



Department of Human Services

NONPRESCRIPTION (OTC) PRESCRIBED DRUG LIST BY THERAPEUTIC CATEGORY

Revised: 7/23/2020

The following nonprescription drugs are payable, and may be subject to prior authorization requirements stated below and as specified in the preferred drug list published by the department pursuant to Iowa Code section 249A.20A.

Payment will be made for the following nonprescription products when prescribed by a practitioner legally qualified to prescribe the item. Payment for the following listed drugs will be made in the same manner as prescription drugs.

* The following OTC medications are covered although the manufacturers have not entered into a rebate agreement with CMS.

Drug Name	X Indicates Prior Authorization Required
ANALGESICS - MISC.	
aspirin tab 325 mg	
aspirin chew tab 81 mg	
aspirin tab delayed release 81 mg	
aspirin tab delayed release 325 mg	
acetaminophen tab 325 mg	
acetaminophen tab 500 mg	
acetaminophen liquid 160 mg/5ml	
acetaminophen solution 160 mg/5ml	
acetaminophen suspension 160 mg/5ml	
acetaminophen suppos 120 mg	
ANTACIDS-BICARBONATE	
sodium bicarbonate tab 325 mg*	X
sodium bicarbonate tab 650 mg*	X
ANTIASTHMATIC - MISC. RESPIRATORY INHALANTS	
racepinephrine soln 2.25%	
ANTIEMETIC - ANTICHOLINERGIC / DOPAMINERGIC	
meclizine hcl tab 12.5 mg	
meclizine hcl tab 25 mg	
meclizine hcl chew tab 25 mg	

Drug Name	X Indicates Prior Authorization Required
ANTIHISTAMINES - NON-SEDATING	
cetirizine hcl tab 5 mg	
cetirizine hcl tab 10 mg	
cetirizine hcl oral solution 1 mg/ml (5 mg/5ml)	
loratadine tab 10 mg	
loratadine syrup 10 mg/10ml	
ANTIHISTAMINES - OTHER	
chlorpheniramine maleate tab 4 mg	
diphenhydramine hcl cap 25 mg	
diphenhydramine hcl liquid 12.5 mg/5ml	
diphenhydramine hcl syrup 12.5 mg/5ml	
CONTRACEPTIVES - EMERGENCY CONTRACEPTIVE	
levonorgestrel 1.5mg (emergency oc)	
COUGH/COLD - ANTITUSSIVE-EXPECTORANT	
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	
COUGH/COLD - SYSTEMIC DECONGESTANTS	
pseudoephedrine hcl tab 30 mg	
pseudoephedrine hcl tab 60 mg	
DIABETIC - INSULIN	
insulin regular (pork) inj 100 u/ml	
insulin isophane (pork) inj 100 u/ml	
insulin regular (human) inj buffered 100 u/ml	
DIABETIC - INSULIN PENFILLS	
insulin regular (human) inj 100 unit/ml	X
insulin isophane (human) inj 100 unit/ml	X
insulin isophane & regular (human) inj 100 unit/ml (70-30)	X
ELECTROLYTES ORAL	
pediatric oral electrolyte solution*	
GI - ANTI - FLATULENTS / GI STIMULANTS	
sennosides tab 8.6 mg	
polyethylene glycol 3350 oral powder	
GI - ANTIPERISTALTIC AGENTS	
loperamide hcl tab 2 mg	
loperamide hcl susp 1 mg/7.5ml	
GI - MISC.	
magnesium hydroxide susp 400 mg/5ml	
sennosides syrup 8.8 mg/5ml	
sennosides-docusate sodium tab 8.6-50 mg	

