

DRUGS COVERED BY MEDICAID FOR MEDICARE-MEDICAID (DUAL ELIGIBLE) MEMBERS

	Cough and Cold Products	Over-the-Counter (OTC) Products	Prescriptions Vitamin and Mineral Products	Other Products
<p>Covered Drug Information</p> <p><i>Note:</i> Health First Colorado's (Colorado's Medicaid program) pharmacy benefit does not cover medications which are covered by Medicare.</p> <p>*If a drug requires a Prior Authorization (PA), please contact the Magellan Helpdesk at 800-424-5725.</p>	<p><i>Note:</i> Prescription (Rx) cough and cold products are not a covered benefit for dual eligible members 21 years and older.</p> <p>Prescription (RX) required products: PA required for members who are under 21 years old and require the cough and cold product for a diagnosis of a non-chronic condition, such as acute cold.</p> <p>Over the Counter products: Covered products may include children's liquid and chewable Tylenol and ibuprofen, cough suppressants (Dextromethorphan for ages 4-11 years), and decongestants. Products may require a PA in accordance with the current Preferred Drug List (PDL) and Appendix P criteria, example: non-preferred anti-histamines.</p>	<p><i>Note:</i> Some OTC products are covered by Health First Colorado, of the OTC products that are covered, the coverage policy and criteria may be found on the Preferred Drug List (PDL) and/or Appendix P.</p> <p>Covered medications may include: anti- allergy (Claritin/loratadine), acid reflux (Prilosec/omeprazole), nasal allergy products, and allergy eye drops (Zaditor/ ketotifen).</p> <p>Non-preferred agents may require a PA, examples: vitamin B6 or doxylamine for nausea in pregnancy (morning sickness).</p> <p>Aspirin, Emergency Contraception (Plan B), Ibuprofen (6 months – 11 years), generic Miralax, OTC smoking cessation agents (Nicotine patch/gum/lozenge), and Tylenol (2-11 years) are covered without a PA.</p>	<p>Prescription vitamin and mineral products may be covered consistent with the Appendix P and PDL criteria. PA may be required, example: vitamin K, vitamin B12, folic acid.</p> <p><i>Note:</i> <i>Prenatal vitamins and Vitamin D analogues (Doxercalciferol, Calcitriol and Paricalcitol) are not a covered benefit for dual eligible members because these products are covered by Medicare.</i></p>	<p>Heparin and Saline Flush</p>

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The Appendix P and Preferred Drug List (PDL) criteria can be found here:

- [Pharmacy Resources](#)

Additional References:

- [Medicare Prescription Drug Benefit Manual](#)
- [Payment for Covered Outpatient Drugs](#)