

MS Medicaid Covered Over-the-Counter (OTC) Drugs

Effective September 1, 2011

Medicaid covers these over-the-counter (OTC) drugs pursuant to a written/verbal/electronic prescription.

Covered OTC products must be manufactured by pharmaceutical companies participating in the Federal Drug Rebate Program.

OTC prescriptions are included in the monthly drug benefit limit but all count as generics.

Nonrebated OTCs & OTC products not listed *may* be covered for beneficiaries under 21 with a 'Children's Medical Necessity' Prior Authorization as part of the expanded EPSDT coverage.

| Generic Name | Strength | Common Brand Name | Dosage Form |
|---|----------------------------|--|-------------------------------|
| Acetaminophen | 100mg/ml | Tylenol Drops | Drops |
| Acetaminophen | 120,160, 167, 500mg/5ml | Tylenol | Elixir, Liquid |
| Acetaminophen | 80,120,325,650mg | Feverall Suppository | Suppository |
| Acetaminophen | 325, 500 mg | Tylenol | Tablet |
| Al & Mg Hydroxide | | Maalox | Tablet/Suspension |
| Al & Mg Hydroxide/Simethicone | | Maalox , Mylanta | Tablet/Suspension |
| Ammonium Lactate 12% | | Amlactin 12% Cream | Cream, Lotion |
| Artificial Tears Ophthalmic | | Refresh,Refresh Plus, Refresh PM | Drops, Ointment |
| Aspirin | 81, 325 mg | Various | Buff/Chew/E.C. |
| Bacitracin Topical | 500U/Gm | Various | Ointment |
| Bacitracin/Polymyxin | | Polysporin Ointment | Ointment |
| Benzoyl Peroxide * | 2.5%, 5%, 10% | Acneclear, Panoxyl | Bar, Cream, Gel, Lotion, Wash |
| Brompheniramine/Phenylephrine | 1-2.5mg/5ml | Dimetapp Cold & Allergy Elixir | Liquid |
| Brompheniramine/Phenylephrine/Dextro- methorphan | 1-2.5-5mg/5ml | Dimetapp DM Cold & Cough Elixir | Liquid |
| Brompheniramine/Pseudoephedrine*** | 1-15mg/5ml | Q-Tapp | Liquid |
| Brompheniramine/Pseudoephedrine/DM*** | 1-15-5mg/5ml | Q-Tapp DM | Liquid |
| Bulk Laxatives * | | fructan, guar gum, malt soup extract, methylcellulose, polycarbophil,psyllium | Capsule,Powder,Tablet |
| Calcium Carbonate ** | | | Powder |

| | | | |
|--|---|---|-----------------------------------|
| Calcium Carbonate ** | 500mg | | Tablet |
| Carboxymethylcellulose Sodium Eye Drops | 1% | Celluvisc Eye Drops | Ophthalmic Drops |
| Cetirizine | 1mg/ml, 5 mg, 10 mg | Zyrtec | ChewableTablet, Tablet, Syrup |
| Cetirizine/Pseudoephedrine*** | 5mg/120mg | Zyrtec-D 12 Hour | Extended Release Tablet |
| Chlorpheniramine | 2mg/5ml, 4 mg | Aller-Chlor Syrup, Tabs | Syrup, Tablet |
| Clemastine Fumarate | 1.34mg | Tavist | Tablet |
| Clotrimazole Topical | 1% | Lotrimin AF, Mycelex Solution | Cream, Solution |
| Clotrimazole Vaginal | 1%, 2% | Gyne-Lotrimin, Mycelex 7 | Cream |
| Dextromethorphan HBr | 7.5mg/5ml, 15mg/5ml | Robitussin Pediatric Cough, Tussin Liquid | Liquid |
| Dextromethorphan HBr /Phenylephrine | 5-2.5 mg/5ml | Triaminic Cold & Cough Liquid | Liquid |
| Dextromethorphan HBr /Pseudoephedrine*** | 7.5-15mg/5ml | Triaminic Cough-Nasal Congestion | Syrup |
| Dextromethorphan Polystirex | 30mg/5ml | Delsym | Suspension |
| Diphenhydramine | 12.5mg/5ml, 25 mg, 50 mg | Benadryl | Capsule, Elixir, Liquid, Solution |
| Docusate * | 50mg/5ml, 50mg/15ml, 60mg/15ml, 50 mg, 100 mg | Colace | Capsule, Liquid, Syrup, Table |
| Ferrous Sulfate | 75mg/0.6ml | Fer-In-Sol | Drops |
| Ferrous Sulfate | 220mg/5ml, 300mg/5ml | Feosol | Elixir, Liquid |
| Ferrous Sulfate | 325mg | Iron | Tablet |
| Ferrous Sulfate Slow Release Tab | 160mg | Slow Fe | Tablet |
| Guaifenesin Plain | 100mg/5ml, 200mg/5ml | Robitussin Plain ,Diabetic Tussin Mucous Relief | Liquid |
| Guaifenesin/Codeine | 100mg/10mg/5ml | Guaifenesin AC Cough Syrup | Liquid |
| Guaifenesin/Dextromethorphan | 100-10mg, 200-10mg/5ml | Robitussin DM, Robitussin DM Max | Liquid |
| Guaifenesin/Phenylephrine | 50-2.5, 100-5mg/5ml | Rescon GG, Triaminic Chest-Nasal Congestion | Liquid |

