulfate	Iron	
OTC magnesium oxide		
OTC multivitamins (generic, adult multivitamins)		
OTC niacin		
OTC pyridoxine (vitamin B6)		
OTC SLO NIACIN		
OTC sodium bicarbonate		
OTC vitamin C 500, 1000 mg		
OTC vitamin D		
OTC thiamine (vitamin B1)		
<b>FAMILY PLANNING OTC DRUGS</b>		
OTC NEXT CHOICE		QLL=2 tabs (1 pkg)/1 month; QLL=6 tabs (3 pkg)/year
OTC PLAN B ONE STEP		QLL=1 tab (1 pkg)/1 month; QLL=3 tabs (3 pkg)/year
<b>EYE CARE OTC DRUGS</b>		
OTC artificial tears	Tears Again	
OTC REFRESH TEARS, LIQUIGEL (15 ML AND 30 ML BOTTLE ONLY)		
OTC sodium chloride 5% drops, ointment		
OTC SYSTANE (15 ML AND 30 ML BOTTLE ONLY)		
OTC ZADITOR		
<b>COUGH/COLD/ALLERGY OTC DRUGS</b>		
<b>ANTIHISTAMINES</b>		
cetirizine OTC tablets, cetirizine-D OTC tablets, cetirizine solution	OTC Zyrtec	cetirizine-D QLL=60 tabs/30 days cetirizine soln QLL=150 ml/30 days
OTC diphenhydramine	Benadryl	
OTC loratadine, OTC loratadine-D	OTC Claritin, Claritin-D	OTC loratadine-D=30 tabs/30 days
<b>ANTIHISTAMINE/DECONGESTANT COMBINATIONS</b>		
OTC brompheniramine-pseudoephedrine elixir		



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<b>ANTITUSSIVE AND EXPECTORANT DRUGS</b>		
OTC CHERATUSSIN AC		
OTC MUCINEX, DM		
OTC tussin DM	Robitussin DM	
<b>OTHER DRUGS FOR COUGH/COLD ALERGY</b>		
OTC nasal spray	Afrin	
OTC Nasacort AQ		
OTC pseudoephedrine (all generic dosage forms covered)	Sudafed	
<b>DIABETIC OTC SUPPLIES (GLUCOMETERS, INSULIN SYRINGES, TEST STRIPS, LANCETS)</b>		
ACCU-CHEK ACTIVE GLUCOMETER/TEST STRIPS		Combined QLL for test strips=204/month
ACCU-CHEK ADVANTAGE GLUCOMETER/TEST STRIPS		Combined QLL for test strips=204/month
ACCU-CHEK AVIVA GLUCOMETER/TEST STRIPS		Combined QLL for test strips=204/month
ACCU-CHEK COMPACT GLUCOMETER/TEST STRIPS		Combined QLL for test strips=204/month
ACCU-CHEK COMPLETE GLUCOMETER		
ACCU-CHEK SIMPLICITY		
ACCU-CHEK COMFORT CURVE TEST STRIPS		Combined QLL for test strips=204/month
ACCU-CHEK MULTICLIX LANCET DEVICE/LANCETS		
ACCU-CHEK SOFTCLIX LANCET DEVICE/LANCETS		
MICROLET LANCING DEVICE/LANCETS		
AUTOJECT 2 INJECTION DEVICE		
insulin syringes		
ONE TOUCH ULTRA2, UKTRALINK, ULTRAMINI, ULTRASMART, VERIO, VERIO IQ		
ONE TOUCH SELECT		
ONE TOUCH TEST STRIPS, CONTROL SOLUTION		Combined QLL for test strips=204/month
SOFT TOUCH		



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COVERED OTC DRUG	REFERENCE DRUG NAME	REQUIREMENTS/LIMITS
SOFTCLIX		
CHEMSTRIP		
KETOSTIX		
<b>ASTHMA OTC SUPPLIES (PEAK FLOW METERS, SPACERS)</b>		
AEROCHAMBER, MICROCHAMBER		QLL=#1/YEAR
ASSESS PEAK FLOW METER		QLL=#1/YEAR
MICROCHAMBER PEAK FLOW METER		QLL=#1/YEAR
PERSONAL BEST PEAK FLOW METER		QLL=#1/YEAR
<b>OTHER OTC DRUGS/SUPPLIES</b>		
sodium chloride 0.9% nebulizer solution OTC		