

5.2 Covered OTCs

The Nevada PBM FFS Medicaid program will cover over the counter (OTC) ~~medications~~ drugs and supplies with the following limitations.

- OTC ~~medications~~ drugs and supplies will be subject to any applicable PA, quantity, and age limits. Approvals will be for a one-month limit.
- Any more than two prescription requests for medications within the same therapeutic class will require PA.
- Insulin will be exempt from any clinical PA requirements.

The following OTC drug classes are subject to OTC Maximum Allowable Cost (MAC) benefit limits.

OTC Therapeutic Class	MAC
Irritants/counterirritants	\$50
Topical local anesthetics	\$50
Antidiarrheal	\$25
All other OTC drugs/supplies (excluding insulins)*	\$500

*Note: for *All other OTC drugs/supplies (excluding insulins)*, a cost ceiling edit of \$500 will be applied. Please refer to the specific reject response or contact the PSC for assistance.