

**3.1 AMOUNT, DURATION AND SCOPE OF ASSISTANCE**

- f. Nonprescription drugs: Nonprescription (over-the-counter or "OTC") drug coverage is limited to: Analgesics/antipyretics, antidiarrheals, antitussives, laxatives, hemorrhoidal preparations, topical antibacterial agents, topical and intravaginal antifungal agents, cough and cold preparations, contraceptives, topical acne agents, topical analgesics, antihistamines, topical antiviral agents, topical glucocorticoids, insulin, ophthalmic agents for allergic conjunctivitis, pediculicides/scabicides, and tobacco cessation products. Residents in skilled and intermediate nursing facilities are excluded.
- g. Drugs described in §107(c)(3) of the drug Amendments of 1962 and identical, similar or related drugs (within the meaning of §310.6(b)(1) of Title 21 of the Code of Federal Regulations ("DESI" drugs).
- h. Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services will be purchased exclusively from the manufacturer or its designee.
- i. Barbiturates: Phenobarbital, mephobarbital and prescription products which include a barbiturate in combination with other ingredients are covered (except for dual eligible individuals effective January 1, 2013, when used in the treatment of epilepsy, cancer or a chronic mental health disorder as Part D will cover those indications).
- j. Benzodiazepines: Benzodiazepines are covered (except for dual eligible individuals effective January 1, 2013 as Part D will cover all indications).
- B. Drugs covered with limitation (applicable to all covered drug categories)
- a. Certain drugs identified by high cost, high risk or high use are subject to limitations through prior authorizations as to units or coverage periods.
- b. Certain drugs are limited by gender or age according to FDA approved indications. Prior authorization is available for on a case-by-case basis for exceptions with medical necessity justification.