

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

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, Gelcap |
| 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 | See Preferred Drug List for preferred or non-preferred products | | |
| Bacitracin/Polymyxin | See Preferred Drug List for preferred or non-preferred products | | |
| Benzoyl Peroxide * | See Preferred Drug List for preferred or non-preferred products | | |
| Brompheniramine/Phenylephrine | 1-2.5mg/5ml | Dimetapp Cold & Allergy Elixir | Liquid |
| Brompheniramine/Phenylephrine/Dextromethorphan | 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 |

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|------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------|
| 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 | See Preferred Drug List for preferred or non-preferred products | | |
| Cetirizine/Pseudoephedrine*** | See Preferred Drug List for preferred or non-preferred products | | |
| Chlorpheniramine | 2mg/5ml, 4 mg | Aller-Chlor Syrup, Tabs | Syrup, Tablet |
| Clemastine Fumarate | 1.34mg | Tavist | Tablet |
| Clotrimazole Topical | See Preferred Drug List for preferred or non-preferred products | | |
| Clotrimazole Vaginal | See Preferred Drug List for preferred or non-preferred products | | |
| 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 |
| Diethyltoluamide | 7%,10%,15%,25% | Off Deep Woods Spray | Spray |
| 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, Tablet |
| Doxylamine Succinate # | 25mg | Unisom | Tablet |
| 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 |

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|----------------------------------------------|-----------------------------------------------------------------|---------------------------------------------|-----------------------------------|
| 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 | See Preferred Drug List for preferred or non-preferred products | | |
| Ibuprofen | See Preferred Drug List for preferred or non-preferred products | | |
| Icaridin | 2% | Ranger Ready Repellent | |
| Insulin (ALL OTC) | See Preferred Drug List for preferred or non-preferred products | | |
| Iron Chews 15mg Tablet | 15mg | ICar 15mg Chewable | Chewable tablet |
| Ketotifen Fumarate 0.025% Eye Drop | 0.025% | Eye Itch Relief, Zaditor | Solution |
| Loperamide | 1mg/5ml, 2mg | Imodium A-D | Liquid, Tablet |
| Loratadine | See Preferred Drug List for preferred or non-preferred products | | |
| Loratadine/Pseudoephedrine*** | See Preferred Drug List for preferred or non-preferred products | | |
| Magnesium Chloride SR | 64mg | Slow-Mag 64 | Tablet |
| Magnesium Gluconate | 500mg | Magtrate | Tablet |
| Magnesium Oxide | All Strengths | MagOx | Tablet |
| Miconazole Topical | See Preferred Drug List for preferred or non-preferred products | | |
| Miconazole Vaginal | See Preferred Drug List for preferred or non-preferred products | | |
| Select Multivitamin and Mineral Supplement * | | Various | Chew.Tablet, Drops, Liquid,Tablet |
| Nicotine | See Preferred Drug List for preferred or non-preferred products | | |
| Oral Electrolyte Replacement Mixtures | | Oralyte, Pedialyte | Freezer Pops, Solution |

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|--------------------------------------|-----------------------------------------------------------------|------------------------------------------------|-------------------------|
| Oxymetazoline Nasal Solution | 0.05% | Afrin, Sinex 12 Hr.Decongestant | Spray |
| Permethrin Lotion | See Preferred Drug List for preferred or non-preferred products | | |
| Phenylephrine Nasal Solution | | 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 |
| Polyethylene glycol 3350 | gram | Miralax | Powder - Bottles, Jars |
| Pseudoephedrine*** | 15mg/5ml, 30mg/5ml, 30 mg | Children's Sufaded Syrup, Sudagest, Sudafed | Syrup, Tablet |
| Pyrantel Pamoate | 50mg/ml, 250mg | Pin-X | Suspension, Chew.Tablet |
| Pyridoxine # | 25mg | Vitamin B6 | Tablet |
| Renal Vitamins (Dialysis Pts Only)** | | Allbee Plus Vitamin C, Dialyvite | Tablet |
| Sodium Chloride Nasal Solution | 0.2%,0.65%,0.9% | Ayr, Ocean | Drops, Spray |
| Tablet Splitters | | | |
| Terbinafine Topical | See Preferred Drug List for preferred or non-preferred products | | |
| Tolnaftate | See Preferred Drug List for preferred or non-preferred products | | |
| Triple Antibiotic Ointment | See Preferred Drug List for preferred or non-preferred products | | |
| Tripolidine/Pseudoephedrine*** | 1.25-30mg /5ml, 2.5-60mg | Aprodine | Syrup, Tablet |
| Vitamin D2 and D3 | All Strengths | Ergocalciferol, Cholecalciferol | All Dosage Forms |
| 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.

Treatment of nausea & vomiting of pregnancy- for women of childbearing age only

Denotes additions and changes since previous list

Note- A complete NDC listing of covered OTC products can be found on the Conduent Webportal at this link:

https://www.ms-medicaid.com/msenvision/servlet/DocumentViewerServlet?docType=otcdrugs&fileName=OTC_Covered_Drugs.pdf

Revised 7/30/2020