

TennCare: Over the Counter (OTC) Drug Formulary

Effective July 1, 2026

This list contains OTC drug products covered by TennCare. Please refer to the criteria listed below for coverage information including prior authorization (PA) and quantity limit (QL) details. Please review the [Criteria for OTC Products](#) listed on the Optum Rx/TennCare website for additional details.

Supplements are now listed on the [TennCare OTC Supplements Formulary](#) found on the Optum Rx/TennCare website: <https://welcome.optumrx.com/tenncare/landing>.

Pharmacies may dispense products from manufacturers participating in the Medicaid Drug Rebate Program (MDRP). Products that are exempt from this requirement are indicated with an asterisk (*). Please see the [TennCare Active Labelers](#) to view the most recent list of participating manufacturers. Please note that this list is subject to change.

Analgesics

| DRUG | CRITERIA |
|------------------------------------------------------|------------------------------------------------------------------------------------------|
| Acetaminophen 160 mg Chewable Tablet | Age under 21 years |
| Acetaminophen 160 mg/5 mL Liquid/Solution/Suspension | Age under 21 years; PA required for patients \geq 21 years of age |
| Acetaminophen 80 mg Suppository | Age under 21 years |
| Acetaminophen 120 mg Suppository | Age under 21 years |
| Acetaminophen 325 mg Suppository | |
| Acetaminophen 650 mg Suppository | |
| Acetaminophen 325 mg Tablet | |
| Acetaminophen 500 mg Tablet, Caplet, or Capsule | |
| Aspirin 325 mg Tablet | |
| Aspirin 325 mg Tablet EC | |
| Aspirin 81 mg Tablet Chew | |
| Aspirin 81 mg Tablet EC | |
| Diclofenac 1% Gel | QL: 10 gm/day |
| Ibuprofen 40 mg/mL Infant Suspension | Age under 2 years |
| Ibuprofen 100 mg/5 mL Suspension | Age under 21 years |
| Ibuprofen 100 mg Chewable Tablet | Age under 21 years |
| Ibuprofen 200 mg Tablet/Caplet | Age 12 years and older; PA required for patients < 12 years of age |
| Naproxen 220 mg Tablet | Age 12 years and older; PA required for patients < 12 years of age; QL: 3 tablets/day |

Agents for Opioid Overdose

| DRUG | CRITERIA |
|----------------------------------|------------------|
| Naloxone Nasal Spray 4 mg/0.1 mL | QL: 2 kits/month |
| Rivive® Nasal Spray 3 mg/0.1 mL* | QL: 2 kits/month |

Antacids

| DRUG | CRITERIA |
|-------------------------------------------------------|-----------------------------------|
| Aluminum Hydroxide Gel | Age under 21 years; QL: 60 mL/day |
| Aluminum & Magnesium Hydroxide/Simethicone Suspension | Age under 21 years |
| Sodium Bicarbonate 325 mg Tablet | Age under 21 years |
| Sodium Bicarbonate 650 mg Tablet | Age under 21 years |

Anti-Flatulents

| DRUG | CRITERIA |
|-------------------------------|----------------------------------------|
| Simethicone 40 mg/0.6 mL Susp | Age under 21 years; QL: 7.2 mL/day |
| Simethicone 80 mg Chew | Age under 21 years; QL: 6 chews/day |
| Simethicone 180 mg Capsule | Age under 21 years; QL: 2 capsules/day |

Anthelmintics

| DRUG | CRITERIA |
|-----------------------------|------------------|
| Pyrantel Pamoate 144 mg/mL* | QL: 2 gm/30 days |

Asthma Agents

| DRUG | CRITERIA |
|--------------------------|-------------|
| Ephedrine 12.5 mg Tablet | PA required |

Calcium Antacids

| DRUG | CRITERIA |
|-------------------------------------------|-----------------------------------|
| Calcium Carbonate 500 mg Tablet Chewable | Age under 21 years |
| Calcium Carbonate Suspension 1250 mg/5 mL | Age under 21 years; QL: 30 mL/day |

Contraceptives, Oral

| DRUG | CRITERIA |
|------------------------------|---------------|
| Aftera® | QL: 1/21 days |
| Econtra One-Step® | QL: 1/21 days |
| Her Style® | QL: 1/21 days |
| Levonorgestrel tablet 1.5 mg | QL: 1/21 days |
| My Choice® | QL: 1/21 days |
| My Way® | QL: 1/21 days |
| New Day® | QL: 1/21 days |
| Opcicon One Step® | QL: 1/21 days |
| Opill® tablet 0.075 mg | QL: 1/day |
| React® | QL: 1/21 days |

Cough and Cold Products

For members age 21 and older, these agents are a non-covered benefit unless otherwise specified.

