



NaviCare[®] HMO SNP Over-the-Counter and Additional MassHealth Covered Drugs List

As part of your MassHealth Standard benefit, NaviCare HMO SNP covers certain over-the-counter (OTC) and prescription drugs or indications that are not covered by Medicare with a written prescription from your provider. Certain drugs may require prior authorization. Below is a list of those drugs covered by NaviCare.

In general, we pay only for generic versions of these drugs, singly or in combination, regardless of strength or dosage. However, we may pay for certain brand-name products if deemed to be medically necessary by MassHealth. These products are included on this list by their brand name.

This is not a complete list of drugs covered by us. For a copy of the NaviCare formulary, please call Enrollee Services at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31), or go online to fallonhealth.org/navicare.

Allergy Agents, Ophthalmic:

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

Analgesics:

acetaminophen ≤ 4 grams/day
aspirin 81 mg
aspirin 325 mg, 500 mg, 650 mg
aspirin suppository
aspirin with buffers
capsaicin
diclofenac 1% gel
ibuprofen
lidocaine 4% patches
≤ 4 patches/day
naproxen capsule, tablet

Anthelmintic Agents:

Reese's Pinworm (pyrantel pamoate)

Antihistamines/ Decongestants:

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

Antimicrobials, Topical:

bacitracin
chlorhexidine gluconate
clotrimazole
double antibiotic ointment
hydrogen peroxide
iodine
isopropyl alcohol
miconazole
neomycin
povidone

Antimicrobials, Topical, cont'd:

terbinafine 1% cream
tolnaftate cream, powder
triple antibiotic ointment

Anti-Obesity:

benzphetamine ‡
diethylpropion ‡
diethylpropion ER ‡
Lomaira ‡
orlistat ‡
phendimetrazine ‡
phendimetrazine ER ‡
phentermine 15mg, 30mg ‡
phentermine 37.5 mg ‡
Zepbound ‡

Compounding Agents:

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

‡ Prior Authorization (PA) and prescription required

‡‡ Prescription required

Contraceptives, Oral:

levonorgestrel 1.5 mg tablet
Opill (norgestrel tablet)

Contraceptives, Topical:

nonoxynol-9*

Cough/Cold:

benzonatate
dextromethorphan-
guaifenesin
guaifenesin

Dermatologic Agents, Topical:

benzoyl peroxide
calamine lotion
camphor & menthol lotion
capsaicin cream
colloidal oatmeal
differin gel
diphenhydramine-zinc
acetate cream
emollient ointment, cream, lotion
hydrocortisone cream, lotion,
ointment
hydrophilic ointment
lanolin
lidocaine cream
lidocaine patch 4%
menthol patch 5%
menthol-methyl salicylate cream
menthol-zinc oxide ointment
petrolatum
selenium sulfide
terbinafine hcl cream
vitamin A and D ointment
witch hazel
zinc oxide

Gastrointestinal Agents:

Align (bifidobacterium infantis)
< 21 years
aluminum carbonate
aluminum hydroxide
bisacodyl enema, suppository
bisacodyl tablet
bismuth subsalicylate
calcium polycarbophil
cimetidine tablet

Gastrointestinal Agents, cont'd:

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
lactobacillus capsule, tablet
loperamide
magaldrate
magnesium salts
meclizine
methylcellulose
mineral oil
polyethylene glycol 3350
psyllium capsule, powder
saccharomyces boulardii
capsule
sennosides syrup, tablet
simethicone
sodium bicarbonate
sodium phosphate

Intranasal Sprays:

budesonide nasal spray
≤ 1 inhaler/30 days
budesonide nasal suspension
oxymetazoline hcl nasal
solution
saline nasal spray
triamcinolone nasal spray
≤ 1 inhaler/30 days

Medical Foods:

levomethylfolate tablet
≤ 1 unit/day

Miscellaneous:

Dakin's solution

Mouth/Throat/Dental Agents:

benzocaine-menthol lozenge

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
carboxymethylcellulose
sodium ophthalmic, solution
carboxymethylcellulose-
glycerin ophthalmic solution
polyethylene glycol-propylene
glycol ophthalmic solution
polyvinyl alcohol-povidone
ophthalmic solution
saliva substitute
sodium chloride hypertonic
ophthalmic ointment, solution

Urinary Agents:

cranberry tablet

Vitamins/Nutrients/Supplements:

biotin
calcium replacement
calcium with vitamin D
cod liver oil

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

† Brand and generic products are covered by MassHealth without prior authorization.

**Vitamins/Nutrients/
Supplements cont'd:**

coenzyme Q10 < 21 years
electrolyte solution, pediatric
ferrous fumarate
ferrous gluconate
ferrous sulfate
fish oil
folic acid
glucose products < 19 years
glucosamine
glucosamine-chondroitin
iron polysaccharide complex
magnesium salts
magnesium tablet
melatonin gummy, solution,
tablet
melatonin/pyridoxine tablet
multivitamins
niacinamide
nicotinic acid
pediatric multivitamins
Phos-Flur (sodium fluoride oral
rinse)
potassium phosphate
prenatal vitamins
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
vitamins, pediatric
vitamins, prenatal



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(TRS 711)

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