

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
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	0.5% , 1%	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
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	0.5% , 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 Polystyrex	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
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		
<i>Select</i> 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
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, Diallyvite	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 at: https://medicaid.ms.gov/wp-content/uploads/2024/03/OTC_Covered_Drugs-2.pdf

Revised 3/21/2024