

As part of Wisconsin Medicaid coverage, Care Wisconsin Health Plan provides certain over-the-counter medications when they are ordered by a physician or nurse practitioner for a medical need. The product used must be generic, when available, and have a valid NDC. If you want to request an over-the-counter medication that does not appear on this list please discuss this request with your Care Team. The covered products are:

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| Acetaminophen | Diphenhydramine# |
| Aluminum hydroxide* | Ferrous gluconate (pregnant women only) |
| Aluminum hydroxide/magnesium carbonate* | Ferrous sulfate (pregnant women only) |
| Aluminum hydroxide/magnesium hydroxide* | Fexofenadine*** |
| Aluminum hydroxide/magnesium hydroxide/simethicone* | Guaifenesin liquid** |
| Aspirin | Hydrocortisone cream or ointment 0.5% or 1% |
| Bacitracin | Hydrocortisone lotion or solution 1% |
| Bacitracin/Neomycin/Polymyxin | Ibuprofen |
| Bacitracin/Polymyxin | Insulin (OTC formulations only) |
| Benzoyl Peroxide 2.5%, 5%, 10% | Levonorgestrel 1.5mg tablet |
| Calcium carbonate chewable tablet (antacid) | Loratadine |
| Calcium carbonate liquid (antacid) | Loratadine/Pseudoephedrine** |
| Calcium carbonate/magnesium hydroxide* | Meclizine# |
| Capsaicin cream 0.025%, 0.075%, 0.1% | Miconazole nitrate (topical) |
| Capsaicin liquid 0.15% | Miconazole nitrate (vaginal) |
| Cetirizine | Naproxen Sodium |
| Cetirizine/Pseudoephedrine** | Nicotine gum*** |
| Clotrimazole (topical) | Nicotine lozenges*** |
| Clotrimazole (vaginal) | Nicotine patches*** |
| Dextromethorphan liquid** | Permethrin |
| Dextromethorphan/guaifenesin liquid** | Pseudoephedrine 30 mg or 60 mg tablet |
| Dimenhydrinate# | Pseudoephedrine syrup or liquid** |
| | Sodium bicarbonate (antacid) |
| | Tolnaftate |

* Not for members with a creatinine clearance of under 60mL/min.

** Quantity Limit applies. See your Care Team for details.

*** Subject to Prior Authorization and Quantity Limit restrictions. See your Care Team for details.

Use with caution due to falls risk

Eye Drops and Ointments:

Carboxymethylcellulose (0.5%, 1%) Drops and dropperette

Hypromellose (0.3%, 0.4%) Drops

Hypromellose (0.3%) Gel

Ketotifen fumarate (ophthalmic) Drops

Mineral Oil/Petrolatum (3%/94%) Ointment

Mineral Oil/Petrolatum (15%/83%) Ointment

Mineral Oil/Petrolatum (15%/85%) Ointment

Mineral Oil/Petrolatum (42.5%/56.8%) Ointment

Mineral Oil/Petrolatum (42.5%/57.3%) Ointment

Polyvinyl alcohol (1.4%) Drops

Polyvinyl alcohol/Povidone (0.5%/0.6%) Drops

Polyvinyl alcohol/Povidone (1.4%/0.6%) Dropperette

Propylene glycol/PEG400 (0.3%/0.4%) Drops

Additional Notes:

1. Generic over-the-counter and prescription medications in this formulary are provided when available. Requests for brand-name or non-formulary products are honored if the request is based on medical necessity, the request is supported by the Care Team, and the brand/non-formulary product is specifically ordered by a physician or nurse practitioner.
2. A valid NDC is defined as a National Drug Code that is recognized by the State Wisconsin Medicaid's claims processing system.