

Over-the-Counter Drug List

This is a list of the only over-the-counter (OTC) drugs that are covered by NaviCare HMO SNP without prior authorization (PA). All other OTC drugs except insulins require PA. Insulins that are available are listed in the NaviCare Drug List (Formulary).

The items are listed alphabetically by therapeutic class, then by the generic name of the drug or drug ingredients. In general, NaviCare pays only for generic versions of these OTC drugs, singly or in combination, regardless of strength or dosage form. Combination products that contain active ingredients that are not included in this list require PA. However, NaviCare may pay for a brand-name OTC product if that product meets the definition of medical necessity as defined by MassHealth. These products for which payments are permitted appear on this list by brand name.

This is not a complete list of drugs covered by NaviCare. For a copy of the NaviCare Formulary, please call NaviCare Enrollee Services at 1-877-700-6996 (TDD/TTY: 1-877-795-6526), Monday through Friday, 8 a.m. to 8 p.m. (From October 15 – February 14, we're available seven days a week), or log onto www.navicare.org.

Allergy Agents, Ophthalmic:

Alaway (ketotifen)
ketotifen
Naphcon-A (naphazoline/
pheniramine)
Opcon-A (naphazoline/
pheniramine)
Vasocon-A (naphazoline/
atazoline)

Analgesics:

acetaminophen <4 grams/day
aspirin
aspirin with buffers
capsaicin
ibuprofen
naproxen

Antihistamines/ Decongestants:

brompheniramine
cetirizine syrup, tablet

Antihistamines/ Decongestants, continued:

cetirizine/pseudoephedrine
chlorpheniramine
diphenhydramine
loratadine
loratadine/pseudoephedrine
pseudoephedrine <240
mg/day

Antimicrobials, Topical:

bacitracin
chlorhexidine gluconate
clotrimazole
hydrogen peroxide
iodine
isopropyl alcohol
miconazole
neomycin
polymixin B
povidone
tolnaftate
triple antibiotic ointment

Contraceptives, Topical:

nonoxynol-9*

Gastrointestinal Products:

aluminum carbonate
aluminum hydroxide
bisacodyl
bismuth subsalicylate
calcium carbonate
casanthranol
cimetidine
cod liver oil
Culturelle (lactobacillus
rhamnosus GG) ≤18 years
docusate sodium
famotidine
glycerin
kaolin/pectin
loperamide
magaldrate
magnesium citrate
magnesium hydroxide

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

**Gastrointestinal Products,
continued:**

magnesium trisalicylate
meclizine
mineral oil
psyllium
ranitidine
senna
simethicone
sodium bicarbonate

Vitamins and Nutrients:

ascorbic acid
calcium carbonate
calcium citrate
calcium gluconate
calcium phosphate
cyanocobalamin
electrolyte solution (pediatric)
ferrous fumarate
ferrous gluconate
ferrous sulfate
folic acid
magnesium gluconate
multivitamins, N.F.
multivitamins with minerals
niacin
niacinamide
nicotinic acid

**Vitamins and Nutrients,
continued:**

pediatric vitamins
prenatal vitamins
pyridoxine (vitamin B6)
retinol (vitamin A)
riboflavin
thiamine
vitamin B complex
vitamin D
vitamin E, oral

Miscellaneous Products:

A&D ointment
ammonium lactate 12%
artificial tears
benzoyl peroxide (under 21
years old)
calamine lotion
carbamide peroxide
cherry syrup
coenzyme Q10 <18 years
colloidal oatmeal
Commit (nicotine) <180 days
treatment/year
hydrocortisone
hydrophilic ointment
lanolin
melatonin tablet and
solution ≤ 18 years

**Miscellaneous Products
continued:**

melatonin/pyridoxine ≤18
years
nicotine ≤180 days
treatment/year
Ora-Plus suspending vehicle
Ora-Sweet oral syrup
Ora-Sweet-SF syrup
permethrin
petrolatum
piperonyl butoxide
Plan B (levonorgestrel)
Plan B One Step
(levonorgestrel)
potassium phosphate
pyrethrum
saliva substitute
selenium sulfide
simple syrup
sodium chloride solution for
inhalation
sodium phosphate
water for inhalation
witch hazel
zinc oxide



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A Coordinated Care plan with a Medicare Advantage contract and a contract with the Massachusetts Medicaid program. NaviCare HMO SNP is a voluntary program in association with MassHealth/EOHHS and CMS.