| DRUG | CRITERIA |
|--------------------------------------------------------------------|--------------------------------------------------|
| Chlorpheniramine Maleate 4 mg Tablet | Age 4 years to under 21 years; QL: 6 tablets/day |
| Chlorpheniramine & pseudoephedrine 4 mg/60 mg | Age under 21 years |
| Dextromethorphan polistirex extended release 30 mg/5 mL Suspension | Age under 21 years; QL: 20 mL/day |
| Dextromethorphan 15 mg/ 5 mL | Age under 21 years; QL: 40 mL/day |
| Diphenhydramine 12.5 mg/5mL Liquid | Age under 21 years |
| Diphenhydramine 25 mg Capsule/Tablet | Age 4 years to under 21 years |
| Diphenhydramine 50 mg Capsule | Age 4 years to under 21 years |
| Guaifenesin 100 mg/5 mL Liquid | Age under 21 years |
| Guaifenesin 200 mg Tablet | Age under 21 years |
| Guaifenesin 400 mg Tablet | Age under 21 years |
| Guaifenesin 600 mg ER 12HR Tablet | Age under 21 years |
| Guaifenesin 1200 mg ER 12HR Tablet | Age under 21 years |
| Guaifenesin/Dextromethorphan Syrup/Liquid | Age under 21 years |
| Oxymetazoline HCL Nasal Solution 0.025% | Age under 21 years and PA required |
| Oxymetazoline HCL Nasal Solution 0.05% | Age under 21 years |
| Pseudoephedrine HCL 15 mg/5 mL | Age under 21 years and PA required |
| Pseudoephedrine HCL 30 mg Tablet | Age under 21 years |

Eye Products

| DRUG | CRITERIA |
|------------------------------------------|------------------------------|
| Artificial Tears Ophthalmic Gel/Ointment | Age under 21 years |
| Artificial Tears Ophthalmic Gel, PF | Age under 21 years |
| Artificial Tears Ophthalmic Solution | Age under 21 years |
| Artificial Tears Ophthalmic Solution, PF | Age under 21 years |
| Ketotifen Fumarate 0.035% Eye Drops | QL: 10 mL per 30 days |
| Lastacaft® 0.25% solution | PA Required; QL: 3 mL/Rx |
| Olopatadine 0.1% Ophthalmic Solution | QL: 1 bottle/Rx |
| Olopatadine 0.2% Ophthalmic Solution | QL: 1 bottle/Rx |
| Olopatadine 0.7% Ophthalmic Solution | PA Required; QL: 1 bottle/Rx |
| Sodium Chloride Ointment 5% Ophthalmic | |

Fluoride Products

| DRUG | CRITERIA |
|-----------------------------------------------------------|--------------------|
| Sodium Fluoride 0.25mg Chew | Age under 21 years |
| Sodium Fluoride 0.5mg Chew | Age under 21 years |
| Sodium Fluoride 0.5 mg/mL | Age under 21 years |
| Sodium Fluoride 1 mg Chew | Age under 21 years |
| Sodium Fluoride with Multivitamins 0.25 mg/mL | Age under 21 years |
| Sodium Fluoride with Multivitamins 0.5 mg/mL | Age under 21 years |
| Sodium Fluoride with Multivitamins 1 mg/mL | Age under 21 years |
| Sodium Fluoride with Multivitamins and Iron 0.25-10 mg/mL | Age under 21 years |

Gastrointestinal Products

| DRUG | CRITERIA |
|-------------------------------------|-----------------------|
| Bisacodyl 5mg Tablet EC | Age under 21 years |
| Bisacodyl Suppository | Age under 21 years |
| Bisacodyl 10mg Enema | Age under 21 years |
| Docusate Sodium 100 mg Capsule | QL: 3 caps/day |
| Docusate Sodium 100 mg Tablet | Age under 21 years |
| Docusate Sodium 150 mg/15 mL Liquid | Age under 21 years |
| Docusate Sodium 50 mg/15 mL Liquid | Age under 21 years |
| Docusate 283 mg Enema | Age under 21 years |
| Glycerin Adult Suppository | QL: 1 suppository/day |

Gastrointestinal Products (continued)

| DRUG | CRITERIA |
|----------------------------------------------------------------------|----------------------------------------------------------|
| Glycerin Pediatric Suppository | Age under 21 years; QL 1 suppository/day |
| Loperamide HCl Capsule | PA required |
| Loperamide HCl 2 mg Tablets, Solution, Suspension | |
| Magnesium Citrate Solution | |
| Magnesium Hydroxide 400 mg Chew Tablet | Age under 21 years |
| Milk of Magnesia Suspension | Age under 21 years |
| Mineral Oil Enema | Age under 21 years and PA required |
| Omeprazole 20 mg ODT (refer to PDL for other Proton Pump Inhibitors) | Age under 21; Age 21 and over and PA required; QL: 1/day |
| Polyethylene Glycol 3350 Powder (bottles only) | 3,050 grams/28 days |
| Senna Syrup | Age under 21 years and PA required |
| Senna 8.6 mg Tablet | Age under 21 years and PA required |
| Sennosides/docusate sodium 8.6/50 mg Tablet | Age under 21 years; QL: 8 tabs/day |
| Sodium Phosphate/NA Biphos Adult/Pediatric Enema | Age under 21 years and PA required |
| Sodium Phosphate/NA Biphos Pediatric Enema | Age under 21 years and PA required |

