

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 81 mg
- aspirin 325 mg, 500 mg, 650 mg
- aspirin suppository
- 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
- fexofenadine/pseudoephedrine
- 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

#### Gastrointestinal Agents:

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

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

**Intranasal Sprays:**

- budesonide nasal spray  
≤1 inhaler/month
- triamcinolone nasal spray  
≤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
- saliva substitute

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

- calcium replacement
- cod liver oil
- coenzyme Q10
- 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>

<sup>2</sup>7 days a week, 8 a.m.–8 p.m. (Apr. 1–Sep. 30: Mon.–Fri., 8 a.m.–8 p.m.) Tufts Health Plan Senior Care Options is an HMO-SNP with a Medicare Contract. Enrollment in Tufts Health Plan Senior Care Options depends on contract renewal. This document may be available upon request in an alternate format such as Braille, larger print, or audio.