

## BMC HealthNet Plan Over-the-Counter (OTC) Formulary

**Only the generic versions and specifically listed brand name drugs listed are covered, all others excluded. For applicable copayment amounts please see your Member Handbook (MassHealth members) or your Evidence of Coverage (Commonwealth Care members).**

**All OTC items require a prescription from the provider.**

**OTC drugs should only be prescribed after a clinical evaluation of the member's necessary medical needs.**

### Analgesics

*(Quantity Limit: Tablets/Capsules - 200 count /365 days,  
 Except for aspirin 365 count/365 days  
 Children's Liquid - 4 bottles (120mL each)/365 days)*

acetaminophen {ch}  
 aspirin  
 ibuprofen {ch}  
 naproxen

### Antacids, Anti-Gas, & Anti-Nausea

acidophilus (lactobacillus acidophilus)  
 aluminum carbonate  
 aluminum hydroxide  
 calcium carbonate  
 phosphorated carbohydrate solution (generic Emetrol)  
 magnesium carbonate  
 magnesium oxide  
 meclizine  
 sodium bicarbonate  
 simethicone  
 Any Combinations of the above w/wo Simethicone

### Anti-diarrheals

bismuth subsalicylate  
 kaolin-pectin  
 loperamide

### Antihistamines

\* loratadine  
 cetirizine  
 chlorpheniramine  
 dimenhydramine  
 diphenhydramine  
 doxylamine

### Antiseptics & Disinfectants

chlorhexidine  
 hydrogen peroxide  
 povidone iodine

### Dermatological

**Acne Treatment:** benzoyl peroxide  
**Topical Analgesics:** capsaicin  
**Topical Antimicrobials:** bacitracin, polymyxin-B, neomycin  
 (single or triple combination)  
**Anti-Dandruff:** selenium sulfide shampoo  
**Topical Antifungals:** clotrimazole  
 miconazole  
 Nizoral A-D Shampoo  
 terbinafine  
 tolnaftate  
**Anti-Itch:** colloidal oatmeal bath  
 calamine lotion  
 hydrocortisone topical  
**Diaper Rash:** A & D Ointment  
 zinc oxide topical  
**Lice Treatment:** permethrin  
 piperonyl butoxide-pyrethrins  
**Moisturizing Agents: (Age Limit: <21 years old)**  
 emollients and protectants  
 hydrophilic ointment  
 lanolin ointment  
 petrolatum ointment  
 petroleum jelly  
**Wart Removers:** salicylic acid

### Laxatives

bisacodyl ± enema  
 docusate products  
 Fleet Prep Kits w/wo Enema {ch} *(Quantity Limit of 1/year)*  
 glycerin suppositories {ch}  
 magnesium citrate  
 magnesium hydroxide (Milk of Magnesia)  
 methylcellulose  
 mineral oil  
 Miralax OTC  
 polycarbophil  
 psyllium  
 senna

### Miscellaneous

Lactase  
 Plan B (levonorgestrel) *(No copay for MassHealth/CommCare I)*  
 saline (sodium chloride) nasal sprays  
 sodium chloride for inhalation  
 hemorrhoidal pad with witch hazel

### Ophthalmic & Otic

generic artificial tears (ocular lubricant solution and ointment)  
 carbamide peroxide otic  
 \* ketotifen (Alaway)

**Vasoconstrictor Agents:** naphazoline-pheniramine

### Smoking Cessation Products

generic nicotine Products (Quantity Limit of ≤90 days/treatment and 2 treatments/year)

### Ulcer Drugs

\* omeprazole 20mg tablet  
 \* Prevacid  
 famotidine  
 \* Zegrid  
 ranitidine

### Vaginal Products (Only 3 or 7 Day Treatments)

clotrimazole  
 miconazole  
 nonoxonyl 9 (Encare)

### Vitamins & Minerals

calcium-vitamin D  
 ferrous fumarate  
 ferrous gluconate  
 ferrous sulfate {ch}  
 niacin  
 pediatric electrolyte solutions and freeze pops {ch}  
 pediatric multivitamins, chewable  
 pediatric multivitamins, solution (e.g. Tri-Vi-Sol®, Poly-Vi-Sol®)  
 vitamin D (calciferol) [All package sizes covered]

### Medical Devices and Supplies

Humidifiers/vaporizers (limit one per year)  
 Nebulizers (limit one per year)  
 Spacers (i.e. Aerochamber, InspirEase) (limit two per year)  
 Peak Flow Meters (limit two per year)  
 Blood glucose meter – Freestyle® or Precision Xtra® (limit one per year)

### Diabetic preparations/supplies:

alcohol swabs  
 glucose tablets  
 insulin  
 insulin syringes  
 insulin pen needles  
 ketostix  
 lancets (200 per 30days)  
 test strips (200 per 30days)

### NOTES:

OTC drugs are not available through the mail order benefit  
 BMCHP will not cover unit-dosed packaged products unless unavailable in bulk packaged form

{ch} Both adult and child dosages covered  
 \* Denotes the first-line medication in a step therapy program