MassHealth Over-the-Counter Drug List

CCA One Care (Medicare-Medicaid Plan) covers certain over-the-counter (OTC) drugs under your MassHealth Standard (Medicaid) benefit. Our plan will provide these drugs at no cost to you. You must have a prescription written by your healthcare provider to have the drugs covered by our plan. In general, our plan pays for generic versions of the OTC drugs only. Brand names are included for reference purposes only.

If you have any questions, please call Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week.

Allergy Agents, Ophthalmic:

alcaftadine
ketotifen
naphazoline
Naphcon-A (naphazoline/ pheniramine)
Opcon-A (naphazoline/ pheniramine)

Antihistamines / Decongestants:
cetirizine syrup, tablet
cetirizine/pseudoephedrine
chlorpheniramine
diphenhydramine
doxylamine
fexofenadine tablet
fexofenadine/ pseudoephedrine
loratadine tablet, solution
loratadine/pseudoephedrine
pseudoephedrine ≤ 240mg/day

Antimicrobials, Topical:
bacitracin
chlorhexidine gluconate
clotrimazole
double antibiotic ointment
hydrogen peroxide iodine

Analgesics:
acetaminophen ≤ 4 grams/day
aspirin 81 mg aspirin 325 mg, 500 mg, 650 mg
aspirin suppository
aspirin with buffers
capsaicin
diclofenac gel 1%
isopropyl alcohol
miconazole
neomycin
povidone
terbinafine 1% cream
tolnaftate cream, powder
triple antibiotic ointment

Compounding Agents:
cherry syrup
gelatin capsule, empty
Ora-Plus suspending vehicle
Ora-Sweet oral syrup
Ora-Sweet-SF oral syrup
simple syrup

Contraceptives, Oral:
levonorgestrel 1.5 mg tablet
Opill (norgestrel tablet)

Contraceptives, Topical:
nonoxynol-9*

ibuprofen
lidocaine 4% patches ≤ 4 patches/day
naproxen capsule, tablet

Anthelmintic Agents:
Reese's Pinworm (pyrantel pamoate)

Dermatologic Agents, Topical:
benzoyl peroxide
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) <21 years
aluminum carbonate
aluminum hydroxide
bisacodyl enema, suppository

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

bisacodyl tablet
bismuth subsalicylate
calcium polycarbophil
cimetidine tablet Culturelle (lactobacillus rhamnosus GG) <21 years dextrin
docusate sodium capsule, tablet
docusate sodium enema
docusate sodium solution, syrup
famotidine tablet Florastor (saccharomyces boulardii) < 21 years glycerin lactase
loperamide
magaldrate
magnesium salts
meclizine
methylcellulose
mineral oil
polyethylene glycol 3350
psyllium capsule p syllium powder sennosides tablet
sennosides syrup
simethicone
sodium bicarbonate
sodium phosphate

Intranasal Sprays:
budesonide nasal spray ≤ 1 inhaler/30 days
triamcinolone nasal spray ≤ 1 inhaler/30 days

Medical Foods:
levomethylfolate tablet ≤ 1 unit/day

Opioid Reversal Agents:
Narcan (naloxone 4 mg nasal spray) †
Rivive (naloxone 3 mg nasal spray)

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 <21 years
electrolyte solution, pediatric
ferrous fumarate
ferrous gluconate
ferrous sulfate
folic acid
glucose products <19 years

iron polysaccharide complex
magnesium salts
melatonin gummy, 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
pediatric vitamins, prenatal

CCA One Care (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and MassHealth to provide benefits of both programs to enrollees. Enrollment depends on contract renewal.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY 711).

You can get this document for free in other formats, such as large print, braille, or audio. Call 866-610-2273 (TTY 711), 8 am to 8 pm. The call is free.

Notice of Nondiscrimination

Commonwealth Care Alliance, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of, or exclude people or treat them differently because of, medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence. Commonwealth Care Alliance, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Member Services.

If you believe that Commonwealth Care Alliance, Inc. has failed to provide these services or discriminated in another way based on medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence, you can file a grievance with:

Commonwealth Care Alliance, Inc.
Civil Rights Coordinator
30 Winter Street, 11th Floor
Boston, MA 02108
Phone: 617-960-0474, ext. 3932 (TTY 711) Fax: 857-453-4517
Email: civilrightscoordinator@commonwealthcare.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 866-610-2273 (TTY 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 866-610-2273 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 866-610-2273 (TTY 711)。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 866-610-2273 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 866-610-2273 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 866-610-2273 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 866-610-2273 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 866-610-2273 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 866-610-2273 (TTY 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 866-610-2273 (телетайп 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 866-610-2273 (رقم هاتف الصم والبكم 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 866-610-2273 (TTY 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 866-610-2273 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 866-610-2273 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 866-610-2273 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 866-610-2273 (TTY 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、
866-610-2273 (TTY 711) にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Gujarati: અમારી આરોગ્ય અથવા દવાની યોજના વિશે તમને હોય તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે મફત દુભાષિયા સેવાઓ છે. દુભાષિયા મેળવવા માટે, અમને ફક્ત 866-610-2273 (TTY 711) પર કૉલ કરો. અંગ્રેજી/ગુજરાતી બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

Lao/Laotian:
ພວກເຮົາມີບໍລິການລ່າມແປພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບທຸກຄຳຖາມທີ່ທ່ານອາດມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຂໍລ່າມແປພາສາ, ພຽງໂທຫາພວກເຮົາທີ່ເບີ 866-610-2273 (TTY 711). ຈະມີຜູ້ທີ່ເວົ້າພາສາອ້ຽກິດ/ລາວຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການບໍ່ເສຍຄ່າ.

Cambodian: យើងមានសេវាបកប្រែផ្តាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំនួរណាមួយដែលអ្នកអាចមានអំពីគម្រោងសុខភាព ឬថ្នាំរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្តាល់មាត់
សូមហៅទូរសព្ទមកយើងតាមរយៈលេខ 866-610-2273 (TTY 711) ។
នរណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសាខ្មែរអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មដែលឥតគិតថ្លៃ។