

TUFTS HEALTH PLAN SENIOR CARE OPTIONS

MassHealth Over-the-Counter (OTC) Drug List

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.

Drug Name	Drug Name	Drug Name
Allergy Agents, Ophthalmic:	iodine	Gastrointestinal Agents:
ketotifen	isopropyl alcohol	Align (bifidobacterium infantis) < 19 years
naphazoline	miconazole	aluminum carbonate
Naphcon-A (naphazoline/pheniramine)	neomycin	aluminum hydroxide
Opcon-A (naphazoline/pheniramine)	povidone	bisacodyl
Analgesics:	tolnaftate	bismuth subsalicylate
acetaminophen ≤4 grams/day	triple antibiotic ointment	cimetidine
aspirin	Compounding Agents:	Culturelle (lactobacillus rhamnosus GG) < 19 years
aspirin with buffers	cherry syrup	dextrin
capsaicin	Ora-Plus suspending vehicle	docusate sodium
ibuprofen	Ora-Sweet oral syrup	famotidine
naproxen	Ora-Sweet-SF syrup	Florastor (saccharomyces boulardii) < 19 years
Anthelmintic Agents:	simple syrup	glycerin
Pin-X (pyrantel pamoate)	Contraceptives, Oral:	kaolin/pectin
Reese's Pinworm (pyrantel pamoate)	levonorgestrel 1.5 mg tablet	loperamide
Antihistamines/Decongestants:	Contraceptives, Topical:	magaldrate
cetirizine syrup, tablet	nonoxynol-9*	meclizine
cetirizine/pseudoephedrine	Dermatologic Agents, Topical:	methylcellulose
chlorpheniramine	benzoyl peroxide < 22 years old	mineral oil
diphenhydramine	calamine lotion	polyethylene glycol 3350
doxylamine	colloidal oatmeal	psyllium
loratadine tablet, solution	hydrocortisone cream, lotion, ointment	ranitidine
loratadine/pseudoephedrine	hydrophilic ointment	sennosides
pseudoephedrine ≤ 240 mg/day	lanolin	simethicone
Antimicrobials, Topical:	petrolatum	sodium bicarbonate
bacitracin	selenium sulfide	sodium phosphate
chlorhexidine gluconate	vitamin A and D ointment	Intranasal Sprays:
clotrimazole	witch hazel	budesonide nasal spray ≤ 1 inhaler/month
double antibiotic ointment	zinc oxide	Nasacort Allergy 24HR (triamcinolone) ≤ 1 inhaler/month
hydrogen peroxide		

Drug Name	Drug Name	Drug Name
Otic Agents:	Vitamins/Nutrients/Supplements:	potassium phosphate
carbamide peroxide	calcium replacement	sodium chloride tablet
Pediculicides/Scabicides:	coenzyme Q10 < 19 years	sodium fluoride chewable tablet, oral solution
permethrin	electrolyte solution (pediatric)	vitamin A (retinol)
piperonyl butoxide	ferrous fumarate	vitamin B-1 (thiamine)
Respiratory Agents:	ferrous gluconate	vitamin B-2 (riboflavin)
sodium chloride solution for inhalation	ferrous sulfate	vitamin B-3 (niacin)
Smoking Cessation:	folic acid	vitamin B-6 (pyridoxine)
nicotine gum, lozenge, patch	magnesium salts	vitamin B-12 (cyanocobalamin)
Tear/Saliva Replacement Agents:	melatonin tablet and solution	vitamin B complex
artificial tears (glycerin/propylene glycol)	melatonin/pyridoxine tablet	vitamin C (ascorbic acid)
saliva substitute	multivitamins	vitamin D
Urinary Agents:	niacinamide	vitamin E, oral
Oxytrol for Women (oxybutynin)	nicotinic acid	vitamins, multiple
	pediatric multivitamins	vitamins, multiple/minerals
	Phos-Flur (sodium fluoride oral rinse)	vitamins, pediatric
	prenatal vitamins	vitamins, prenatal

**Branded OTC nonoxynol-9 products are covered by MassHealth without prior authorization.*
OTC Drug List (Rev. 9/17)

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.

- Methylsulfonylmethane (MSM)
- Glucosamine/MSM
- Omega 3/Fish Oil
- Glucosamine/Chondroitin/MSM
- Chondroitin/MSM



Customer Relations

1-855-670-5934/TTY users 1-855-670-5940*



View covered drugs online:
thmp.org/SCO

*Representatives are available Monday - Friday 8 a.m. - 8 p.m. (from Oct. 1 - Feb. 14 representatives are available 7 days a week, 8 a.m. - 8 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day.

The Formulary may change at any time. You will receive notice when necessary. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Co-payments/co-insurance may change on January 1 of each year.

Tufts Health Plan is an HMO-SNP plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal.

The HMO SNP is available to anyone who has both MassHealth Standard (Medicaid) and Medicare Parts A and B. The SCO is available to anyone who has MassHealth Standard only.

This document may be available upon request in an alternate format such as Braille, larger print, or audio.

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TUFTS HEALTH PLAN

**SENIOR CARE
OPTIONS** **65+**

with MassHealth Standard



TUFTS
 Health Plan



Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Tufts Health Plan at 1-855-670-5934 (TTY: 711).

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan, Attention:

Civil Rights Coordinator Legal Dept.

705 Mount Auburn St. Watertown, MA 02472

Phone: 1-888-880-8699 ext. 48000, (TTY number—711 or 1-800-439-2370. Español: 866-930-9252)

Fax: 617-972-9048

Email: OCRCoordinator@tufts-health.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

thpmp.org/sco | 1-855-670-5934

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-670-5934 (TTY: 711).

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-670-5934 (رقم هاتف الصم والبكم: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-670-5934 (TTY 711)。

Farsi: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. 1-855-670-5934 (TTY: 711) با تماس بگیرید.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-670-5934 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-670-5934 (TTY: 711).

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-670-5934 (TTY: 711).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-670-5934 (TTY: 711).

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-670-5934 (TTY: 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-670-5934 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-670-5934 (TTY: 711) まで、お電話にてご連絡ください。

Khmer (Cambodian): ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អូល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-670-5934 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-670-5934 (TTY: 711) 번으로 전화해 주십시오.

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-670-5934 (TTY: 711).

Navajo: Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę, t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1800-701-9000 (TTY: 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-670-5934 (TTY: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-670-5934 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-670-5934 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-670-5934 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-670-5934 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-670-5934 (TTY: 711).