

(d) Non-legend drugs listed in the state Medicaid Provider Manual or website.

TN No. 23-0005
Supersedes
TN No. 14-005 Approval Date: _____ Effective Date: 01/01/2023

(d) Non-legend drugs listed in the state Medicaid Provider Manual or website. [~~see specific drug categories below~~]

- ~~[Analgesics~~
- ~~Anti-Allergy~~
- ~~Anti-Inflammatory~~
- ~~Antibacterial/Antifungals~~
- ~~Antidiarrheals~~
- ~~Antihemorrhoidals~~
- ~~Antacids~~
- ~~Cough and cold~~
- ~~Gastrointestinal (H2 and PPI)~~
- ~~Laxatives~~
- ~~Ophthalmics~~
- ~~Otics~~
- ~~Schedule V OTC Products]~~

TN No. 23-0005
~~[14-005]~~

Supersedes

Approval Date: _____

Effective Date: 01/01/2023

~~[01/01/2014]~~

TN No. 14-005
~~[13-004a]~~