

**\*\* Fee-For-Service Pharmacy Provider Notice #255 – OTC Drug List Update \*\***

**June 1, 2021**

Please be advised that on July 1, 2021, the Department for Medicaid Services (DMS) is updating the Over-The-Counter (OTC) Covered Drug List. This list will be followed by ALL Fee-For-Service (FFS) Medicaid members, including those residing in a long-term-care facility. Only federally rebateable, generic versions of the products specifically listed below are covered; non-federally rebateable and branded versions are NOT covered. OTC Products that are not on the list below will also NOT be covered.

| <b>Fee-For-Service Pharmacy Over-The-Counter (OTC) Covered Drug List</b>                    |  |
|---|--|
| Effective 7/01/2021   |  |
| <b>Unless otherwise noted, only generic versions of the following products are covered.</b> |  |
| <b>Analgesics</b>   |  |
| acetaminophen   | ibuprofen                                |
| aspirin   | naproxen sodium                          |
| aspirin with buffer   |  |
| <b>Cold and Cough / Antihistamines</b>  |  |
| brompheniramine/pseudoephedrine   | guaifenesin/dextromethorphan             |
| cetirizine tablets  | guaifenesin/pseudoephedrine              |
| dextromethorphan  | levocetirizine                           |
| dextromethorphan polistirex   | loratadine tablets                       |
| diphenhydramine HCl   | loratadine/pseudoephedrine               |
| doxylamine succinate  | meclizine                                |
| fexofenadine  | phenylephrine / acetaminophen            |
| guaifenesin   | pseudoephedrine                          |
| guaifenesin/codeine   | sodium chloride nasal                    |
| <b>Topicals</b>   |  |
| ammonium lactate  | hydrocortisone                           |
| bacitracin  | hydrocortisone acetate                   |
| bacitracin / polymyxin B  | lidocaine                                |
| bacitracin zinc   | miconazole (vaginal and topical)         |
| benzoyl peroxide  | neomycin/bacitracin/polymyxin            |
| capsaicin   | permethrin                               |
| carbamide peroxide  | salicylic acid                           |
| carboxymethylcellulose sodium   | terbinafine (topical)                    |
| clotrimazole (topical and vaginal)  | tolnaftate                               |
| diphenhydramine HCl   | vitamin A & D ointment                   |
| docosanol   | zinc oxide                               |
| <b>Vitamins</b>   |  |
| ascorbic acid (Vitamin C)   | ferrous sulfate                          |
| calcium acetate   | fish oil                                 |
| calcium carbonate / vitamin D3  | folic acid                               |
| calcium citrate   | magnesium oxide                          |
| calcium citrate / vitamin D3  | niacin /niacinamide                      |
| cyanocobalamin (Vitamin B-12)   | prenatal vitamins <sup>CC</sup>          |
| ergocalciferol (vitamin D2)   | pyridoxine HCl (vitamin B6)              |
| ferrous gluconate   | vitamin D3                               |
| <b>GI Products</b>  |  |
| aluminum hydroxide  | magnesium carbonate / aluminum hydroxide |

|   |   |
|---|---|
| bisacodyl                               | magnesium carbonate / aluminum hydroxide / alginic acid |
| bismuth subsalicylate                   | magnesium citrate                                       |
| calcium carbonate                       | magnesium hydroxide                                     |
| calcium carbonate / magnesium hydroxide | methylcellulose   |
| calcium polycarbophil                   | mineral oil   |
| cellulose                               | polyethylene glycol                                     |
| docusate calcium                        | psyllium husk   |
| docusate sodium (excluding enemas)      | psyllium seed   |
| famotidine                              | psyllium seed / dextrose                                |
| famotidine/Ca carb/mag hydrox           | sennosides  |
| glycerin suppositories                  | simethicone   |
| loperamide                              | sodium bicarbonate                                      |
| <b>Miscellaneous</b>                    |   |
| instant dextrose                        | NaCl ophthalmic/nasal                                   |
| insulins (see Preferred Drug List)      | nicotine (see Preferred Drug List)                      |
| ketotifen                               | sodium chloride tablets                                 |
| levonorgestrel                          |   |

Thank you for helping Kentucky Medicaid members maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible. Please contact Magellan Medicaid Administration at [kyproviders@magellanhealth.com](mailto:kyproviders@magellanhealth.com) for additional information or any questions you may have.

Sincerely,

*Sha Leigh Hammons*

ShaLeigh Hammons, CPHT

Account Manager I

[kyproviders@magellanhealth.com](mailto:kyproviders@magellanhealth.com)

| <b>Kentucky Medicaid Fee-for-Service Pharmacy Program's Contact Information</b> |  |  |
|---|--|--|
| <b>Clinical Support Center</b>  | 1-800-477-3071<br>Sunday – Saturday<br>24 hours a day      | Please contact the Clinical Support Center to request a prior authorization (PA) or to check the status of a request.  |
| <b>Pharmacy Support Center</b>  | 1-800-432-7005<br>Sunday – Saturday<br>24 hours a day      | Please contact the Pharmacy Support Center when claims assistance is required. Timely filing, lock-in, and early refill (ER) overrides can be obtained through this Call Center. |
| <b>Provider Services</b>  | 1-877-838-5085<br>Monday – Friday<br>8:00 a.m. – 4:30 p.m. | Please contact Provider Services if you have questions about enrollment or when updating your license or bank information.   |
| <b>Member Services</b>  | 1-800-635-2570<br>Monday – Friday<br>8:00 a.m. – 5:00 p.m. | Please contact Member Services if you are a member or if you as the provider have questions regarding the member's benefits or eligibility coverage dates.                       |