Pennsylvania
Department of Health

Chronic Renal Disease Program
Over the Counter Medications

Effective 4.1.16

Brand**	Generic	Dosage Forms	Mandatory Substitution	Coverage Categories
Betadine	Providone Iodine	Swab, Solution, Pad	Y	
* Caltrate 600 + D, Os-Cal 500 + D	* Calcium Carbonate with Vitamin D	Tablet, Caplet, Capsule	Y	
Feosol, Fer-in-Sol	Ferrous Sulfate	Enteric-Coated Tablet, Liquid, Tablet, Capsule, Syrup, Elixir, Solution, Drops	Y	No reimbursement for extended release or slow release
Humulin, Novolin	Insulin	Vial		
* Mylanta Gelcaps, Marblen	* Calcium Carbonate/Magnesium Carbonate	Gelcap, Liquid	Y	
* Tums, Osyco, Titralate, Calci-Mix, Calci-Chew	* Calcium Carbonate	Suspension, Chewable Tablet, Capsule, Tablet, Powder	Y	

* May submit a quantity greater than 100

** Brand Names referenced are for informational purposes only and do not represent compensability status