

Division of Medicaid	New:	Date:
State of Mississippi	Revised: X	Date: 03/01/08
Provider Policy Manual	Current:	05/01/08
Section: Pharmacy	Section: 31.13	
	Pages: 3-1	
Subject: Over the Counter (OTC) Drugs	Cross Reference:	

DOM covers selected over-the-counter (OTC) drugs pursuant to a legal prescription in writing or verbal order. Only those OTC products manufactured by companies who participate in the Federal Drug Rebate Program are covered. Prescribing of these OTC drugs is strongly encouraged whenever appropriate.

Generic Name	Strength	Common Brand Name	Dosage Form
Acetaminophen	100mg/ml	Tylenol-Drops	Drops
Acetaminophen	120,160, 167, 500 mg/5ml	Tylenol	Elixir, Liq., Sol.
Acetaminophen	80,120,325 and 650 mg	Various	Suppository
Acetaminophen	325,500mg	Tylenol	Tablet
Al & Mg Hydroxide		Mylanta	Tablet, Susp.
Al & Mg Hydroxide/ Simethicone.		Various	Tablet, Susp.
Ammonium Lactate	12%	Amlactin 12%	Cream, Lotion
Aspirin	81, 325 mg	Various	Buff/Chew/E.C.
Bacitracin	500 U/Gm	Various	Topical Ointment
Bactracin/ Polymyxin		Polysporin Ointment	Ointment
Benzoyl Peroxide Gel	5%, 10%	Benzac AC 5%, 10%	Gel
Brompheniramine/ Pseudoephedrine		Q-Tapp	Liquid, Tablet
Brompheniramine/Pseudoephedrine-DM		Q-Tapp-DM	Liquid
Bulk Laxatives*		Metamucil	Capsule, Powder, Tablet
Calcium Carbonate (Dialysis Pts. Only)** Denote on prescription for dialysis pt.	500 mg		Tablet
Calcium Carbonate (Dialysis Pts. Only)** Denote on prescription for dialysis pt.			Powder
Chlorpheniramine	2mg/5ml	Chlor-Trimeton	Syrup
Chlorpheniramine	4,8,12mg	Chlor-Trimeton	Tablet
Clemastine	1.34 mg	Tavist	Tablet
Clotrimazole Topical	1 %	Lotrimin AF 1 %	Cream, Solution
Clotrimazole Vaginal	1%,2%	Mycelex-7	Cream
Dexbrompheniramine/Pseudoephedrine	6/120mg	Drixoral	Tablet
Dextromethorphan Polystirex	30 mg/5ml	Delsym	Suspension
Dextromethorphan/Pseudoephedrine		Pediacare	Drops, Syrup
Diaper Rash Ointment*		Desitin	Ointment
Diphenhydramine	12.5/5ml	Benadryl	Elixir, Liq., Sol
Diphenhydramine	25, 50 mg	Benadryl	Capsule
Docusate*	All Strengths	Colace	Liquid, Syrup
Docusate*	50,100, 240, 250 mg	Colace	Capsule, Tablet
Ferrous Sulfate	75 ml/ 0.6ml	Fer-In-Sol	Drops
Ferrous Sulfate	220 mg/5 ml 300mg/ 5ml	Various	Elixir, Liquid

Generic Name	Strength	Common Brand Name	Dosage Form
Ferrous Sulfate	325 mg	Iron	Tablet
Ferrous Sulfate Slow Release Tab	160 mg	Slow-Fe	Tablet
Guaifenesin Plain	100mg/5 ml	Robitussin Plain	Liquid
Guaifenesin AC	100/10mg/5ml	Robitussin AC	Liquid
Guaifenesin DAC	100/10/30mg/ 5ml	Robitussin DAC	Liquid
Guaifenesin DM	100/10mg/5ml	Robitussin DM	Liquid
Hydrocortisone Cream	0.5%, 1%	Cortaid	Cream
Ibuprofen	100mg/5ml	Motrin	Suspension
Insulin (ALL OTC)			
Loperamide	1mg/5ml	Imodium	Liquid
Loperamide	2mg	Imodium	Tablet
Loratadine	5mg/5ml	Claritin Syrup	Syrup
Loratadine ODT	5mg	Claritin Reditabs	ODT
Loratadine	10 mg	Claritin	Tablet
Loratadine D-12 hr	120/5mg	Claritin D-12	Tablet
Loratadine D-24 hr	240/10mg	Claritin D-24	Tablet
Magnesium Chloride SR	64 mg	Slow-Mag 64	Tablet
Magnesium Gluconate	500 mg	Magtrate	Tablet
Miconazole Topical	2%	Various	Cream
Miconazole Vaginal	2%	Monistat	Cream
Multivitamin and Mineral Supplement*		Various	Chew—Tablet, Pediatric Drops
Nicotine Cessation Products		Nicorette, Commit Lozenges	Gum, Lozenges, Patches, etc.
Ocular Lubricant Ointment		Refresh PM	Ointment
Oral Electrolyte Replacement Mixtures		Oralyte, Pedialyte	Freezer Pops & Solution
Permethrin Cream Rinse	1%	Nix Cream Rinse	Rinse
Piperonyl/Pyrethrins Topical		Lice Treatment Shampoo	Topical
Pseudoephedrine	15mg/5ml	Children's Sudafed	Drops
Pseudoephedrine	30mg/5ml	Pseudogest	Syrup
Pseudoephedrine	30, 60 mg	Sudafed	Tablet
Pyrantel Pamoate Suspension	144mg/ml	Pin-X	Suspension
Renal Vitamins (Dialysis Pts. Only)** Denote on prescription for dialysis pt.		Allbee Plus Vitamin-C	Tablet
Tears Ophthalmic Drops		Refresh	Ophthalmic Drops
Tolnaftate Cream	1%	Tinactin	Cream, Powder
Triple Antibiotic Ointment		Neosporin	Ointment
Triprolidine/Pseudoephedrine		Actifed Syrup	Syrup
Triprolidine/Pseudoephedrine		Actifed Tablet	Tablet

* Limited to beneficiaries up to the age of 21 only.

** Limited to dialysis beneficiaries only, document "FOR DIALYSIS PT." on the front of the prescription.

Drugs which are available over-the-counter (OTC) shall not be billed to DOM with the NDC for the legend product. NDCs of the legend product that remain covered will be subject to PA and POS requirements.

Charges to Medicaid shall be no more than what is charged to the general public for retail sale. DOM reimbursement to providers may be based on the unit price represented by the largest package size if significant cost savings would be realized.

The Over-the-Counter (OTC) Drug List is subject to change. Refer to the Pharmacy Services page on the DOM website at www.dom.state.ms.us for a current listing of over the counter drugs covered by the Division of Medicaid.