1. Certain OTC drugs (miconazole, clotrimazole) may come as topical creams and as vaginal supp. What is state's expectation on coverage if different formulations are available as OTC products? What criteria do we use to determine what products to cover? Should we use one proxy NDC to represent all dosage forms/strengths?

   Answer: The State is updating its guidance and providing a more detailed list of OTC drugs and non-drug products currently covered in the State's Medicaid program.

   See the additional documents, *Detailed IL Drug Guidance and OTC Notice 7 15 11*, for more information. This list provides one representative NDC for each product, but is not necessarily the list of NDCs each Plan may choose to cover. Plans will need to select an appropriate NDC for submission on either the Supplemental OTC file or the ADD file, if they haven't already. CMS will provide instructions to Plans for resubmission of these drug files following IL's review of Plans' submissions.

2. For description of Urine test/ Reagent strips, which urine test (Glucose/ Acetone) does this apply to?

   Answer: The description of urine test/reagent strips applies to both glucose and acetone. Also, see response to #1.

3. For Enteral Formulas, what example may we base our proxy NDC on? Does this description include products like Boost/Ensure?

   Answer: The enteral formulas on this list would just include clear liquids to replace electrolytes such as pedialyte. Products such as Boost and Ensure would be considered DME. Also, see response to #1.

4. For 0.9% sodium chloride syringes/vials AND heparin sodium, porcine, all NDCS are RX/ legend products and not OTC products. What is state's expectation if no OTC NDCS for these products are available? Will this products be used for line flushing? If used for line flushing then these drugs will be considered a Part B drug and will not be added to ADD file.

   Answer: The list is referring only to flushes. The State does not believe this is a Part B covered product.

5. Certain OTC drugs have both brand and generic products. Does state require coverage of brands for any certain products? Should just generic be used as a proxy NDC?

   Answer: See response to #1.

6. Certain OTC drugs may have multiple strengths listed as OTC (e.g. Famotidine 10mg /20mg). Does state require coverage on all OTC strengths? If state requires coverage for all strengths, do we need to add a proxy NDC for each on ADD file?

Answer: See response to question #1.

7. Are State of IL quantity limits (QL) based on FDA guidelines? Ex. Omeprazole 20mg tabs QL= 60 tabs /30 days. Should these quantity limits be submitted on the ADD file?

   Answer: Also see response to question #1.

8. Are there any OTC products with a capped benefit? Ex. x amount of tabs over x amount days; 60 tabs per 365 days.

   Answer: Yes, the State has duration of therapy limits on some products including nicotine replacement products. Also see response to question #1.

9. Is the expectation that we mirror the PA/coverage requirements IL uses? As an example, one of the drugs the state has on their "State-Required OTC Drugs and Products" list is omeprazole. On the Illinois website (see screen shot below), it lists omeprazole as not being covered for age >20. So should we still put it on our ADD file since this RFP is only for >20 years old?

   Answer: Plans do not have to mirror IL PA/coverage requirements. However, Plans may not offer benefits that are more restrictive than those currently provided through the IL Medicaid program; that is, Plans must at least offer the same products under the demonstration as offered in the IL Medicaid program. Plans are free to submit their own UM criteria for these OTC drugs and products on the ADD file.