

## Over-the-Counter (OTC) Drug List

OTC's are covered ONLY when (1) on the Medicaid OTC list and (2) ordered on a written prescription. OTCs may also have restrictions as identified below. Only the items marked with **■** are allowed for non-traditional Medicaid. Brand name Items marked with **▲** are covered. Nursing Home OTC's are not included in this list.

Drug Name	Drug Name
Acetaminophen <b>■</b>	Kaolin w/ pectin suspension
Antacid liquid and tablets (Tums rolls, not 500, EX, Ultra or Mylanta) <b>■</b>	Loratidine (single agent) <b>■ ▲</b>
Aspirin including enteric coated, buffered (Bayer and Lifescan are preferred) <b>■</b>	Lotrimin, Lotrimin AF <b>■</b>
Benadryl <b>■</b>	Mag-Carb <b>▲</b>
Bisacodyl tablets & suppositories <b>■</b>	Milk of Magnesia <b>■</b>
Calcium (non-oyster shell) <b>■</b>	Mucinex.
Cetirizine (Zyrtec)	Mucinex DM
Chlorpheniramine	Niacin* 250 mg, 500 mg (not SR and LA)
Citrate of Magnesia	Nix (Rid) and generic equivalent <b>■ ▲</b>
Contraceptives <b>■</b>	Pedialyte (covered only until age 10) <b>▲</b>
Diabetic Test Strips and Supplies * <b>■ ▲</b>	Pepto-Bismol <b>▲</b>
Doxylamine Succinate <b>■</b>	Poly Vi Sol (iron formula not covered)
DSS caps, liquid, syrup and concentrate drops 5% <b>■</b>	Prilosec OTC <b>■</b>
Famotidine OTC <b>■</b>	Pseudoephedrine HCL 30 mg, 60 mg <b>■</b>
Ferrous gluconate* 325 mg. sulfate 325mg, elixir 220 mg (30 doses/30 days) <b>■</b>	Psyllium muciloid powder <b>■</b>
Gyne-Lotrimin <b>■</b>	Robitussin <b>■</b>
Hydrocortisone cream, ointment or suppositories <b>■</b>	Robitussin DM <b>■</b>
Ibuprofen <b>■</b>	Senokot* 8.6 mg tab (generic equivalent only)
Imodium AD <b>■</b>	Tri Vi Sol
Insulin <b>■ ▲</b>	Triaminics <b>■ ▲</b>
	Triple antibiotic ointment 15gm <b>■</b>

\* PDL (Preferred Drug List)

This list may change without notice.

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