

Over-the-Counter and Medicaid Covered Rx Drug List

Below is a list of over-the-counter (OTC) drugs and we cover with a prescription from your doctor. OTC drugs should only be prescribed after a clinical evaluation of the member's necessary medical needs and are not available through the mail order benefit. Generic versions and specifically listed brand name drugs listed are covered while all others are excluded. This list also includes some prescription strength products that are covered through the Medicaid portion of your benefit.

Analgesics

acetaminophen	aspirin
ibuprofen	naproxen

Antacid, Anti-Gas, & Anti-Nausea

acidophilus (lactobacillus acidophilus)	aluminum hydroxide ± magnesium carbonate
calcium carbonate	magnesium oxide
meclizine	sodium bicarbonate
simethicone	lactobacillus rhamnosis (generic Culturelle)
saccharomyces boulardii (Florastor)	Any combinations of the above ± simethicone

Anti-Diarrheals

bismuth subsalicylate	kaolin-pectin
loperamide	

Cough and Cold, Antihistamines

loratadine ± pseudophedrine	cetirizine ± pseudophedrine
fexofenadine ± pseudophedrine	chlorpheniramine
dimenhydramine	diphenhydramine
doxylamine	pseudophedrine (≤ 240mg/day)

Antiseptics & Disinfectants

chlorhexidine	hydrogen peroxide
povidone iodine	isopropyl alcohol

Laxatives

bisacodyl ± enema	docusate products
Fleet Prep Kits ± enema	glycerin suppositories
magnesium citrate	magnesium hydroxide (Milk of Magnesia)
mineral oil	Miralax OTC
polycarbophil	psyllium
methylcellulose	senna

Ophthalmic & Otic

generic artificial tears (ocular lubricant solution and ointment)	carbamide peroxide otic
ketotifen	naphazoline/pheniramine

Smoking Cessation Products

Generic nicotine products (patches, gum, lozenges)
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Ulcer Drugs

omeprazole-OTC 20mg tablet	Nexium 24HR OTC
Zegrid OTC	lansoprazole-OTC 15mg capsule
ranitidine	famotidine
cimetidine	

Nasal Corticosteroids

Nasacort Allergy	fluticasone nasal spray
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Vaginal Products	
<i>*Only 3 or 7 Day Treatments</i>	
clotrimazole	miconazole
nonoxynol 9 (Encare)	

Dermatological	
Analgesics (Topical):	capsaicin, menthol/methyl salicylate
Antimicrobials (Topical):	bacitracin, polymyxin-B, neomycin (single or triple combination)
Anti-Dandruff:	selenium sulfide shampoo
Antifungals (Topical):	clotrimazole, miconazole, Nizoral A-D Shampoo, terbinafine, tolnaftate
Anti-Itch:	colloidal oatmeal bath, calamine lotion, hydrocortisone topical
Lice Treatment:	permethrin, piperonyl butoxide-pyrethrins
Moisturizing Agents:	ammonium lactate 12%, A&D Ointment, hydrophilic ointment, lanolin ointment, petrolatum ointment, zinc oxide, Eucerin
Wart Removers:	salicylic acid

Miscellaneous	
lactase	sodium chloride for inhalation ^{RX}
saline (sodium chloride) nasal sprays	sodium chloride tablets
Saliva substitutes	Phenazopyridine (AZO)
Compounding Agents^{RX}:	Cherry syrup, Ora-Plus, Ora-Sweet, Ora-Sweet SF, simple syrup

Vitamins, Minerals & Supplements	
cranberry	coenzyme Q10
generic calcium ± vitamin D	melatonin
iron supplements ^{RX}	vitamin C (ascorbic acid)
multivitamins ± minerals	niacin
oral electrolyte solution	vitamin A (Retinol)
omega-3 fish oil	vitamin D (calciferol)
magnesium salts	vitamin D (ergocalciferol) ^{RX}
All generic B vitamins ^{RX}	Reno caps ^{RX}
vitamin E	zinc

Medical Devices and Supplies
Spacers (i.e. Aerochamber, InspirEase) ^{RX} (*limit 2 per year)
Blood glucose meter – FreeStyle Lite®, Precision Xtra®, or OneTouch (specific NDCs are covered) (*limit 1 per year)
Diabetic Preparation/Supplies¹: <ul style="list-style-type: none"> • alcohol swabs • glucose tablets • insulin syringe • insulin pen needles • ketostix • lancets (*limit 200 per 30 days) • test strips (*limit 200 per 30 days) FreeStyle®, Precision Xtra®, or OneTouch

Notes:

¹ These items may be covered as part of your Medicare Part B benefit, and may be available through mail order

^{RX} These items also include coverage of some prescription strength products

BMCHP will not cover unit-dosed packaged products unless unavailable in bulk package form