



**Maryland Medicaid Pharmacy Program will cover the following federally rebatable OTC products when a participant presents a prescription written by an authorized prescriber:**  
(All other OTCs will deny with NCPDP 70 – NDC not covered)

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Abreva                                                                                                                                                       |
| Antihistamines, decongestant, minimally sedating (Alavert Allergy Sinus, Allergy Relief D-12 &24 Hour, Claritin D 12 &24Hr, loratidine D 24 hour)            |
| Antihistamines, minimally sedating (Alavert Allergy Relief, Claritin 10 Reditabs, Tavist ND, loratidine tablets)                                             |
| Aspirin, Enteric Coated 325mg (≥250 tablets if diagnosis is arthritis)                                                                                       |
| Bacitracin                                                                                                                                                   |
| Bacitracin/Polymixin                                                                                                                                         |
| Benzoyl Peroxide                                                                                                                                             |
| Capsaicin                                                                                                                                                    |
| Clotrimazole                                                                                                                                                 |
| Condoms*                                                                                                                                                     |
| Contraceptives, OTC                                                                                                                                          |
| Contraceptive, Plan B*                                                                                                                                       |
| Dimenhydrinate                                                                                                                                               |
| Ergocalciferol (vitamin D) liquid, (8,000 IU/ml)                                                                                                             |
| Ferrous sulfate drops, (125mg/ml) (50ml)                                                                                                                     |
| Ferrous sulfate elixir, (220mg/5ml) (≥473ml)                                                                                                                 |
| Ferrous sulfate syrup, (90mg/5ml) (≥473ml)                                                                                                                   |
| Ferrous sulfate tablets, 300mg or 325mg (≥100 tablets)                                                                                                       |
| Ferrous sulfate , chewable tablets of any ferrous salt when combined with vitamin C, multivits, multivits + minerals, or other minerals in the formulation** |
| Fexofenadine                                                                                                                                                 |
| Fluticasone (Flonase Allery Relief and Flonase Sensimist)                                                                                                    |
| Hypodermic needles/syringes (includes pen needles)                                                                                                           |
| Ibuprofen                                                                                                                                                    |
| Infant Formulas                                                                                                                                              |
| Insulins                                                                                                                                                     |
| Ketotifen (ophthalmic antihistamine)                                                                                                                         |
| Lansoprazole                                                                                                                                                 |
| Meclizine                                                                                                                                                    |
| Miconazole                                                                                                                                                   |
| Naproxen Sodium                                                                                                                                              |
| Nutritional Supplements                                                                                                                                      |
| Permethrin                                                                                                                                                   |
| Piperonyl Butoxide/Pyrethrins Shampoo                                                                                                                        |
| Protein Lysates                                                                                                                                              |
| Smoking Cessation Products                                                                                                                                   |

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|----------------------------|
| Terbinafine                |
| Tolnaftate                 |
| Triple Antibiotic Ointment |

**\* The program covers the following OTC products without a prescription:**

**Condoms** (subject to limitations in Code of Maryland Regulations 10.09.03.05C (7))

**Plan B Contraceptive** (see Advisory #139, dated 12.05.2013)

**\*\* Participant is under 12 years old and quantity of  $\geq 60$  tablets and  $\leq 100$  day supply.**

(As specified in Code of Maryland Regulations: 10.09.03.04A (8))

[March 1, 2018]