

Over-the-counter Drug Benefit

For members covered under MassHealth

The following over-the-counter (OTC) products are covered. Covered items require a prescription and are available for a copay of up to \$3.65. The OTC benefit is only available at participating pharmacies in the AllWays Health Partners network. The list may show brand names, but please note that generic products must be prescribed when available. Quantity limits may also apply.

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| ALLERGY AGENTS, OPHTHALMIC | ANTIMICROBIALS, TOPICAL | DERMATOLOGIC AGENTS, TOPICAL |
| ketotifen | bacitracin | benzoyl peroxide < 22 years* |
| naphazoline | chlorhexidine gluconate | calamine lotion |
| Naphcon-A (naphazoline/ pheniramine) | clotrimazole | colloidal oatmeal |
| Opcon-A (naphazoline/ pheniramine) | double antibiotic ointment | hydrocortisone cream, lotion, ointment |
| ANALGESICS | hydrogen peroxide | hydrophilic ointment |
| acetaminophen ≤ 4 grams/day | iodine | lanolin |
| aspirin | isopropyl alcohol | petrolatum |
| aspirin with buffers | miconazole | selenium sulfide |
| capsaicin | neomycin | vitamin A and D ointment |
| ibuprofen | povidone | witch hazel |
| naproxen capsule, tablet | tolnaftate | zinc oxide |
| ANTHELMINTIC AGENTS | triple antibiotic ointment | GASTROINTESTINAL AGENTS |
| Pin-X (pyrantel pamoate) | COMPOUNDING AGENTS | Align (bifidobacterium infantis) < 19 years |
| Reese's Pinworm (pyrantel pamoate) | cherry syrup | aluminum carbonate |
| ANTI-HISTAMINES/DECONGESTANTS | Ora-Plus suspending vehicle | aluminum hydroxide |
| cetirizine syrup, tablet | Ora-Sweet oral syrup | bisacodyl |
| cetirizine/pseudoephedrine | Ora-Sweet-SF oral syrup | bismuth subsalicylate |
| chlorpheniramine | simple syrup | cimetidine |
| diphenhydramine | CONTRACEPTIVES, ORAL | Culturelle (lactobacillus rhamnosus GG) < 19 years |
| doxylamine | levonorgestrel 1.5 mg tablet | dextrin |
| loratadine tablet, solution | CONTRACEPTIVES, TOPICAL | docusate sodium |
| loratadine/pseudoephedrine | nonoxynol-9* | |
| pseudoephedrine ≤ 240 mg/day | | |

Continued

*Branded OTC nonoxynol-9 products are covered by MassHealth without prior authorization.

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| GASTROINTESTINAL AGENTS (CONT'D) | PEDICULICIDES/SCABICIDES | melatonin/pyridoxine tablet |
| famotidine tablet | permethrin | multivitamins |
| Florastor (saccharomyces boulardii) < 19 years | piperonyl butoxide/pyrethrins | niacinamide |
| glycerin | RESPIRATORY AGENTS | nicotinic acid |
| loperamide | sodium chloride for inhalation | pediatric multivitamins |
| magaldrate | SMOKING CESSATION | Phos-Flur (sodium fluoride oral rinse) |
| meclizine | nicotine gum, lozenge, patch | potassium phosphate |
| methylcellulose | TEAR/SALIVA REPLACEMENT AGENTS | prenatal vitamins |
| mineral oil | artificial tears (glycerin/ propylene glycol) | sodium chloride tablet |
| polyethylene glycol 3350 | saliva substitute | sodium fluoride chewable tablet, oral solution |
| psyllium | URINARY AGENTS | vitamin A (retinol) |
| ranitidine tablet | Oxytrol for Women (oxybutynin) | vitamin B-1 (thiamine) |
| sennosides | VITAMINS / NUTRIENTS / SUPPLEMENTS | vitamin B-2 (riboflavin) |
| simethicone | calcium replacement | vitamin B-3 (niacin) |
| sodium bicarbonate | cod liver oil | vitamin B-6 (pyridoxine) |
| sodium phosphate | coenzyme Q10 < 19 years | vitamin B-12 (cyanocobalamin) |
| INTRANASAL SPRAYS | electrolyte solution, pediatric | vitamin B complex |
| budesonide nasal spray ≤ 1 inhaler/month | ferrous fumarate | vitamin C (ascorbic acid) |
| Nasacort Allergy 24HR (triamcinolone) ≤ 1 inhaler/month | ferrous gluconate | vitamin D |
| OTIC AGENTS | ferrous sulfate | vitamin E, oral |
| carbamide peroxide | folic acid | vitamins, multiple |
| | glucose products < 19 years | vitamins, multiple/minerals |
| | magnesium salts | vitamins, pediatric |
| | melatonin tablet, solution | vitamins, prenatal |