NYRx, the Medicaid Pharmacy Program Over-the Counter (OTC) Drug List

The following is a list of covered OTC products that members may receive from a pharmacy, with an order from an NYRx enrolled prescriber. This list provides a general overview of products covered.

Please see additional drug search tools for specific details on OTC coverage:

- **Providers-** emedny.org/info/formfile.aspx
- **Members-** member.emedny.org/pharmacy/search-drugs

I: Analgesics	
Oral Analgesics	
Acetaminophen (325mg, 500mg, 650mg) Capsule, Tablet, ER Tablet Acetaminophen (80mg, 160mg) Chewable Tablet Acetaminophen 160mg/5ml Liquid Acetaminophen (80mg, 120mg, 325mg, 650mg) Suppository Acetaminophen-Aspirin-Caffeine 250-250-65mg Tablet Aspirin / Aspirin EC (81mg, 325mg) Chewable Tablet, EC Tablet, Tablet Aspirin 300mg Suppository Ibuprofen (OTC) 100mg/5ml Suspension, 200mg Tablet	
Topical Analgesics	
Capsaicin (0.075%, 0.1%) Cream Diclofenac Sodium 1% Gel Lidocaine 4% Cream **A** Lidocaine 4% Patch Zostrix 0.033% Cream	**Key:** **A** Q/L- 30Gm
II: Antihistamines	
Antihistamines	
Cetirizine (1mg/ml, 5mg, 10mg) Solution, Tablet Cetirizine (5mg, 10mg) Chewable Tablet **PA** Chlorpheniramine 4mg Tablet Diphenhydramine (12.5mg/5ml, 25mg, 50mg) Capsule, Solution, Tablet Fexofenadine (60mg, 180mg) Tablet Levocetirizine 5mg Tablet Loratadine (5mg/5ml, 5mg, 10mg) Chewable Tablet, Solution, Tablet Meclizine (12.5mg, 25mg) Tablet	**PA** This item requires prior approval/ authorization. See Appendix A.

Oral Antihistamines and Pseudoephedrine (PSE) Combinations	
Aprodine 2.5-60mg Tablet Cetirizine-PSE 5-120mg Tablet **PA** Loratadine-PSE 12H/24H (5-120mg,10-240mg) Tablet **PA**	**PA** This item requires prior approval/ authorization. See Appendix A.
III. Anti-Tussive / Decongestant / Expectorant	
Anti-Tussive and Combinations	
Dextromethorphan 30mg/5ml Suspension Dextromethorphan Guaifenesin 20-400mg Tablet Dextromethorphan Guaifenesin ER (30-600mg, 60-1200mg) Tablets Dextromethorphan Guaifenesin (10-100mg/5ml, 20-200mg/20ml, 20-400mg/20ml) Liquid	
Decongestants	
Pseudoephedrine (PSE) 30mg Tablet	
Decongestant Combinations	
Guaifenesin-PSE 600-60mg Tablet	
Expectorants	
Guaifenesin (100mg/5ml, 200mg, 400mg) Solution, Tablet Guaifenesin ER (600mg, 1200mg) Tablet	
IV. Dermatologic	
Topical Acne	
Adapalene 0.1% Gel Benzoyl Peroxide (2.5%, 5%, 10%) Gel Differin 0.1% Gel **PA**	**PA** This item requires prior approval/ authorization. See Appendix A.
Topical Antifungals	
Butenafine 1% Cream **PA** Clotrimazole 1% Cream, Solution Miconazole 2% Cream, Solution Terbinafine 1% Cream Tolnaftate 1% Cream, Liquid, Powder	**PA** This item requires prior approval/ authorization. See Appendix A.
Topical (misc.)	
Docosanol 10% Cream **A** Hydrocortisone 1% Cream, Ointment Ivermectin 0.5% Lotion Permethrin 1% Creme Rinse Vitamin A&D Ointment Zinc Oxide 20% Ointment	**A** Q/L- 2Gm
V. Diabetes Care	
Blood Glucose Control	
For an up to date list of products, please see the Preferred Diabetic Supply Program resource located at newyork.fhsc.com.* Note: Items not located on this list may be covered by the medical benefit.	* Select NDCs and packaging, frequency/quantity limits apply.