Drug Name	X Indicates Prior Authorization Required
MINERALS	
calcium carbonate susp 1250 mg/5ml*	X
calcium carbonate tab 600 mg*	X
calcium carbonate tab chew 500 mg*	X
calcium carbonate tab chew 750 mg*	X
calcium carbonate tab chew 1000 mg*	X
calcium carbonate tab chew 1250 mg *	X
calcium carbonate vitamin d tab 500 mg/200 unit*	X
calcium carbonate vitamin d tab 600 mg/200 unit*	X
calcium carbonate vitamin d tab 600 mg/400 unit*	X
calcium citrate tab 950 mg*	X
calvite p&d tab*	X
ferrous fumarate tab 325 mg*	
ferrous gluconate tab 324 mg*	
ferrous gluconate tab 325 mg*	
ferrous sulfate drops 75 mg/ml*	
ferrous sulfate elixir 220 mg / 5 ml*	
ferrous sulfate tab 325 mg*	
ferrous sulfate soln 75 mg/0.6ml (15 MG/0.6ML elemental Fe)*	
magnesium chloride er tablet 535 (64 mg) mg*	X
magnesium oxide tab 400 mg*	X
Phos-Nak Pow Concentrate*	X
polysaccharide iron complex cap 150mg*	X
NICOTINE PATCHES / TABLETS	
nicotine td patch 24hr 7 mg/24hr	x (< 18 years of age)
nicotine td patch 24hr 14 mg/24hr	x (< 18 years of age)
nicotine td patch 24hr 21 mg/24hr	x (< 18 years of age)
NICOTINE REPLACEMENT - OTHER	
nicotine polacrilex gum 2 mg	x (< 18 years of age)
nicotine polacrilex gum 4 mg	x (< 18 years of age)
nicotine polacrilex lozenge 2 mg	x (< 18 years of age)
nicotine polacrilex lozenge 4 mg	x (< 18 years of age)
NSAIDS	
ibuprofen tab 200 mg	
ibuprofen susp 100 mg/5ml	
OP. ARTIFICIAL TEARS AND LUBRICANTS	
artificial tear ophth solution	
artificial tear ophth ointment	
sodium chloride hypertonic ophth soln 5%	
sodium chloride hypertonic ophth oint 5%	
TOPICAL - ACNE PREPARATIONS	
benzoyl peroxide gel 5%	
benzoyl peroxide gel 10%	
benzoyl peroxide lotion 5%	
benzoyl peroxide lotion 10%	

Drug Name	X Indicates Prior Authorization Required
TOPICAL - ANTIBIOTIC	
bacitracin oint 500 unit/gm	
neomycin-bacitracin-polymyxin oint	
TOPICAL - ANTIFUNGALS	
tolnaftate powder 1%	
tolnaftate cream 1%	
miconazole nitrate cream 2%	
TOPICAL - EMOLLIENTS	
ammonium lactate lotion 12%*	
TOPICAL - ENZYMES / KERATOLYTICS / UREA	
salicylic acid liquid 17%	
TOPICAL - SCABICIDES AND PEDICULICIDES	
permethrin lotion 1%	
pyrethrins-piperonyl butoxide shampoo 0.33-4%	
VAGINAL - ANTI FUNGALS	
clotrimazole vaginal cream 1%	
miconazole nitrate vaginal cream 2%	
miconazole nitrate vaginal suppos 100 mg	
VITAMINS-MISC	
aquadeks cap*	X
aquadeks soln*	X
aquadeks tab chew*	X
cholecalciferol drops 400 unit*	X
cholecalciferol cap/tab 400 unit*	X
cholecalciferol cap/tab 1000 unit*	X
cholecalciferol cap/tab 2000 unit*	X
cholecalciferol cap 10000 unit*	X
cholecalciferol tab 50000 unit*	X
DEKAs Cap*	X
DEKAs Liquid*	X
DEKAs Tab Chew*	X
ergocalciferol sol 8000 unit/ml*	X
pediatric multiple vitamin w/ minerals & c tab chew 60 mg*	X
multiple vitamins tab*	X
multiple vitamins w/ minerals liquid*	X
multiple vitamins w/ minerals tab*	X
nephro-vite tab*	X
niacin tab 50 mg*	X
niacin tab 100 mg*	X
niacin tab 250 mg*	X
niacin tab 500 mg*	X
Poly-Vi-Sol Drops*	X
Poly-Vi-Sol Drops/ Iron*	X
pyridoxine tab 25 mg*	X
pyridoxine tab 50 mg*	X
pyridoxine tab 100 mg*	X
thiamine tab 50 mg*	X

Drug Name	X Indicates Prior Authorization Required
thiamine tab 100 mg*	X
Tri-Vi-Sol Drops*	X
vitamin A cap 10000 IU*	X
vitamin B-12 tab 1000 mcg*	X
vitamin B-12 tab CR 1000 mcg*	X
vitamin C tab 500 mg*	X
vitamin C tab 1000 mg*	X
vitamin C tab chew 500 mg*	X
vitamin E cap 400 unit*	X