| | | | |
|--|---------------------------|--|--|
| Guaifenesin/Pseudoephedrine/Codeine*** | 100/30/10mg/5ml | Cheratussin DAC Syrup | Liquid |
| Hydrocortisone Topical | 0.5%, 1% | Cortaid | Cream, Lotion, Ointment |
| Ibuprofen | 100mg/5ml | Motrin | Suspension |
| Insulin (ALL OTC) | | | See Preferred Drug List for preferred products |
| Ketotifen Fumarate 0.025% Eye Drop | 0.03% | Eye Itch Relief, Zaditor | Solution |
| Loperamide | 1mg/5ml, 2mg | Imodium A-D | Liquid, Tablet |
| Loratadine | 5 mg/5ml, 5 mg, 10 mg | Claritin | Chewable Tablet, Syrup, Reditab, Tablet |
| Loratadine/Pseudoephedrine*** | 5-120mg, 10-240mg | Claritin D 12 & 24 Hour | Extended Release Tablet |
| Magnesium Chloride SR | 64mg | Slow-Mag 64 | Tablet |
| Magnesium Gluconate | 500mg | Magtrate | Tablet |
| Miconazole Topical | 2% | Micatin 2% Cream | Cream |
| Miconazole Vaginal | 2% | Monistat | Cream |
| Multivitamin and Mineral Supplement * | | Various | Chew.Tablet, Drops, Liquid,Tablet |
| Nicotine | All Strengths | Commit Lozenge, Nicorette | Gum, Lozenge, Patch |
| Oral Electrolyte Replacement Mixtures | | Oralyte,Pedialyte | Freezer Pops, Solution |
| Oxymetazoline Nasal Solution | 0.05% | Afrin, Sinex 12 Hr.Decongestant | Spray |
| Permethrin Lotion | 1% | Nix Cream Rinse | Rinse |
| Phenylephrine Nasal Solution | 0.125%, 0.25%,0.5%, 1% | Little Noses Decongestant, Neop-Synephrine Mild Nasal,4 Way, Sinex 12-Hr Decongestant Ultrafine Mist | Drops, Spray |
| Phenylephrine Oral | 2.5 mg/5ml, 10 mg | Children's Sudafed PE, Contac D Cold | Liquid, Tablet |
| Piperonyl/Pyrethrins | | Lice Treatment, Various | Topical |
| Pseudoephedrine*** | 15mg/5ml, 30mg/5ml, 30 mg | Children's Sufaded Syrup, Sudagest, Sudafed | Syrup, Tablet |
| Renal Vitamins (Dialysis Pts Only)** | | Allbee Plus Vitamin C | Tablet |
| Sodium Chloride Nasal Solution | 0.2%,0.65%,0.9% | Ayr, Ocean | Drops, Spray |

| | | | |
|---------------------------------|--------------------------|------------|----------------------------|
| Terbinafine Topical | 1% | Lamisil AT | Cream, Gel, Spray Solution |
| Tolnaftate | 1% | Tinactin | Cream, Powder |
| Triple Antibiotic Ointment | | Neosporin | Ointment |
| Triprolidine/Pseudoephedrine*** | 1.25-30mg /5ml, 2.5-60mg | Aprodine | Syrup, Tablet |
| Zinc Oxide Ointment * | | Desitin | Ointment |

* Limited to beneficiaries up to the age of 21 only

** Limited to dialysis beneficiaries only, document "For Dialysis Pt" on the front of the Rx

*** Effective 7-1-10, Classified as a Schedule III controlled substance in MS. Federally classified as an OTC product & remains covered, pursuant to a prescription, for MS Medicaid beneficiaries.

List Subject to Revision

updated 7-26-2011