Insulin (100u/ml)	
Humulin N (Vial, Kwikpen) Humulin R Vial Humulin 70-30 (Vial, Kwikpen) Novolin N (Vial, Flexpen) Novolin R (Vial, Flexpen) Novolin 70-30 (Vial, Flexpen) Relion Novolin N (Vial, Flexpen) Relion Novolin R (Vial, Flexpen) Relion Novolin 70-30 (Vial, Flexpen)	
VI. Gastrointestinal	
Antacids	
Aluminum Hydroxide 320mg/5ml Gel Aluminum Hydroxide/Magnesium Carbonate 95/358mg/15ml Suspension Calcium Carbonate 500mg Chewable Esomeprazole DR 20mg (OTC) Capsules **PA** Famotidine (10mg, 20mg) Tablets Lansoprazole DR 15mg Capsule Omeprazole DR 20mg (OTC) Capsule, Tablet **PA** Pepcid Complete 10-800-165MG Chewable Prevacid 24HR DR 15mg Capsule **PA** Sodium Bicarb 650mg Tablet	**PA** This item requires prior approval/ authorization. See Appendix A.
Anti-Diarrheal	
Loperamide (1mg/7.5ml, 2mg) Caplet, Solution	
Laxatives and Stool Softeners	
Bisacodyl (5mg, 10mg) EC Tablet, Suppository Calcium Polycarbophil 625mg Tablet Docusate Sodium (50mg/5ml, 100mg, 250mg) Liquid, Soft Gel Enemeez (Mini, Plus) Enema Fleet Bisacodyl 10mg Enema Fleet Pedia-Lax Enema Magnesium Citrate 1.745G/30ml Solution Milk of Magnesia Suspension Polyethylene Glycol 3350 Powder Psyllium Powder for Oral Suspension Senna (8.8mg/5ml, 8.6mg) Syrup, Tablet Senna 8.6mg/Docusate Sodium 50mg Tablet Sodium Phosphate 7-19 G Enema	
VII. Incontinence	
Oxytrol for Women 3.9mg/24hr **PA**	**PA** This item requires prior approval/ authorization. See Appendix A.

VIII. Nasal Agents	
Budesonide 32mcg Nasal Spray Cromolyn Sodium Nasal Spray Fluticasone 50mcg Nasal Spray Mometasone Furoate 50mcg Nasal Spray **PA** Triamcinolone 55mcg Nasal Spray	**PA** This item requires prior approval/ authorization. See Appendix A.
IX. Ophthalmic Agents	
Ophthalmic Antihistamines	
Ketotifen 0.025% Drops Olopatadine (0.1%, 0.2%) Drops Lastacaft 0.25% Drops **PA** Pataday (0.1%, 0.2%, 0.7%) Drops **PA**	**PA** This item requires prior approval/ authorization. See Appendix A.
Ophthalmic Lubricants	
Carboxymethylcellulose (0.5% Drops, 1% Gel) Drops Freshkote Eye Drops Mineral Oil/Petrolatum 42.5/57.3% Ointment Polyethylene Glycol, Propylene Glycol Drops Refresh (Celluvisc, Classic, Optive, Optive Sensitive, Plus, Relieva, Tears) Drops***** Refresh Lacri-Lube Ointment Systane (Balance, Complete, Ultra) Drops***** Systane 0.3% Gel***** Systane Nighttime Ointment Thera Tears 0.25% Drops	***** Select NDCs and packaging, frequency/quantity limits apply. emedny.org/info/formfile.aspx
Ophthalmic Misc.	
Sodium Chloride 5% Drops, Ointment	
XI. Reproductive Health	
Levonorgestrel 1.5mg Tablet O-Pill 0.075mg Tab VCF Contraceptive Film, Gel	
XII. Smoking Cessation	
Nicotine (2mg, 4mg) Chewing Gum***** Nicotine (2mg, 4mg) Lozenge, Mini Lozenge***** Nicotine Transdermal Patch (7mg/24h, 14mg/24hr, 21mg/24h) *****	***** Select NDCs and packaging, frequency/quantity limits apply emedny.org/info/formfile.aspx
XIII. Vaginal Preparations	
Clotrimazole 1% Cream Miconazole 2% Cream Miconazole 3 Kit Miconazole 100mg Vaginal Suppository	

