

Covered Prescription Cold, Cough, and Vitamin Product List

Effective: November 4, 2021

Note: Only federally rebateable, generic versions of the products specifically listed below are covered; non-federally rebateable and branded versions are NOT covered, unless otherwise stated.

Clinical Criteria ^(CC) – Due to the nature of some medications, prior authorization may be required for the medication to be covered.

Covered Product	Strength
Cold and Cough / Antihistamines	
BENZONATATE CAPSULES	100MG, 150MG, 200MG
PROMETHAZINE HCL/CODEINE SYRUP, SOLUTION	6.25MG-10MG/5ML
PROMETHAZINE/DEXTROMETHORPHAN SYRUP, SOLUTION	6.25MG-15MG/5ML
Vitamins	
ASCORBIC ACID VIAL	500MG/ML
GENERIC PRENATAL VITAMINS	various
BRAND PRENATAL VITAMINS ^{CC}	various
CYANOCOBALAMIN (VITAMIN B-12) VIAL	1000 MCG/ML
FOLIC ACID VIAL	5MG/ML
THIAMINE HCL VIAL	200MG/2ML
FLUORIDE SODIUM PASTE, CREAM, GEL	1.1%
FLUORIDE SODIUM RINSE	0.2%
FLUORIDE SODIUM TABLET, CHEWABLE TABLETS	0.25MG, 0.5MG, 1MG
SODIUM FLUORIDE/POTASSIUM NITRATE PASTE	1.1%-5%
ERGOCALCIFEROL (VITAMIN D2)	50,000 UNITS
CALCITRIOL (VITAMIN D3)	all