

## Covered Prescription Cold, Cough, and Vitamin Product List

Effective: April 15, 2014

**Note:** Only federally rebateable, generic versions of the products specifically listed below are covered; non-federally rebateable and branded versions are NOT covered. Prescription cold and cough products (Therapeutic Class 16 & 17) or Vitamins, Commonly Excluded (Drug Class Code V) NOT specifically listed below are NOT covered.

**Clinical Criteria (CC)** – Due to the nature of some medications, prior authorization may be required for the medication to be covered. If a medication requires a prior authorization, the ordering physician should contact the Clinical Support Center at (800)477-3071.

Covered Product (generic, federally rebated products ONLY)	HICL Sequence Number (HSN)
BENZONATATE	001929
GUAIFENESIN/CODEINE PHOSPHATE	000206
CODEINE/PROMETHAZINE HCL	000345
D-METHORPHAN HB/PROMETH HCL	000366
ASCORBIC ACID	000994
CHOLECALCIFEROL (VITAMIN D3)	000996
FLUORIDE/IRON/VITAMIN A,C, & D	001025
MULTIVITAMINS WITH IRON & FLUORIDE	001029
CYANOCOBALAMIN (VITAMIN B-12)	002329
FOLIC ACID/VITAMIN B COMP W-C	001061
THIAMINE HCL	001075
PRENATAL VITAMINS (CC)	C6F
FA/VIT BCOMP&C/SE/MIN AA/ZN	026342
MVI, PEDI NO.1 WITH VIT K	026696
MULTIVIT, IRON, MIN #5, FA	034243
VIT B CMLPX 3/FA/VIT C/BIOTIN	034272
B1/B2/B3/B5/B6/B12/VIT C/FA	034792
B CMLPX 4/VIT D3/C/FA/ZINC OX	035065
MULTIVITAMINS WITH MIN NO.7/FA	035185
VIT B CMLPX NO3/FA/C/BIOT/ZINC	036401