XIV. Vitamins/Minerals/Supplements	
Minerals	
Calcium Carbonate (1.25G/5ml, 500mg, 600mg) Suspension, Tablet Calcium Carbonate/Vitamin D (600mg/400IU, 600mg/200IU, 500mg/600IU, 500mg/400IU, 500mg/200IU, 250mg/125IU) Tablets Calcium Carbonate Vitamin D 500mg/400IU Chewable Tablet Calcium Citrate Vitamin D (200mg/250IU, 315mg/200IU, 315mg/250IU) Tablet Ferate 27mg Tablet Ferrous Gluconate 324mg Tablet Ferrous Sulfate (15mg/ml, 220mg/5ml) Solution Ferrous Sulfate (324mg, 325mg) EC Tablet, Tablet Mag 64 DR Tablet Magnesium Oxide (250mg, 400mg, 420mg, 500mg) Tablet Polysaccharide Iron 150mg Capsule Sodium Chloride (23.5%, 1GM) Oral Solution, Tablet	
Supplements / Electrolytes	
K-Phos Neutral Tablet Melatonin 1mg Gummy, ODT **A** Melatonin (2.5mg/10ml, 3mg, 5mg) Gummy, Liquid, ODT **PA** Pedialyte Oral Solution, Popsicle Phos-NaK Packet Phospha 250 Neutral Tablet Sodium Citrate-Citric Acid Solution Tricitrates Oral Solution	**PA** This item requires prior approval/ authorization. See Appendix A. **A** Q/L- 60 tabs
Vitamins	
B-1 100mg Tablet B-6 (25mg, 50mg, 100mg) Tablet B-12 (500mcg, 1,000mcg, 1000mcg TR) Tablet B Complex / B Complex with C Tablet Biotin 5mg Capsule, Soft Gel, Tablet **PA** C (250mg, 500mg, 1,000mg) Chewable Tablet, Tablet C with Rose Hips 1,000mg Tablet Children's Chewable Multivitamin **B** D_2 200mcg/ml Drop D_3 10mcg/ml Drop D_3 10mcg, 25 mcg, 50 mcg, 125mcg, 1.25mg Tablet/Soft Gel DEKAS Essential Caps, Liquid/DEKAS Plus Chewable, Soft Gel **PA** Dialyvite E (Aqua E Concentrate 75IU/ml) Folic Acid (0.4mg, 1mg) Tablets Multivitamins **C** / Multivitamins with Iron **E**/ Multivitamins with Minerals **B**	**B** Not covered for age 21+ ***Select NDCs and packaging, quantity limits apply. emedny.org/info/formfile.aspx

Vitamins (cont.)	
Niacin 500mg Tablet, TR Tablet Niacinamide 500mg Tablet Ocuvite with Lutein Prenatal Vitamins* Poly-Vi-Sol C / Poly-Vi-Sol with Iron B Rena-Vite Tri-Vi-Sol B	B Not covered for age 21+ *Select NDCs and packaging, quantity limits apply. emedny.org/info/formfile.aspx

Key:
PA - Prior Approval/Authorization
A – Quantity Limit (Q/L) applied
B - Not covered for age 21+
***** Select NDCs and packaging, frequency/quantity limits apply

Not all OTC products are available on the formulary. Some limitations are:

- ✓ Specific manufacturers (store brands)
- ✓ Sizes
- ✓ Strengths
- ✓ Formulations (gelcaps, chewable, etc.)

Please refer to the NYRx Pharmacy Policy Guidelines for additional information.

Appendix A

Prior Approval/Authorization Information

If a medication in the list says prior approval (PA) is required or may be required, Medicaid members should talk to their doctor or pharmacist. These medications may have additional requirements that the provider must review before it can be processed through the NYRx, Medicaid Pharmacy Program. Depending on the member's medical history, providers can help the member get a PA for the prescribed medication or find another medication on the Medicaid Preferred Drug List that is right for the member.

To obtain **PA** providers can:

- ➢ Access the CoverMyMeds electronic prior authorization (ePA) request submission portal. This allows prescribers to submit ePA requests with approvals given in real time.
- ➢ Prescribers or their authorized agent can submit a PA request via fax by utilizing the NYRx Standard Prior Authorization Fax Form.
- ➢ Prescribers or their authorized agent can call the PA Clinical Call Center at 1-877-309-9493. The Clinical Call Center is available 24 hours per day, 7 days per week with pharmacy technicians and pharmacists who will work with you, or your agent, to quickly obtain PA.

Medicaid enrolled prescribers with an active e-PACES account can also initiate PA requests through the web-based application PAXpress®. The website for PAXpress is paxpress.nypa.hidinc.com.