

As a member, you pay **\$0** for your covered over-the-counter (OTC) medications.

The following OTC drugs are covered through our Plan because you are also eligible for MassHealth Standard (Medicaid). A prescription from your physician is required. Non-brand-name (generic) OTC medications will be dispensed unless otherwise approved by the Plan.

#### Allergy Agents, Ophthalmic:

- ketotifen
- naphazoline
- Naphcon-A (naphazoline/pheniramine)
- Opcon-A (naphazoline/pheniramine)

#### Analgesics:

- acetaminophen ≤4 grams/day
- aspirin
- aspirin with buffers
- capsaicin
- ibuprofen
- naproxen capsule, tablet

#### Anthelmintic Agents:

- Pin-X (pyrantel pamoate)
- Reese's Pinworm (pyrantel pamoate)

#### Antihistamines/Decongestants:

- cetirizine syrup, tablet
- cetirizine/pseudoephedrine
- chlorpheniramine
- diphenhydramine
- doxylamine
- loratadine tablet, solution
- loratadine/pseudoephedrine
- pseudoephedrine ≤240 mg/day

#### Antimicrobials, Topical:

- bacitracin
- chlorhexidine gluconate
- clotrimazole
- double antibiotic ointment

- hydrogen peroxide
- iodine
- isopropyl alcohol
- miconazole
- neomycin
- povidone
- tolnaftate
- triple antibiotic ointment

#### Compounding Agents:

- cherry syrup
- Ora-Plus suspending vehicle
- Ora-Sweet oral syrup
- Ora-Sweet-SF oral syrup
- simple syrup

#### Contraceptives, Oral:

- levonorgestrel 1.5 mg tablet

#### Contraceptives, Topical:

- nonoxynol-9<sup>1</sup>

#### Dermatologic Agents, Topical:

- benzoyl peroxide <22 years old
- calamine lotion
- colloidal oatmeal
- hydrocortisone cream, lotion, ointment
- hydrophilic ointment
- lanolin
- petrolatum
- selenium sulfide
- vitamin A and D ointment
- witch hazel
- zinc oxide

<sup>1</sup>Branded OTC nonoxynol-9 products are covered by MassHealth without prior authorization.

#### Gastrointestinal Agents:

- Align (bifidobacterium infantis) <19 years
- aluminum carbonate
- aluminum hydroxide
- bisacodyl
- bismuth subsalicylate
- cimetidine
- Culturelle (lactobacillus rhamnosus GG) <19 years
- dextrin
- docusate sodium
- famotidine tablet
- Florastor (saccharomyces boulardii) <19 years
- glycerin
- lactase
- loperamide
- magaldrate
- meclizine
- methylcellulose
- mineral oil
- polyethylene glycol 3350
- psyllium
- ranitidine tablet
- sennosides
- simethicone
- sodium bicarbonate
- sodium phosphate

**Intranasal Sprays:**

- budesonide nasal spray  
≤1 inhaler/month

Nasacort Allergy 24HR  
(triamcinolone) ≤1 inhaler/month

**Otic Agents:**

- carbamide peroxide

**Pediculicides/Scabicides:**

- permethrin
- piperonyl butoxide/pyrethrins

**Respiratory Agents:**

- sodium chloride  
for inhalation

**Smoking Cessation:**

- nicotine gum, lozenge, patch

**Tear/Saliva Replacement Agents:**

- artificial tears  
(glycerin/propylene glycol)
- saliva substitute

**Vitamins/Nutrients/****Supplements:**

- calcium replacement
- cod liver oil
- coenzyme Q10 < 19 years
- electrolyte solution, pediatric
- ferrous fumarate
- ferrous gluconate
- ferrous sulfate
- folic acid
- glucose products <19 years
- magnesium salts
- melatonin tablet, solution
- melatonin/pyridoxine tablet
- multivitamins
- niacinamide
- nicotinic acid
- pediatric multivitamins
- Phos-Flur (sodium fluoride  
oral rinse)
- prenatal vitamins

- potassium phosphate
- sodium chloride tablet
- sodium fluoride
- vitamin A (retinol)
- vitamin B-1 (thiamine)
- vitamin B-2 (riboflavin)
- vitamin B-3 (niacin)
- vitamin B-6 (pyridoxine)
- vitamin B-12 (cyanocobalamin)
- vitamin B complex
- vitamin C (ascorbic acid)
- vitamin D
- vitamin E, oral
- vitamins, multiple
- vitamins, multiple/minerals
- vitamins, pediatric
- vitamins, prenatal

In addition to the MassHealth Standard (Medicaid) OTC Drug List, Tufts Health Plan Senior Care Options provides coverage for the following drugs under your Medicare benefit. A prescription from your physician is required.

- Benzonatate
- Chondroitin/MSM
- Coenzyme-Q10
- Fexofenadine
- Fleet Prep Kits (w/o enema)
- Glucosamine/Chondroitin MSM
- Glucosamine/MSM
- Magnesium Citrate
- Methylsulfonylmethane (MSM)
- Mucinex 600 mg
- Omega 3/Fish Oil
- Robitussin Cough + Chest  
Congestion DM (liquid)

For more information on over-the-counter and prescription drug coverage  
visit us online or call:



[www.thpmp.org/drug-coverage](http://www.thpmp.org/drug-coverage)



1-855-670-5934 (TTY: 711)<sup>2</sup>