Genitourinary

| DRUG | CRITERIA |
|------------------------------------------|-----------------------------------------------------------------------------------------------|
| Sodium Citrate & Citric Acid | Age under 21 years |
| Phenazopyridine Tablet | Age 12 years and older; PA required for patients < 12 years of age; QL: 30 tablets/60 days |
| Potassium Citrate & Citric Acid Solution | Age under 21 years |

H2 Antagonists

| DRUG | CRITERIA |
|-------------------------|----------|
| Famotidine 10 mg Tablet | |
| Famotidine 20 mg Tablet | |

Insulins

Please refer to [TennCare's PDL](#) for all other insulins.

| DRUG | CRITERIA |
|--------------------------------------|----------|
| Relion™ Novolin® 70-30 Vial | |
| Relion™ Novolin® N 100 Units/mL Vial | |
| Relion™ Novolin® R 100 Units/mL Vial | |

Motion Sickness Products

| DRUG | CRITERIA |
|----------------------------|---------------------------------|
| Dimenhydrinate Tablet/Chew | Age under 21 years; PA required |

Nasal Products

| DRUG | CRITERIA |
|-------------------------------|---------------------------------|
| Budesonide 32 mcg Nasal Spray | QL: 120 sprays/30 days |
| Cromolyn Sodium 4% Spray | Age under 21 years; PA required |
| Triamcinolone Nasal Spray | QL: 120 sprays/30 days |

Antihistamines

| DRUG | CRITERIA |
|-------------------------------------------------------|---------------------------------------------------|
| Cetirizine 1 mg/mL solution | Age under 21 years; QL: 10 mL/day |
| Cetirizine 10 mg Tablet | Age under 21 years |
| Cetirizine/Pseudoephedrine 5/120 mg Tablet | Age under 21 years; QL: 2 tablets/day |
| Dexbrompheniramine 2 mg | Age under 21 years |
| Fexofenadine 30 mg/5 mL Suspension | Age under 21 years and PA required; QL: 10 mL/day |
| Fexofenadine 60 mg Tablet | Age under 21 years and PA required |
| Fexofenadine 180 mg Tablet | Age under 21 years and PA required |
| Loratadine 10 mg Tablet/Rapidly Disintegrating Tablet | Age under 21 years |
| Loratadine 5 mg/5 mL Solution | Age under 21 years; QL: 10 mL/day |
| Loratadine/Pseudoephedrine 5/120 mg Tablet | Age under 21 years; QL: 2 tablets/day |
| Levocetirizine 2.5 mg/5 mL | Age under 21 years and PA required; QL: 10 mL/day |
| Tripolidine drops 0.938 mg | Age under 21 years |

Otic Products

| DRUG | CRITERIA |
|-------------------------------|------------------------------------|
| Carbamide Peroxide 6.5% Drops | Age under 21 years and PA required |

Smoking Cessation Products

| DRUG | CRITERIA |
|---------------------------------------------|-------------------|
| Nicotine Chewing Gum 2 mg | QL: 24 weeks/year |
| Nicotine Chewing Gum 4 mg | QL: 24 weeks/year |
| Nicotine Lozenge 2 mg | QL: 24 weeks/year |
| Nicotine Lozenge 4 mg | QL: 24 weeks/year |
| Nicotine Topical Patch 7mg/24 hr | QL: 24 weeks/year |
| Nicotine Topical Patch 14 mg/24 hr | QL: 24 weeks/year |
| Nicotine Topical Patch 21 mg/24 hr | QL: 24 weeks/year |
| Nicotine Topical Patch Kit 21-14-7 mg/24 hr | QL: 24 weeks/year |

Topical Analgesics

| DRUG | CRITERIA |
|------------------------|-------------|
| Capsaicin 0.075% Cream | PA required |
| Capsaicin 0.1% Cream | PA required |

Topical Products

| DRUG | CRITERIA |
|---------------------------------------------|------------------------------------------------------------------|
| Adapalene 0.1% Gel | Afe under 21 years; QL: 1 package/Rx |
| Ammonium Lactate 12% Cream/Lotion | QL: 1 package/Rx |
| Bacitracin 500 units/gm Ointment | Age under 21 years |
| Bacitracin/Polymyxin B Sulfate Ointment | Age under 21 years |
| Bacitracin Zinc Ointment | Age under 21 years |
| Benzocaine 20% Gel/Paste* | Age 2 to 20 years of age |
| Benzoyl Peroxide 2.5% Cream/Gel | Age under 21 years |
| Benzoyl Peroxide 5% Gel/Lotion/Wash | Age under 21 years |
| Benzoyl Peroxide 10% Cream/Gel/Lotion/Wash | Age under 21 years |
| Clotrimazole 1% Cream/Solution | QL: 1 package/Rx |
| Glycerin Liquid* | Age under 21 and PA required; No PA required for compounding use |
| Hydrocortisone 0.5% Cream/Ointment | QL: 1 package/Rx |
| Hydrocortisone 1% Ointment/Cream/Lotion/Gel | QL: 1 package/Rx |
| Miconazole Nitrate 2% Cream/Powder | Age under 21 years |
| Permethrin 1% | QL: 2 tubes/Rx |
| Povidone-Iodine 10% Solution | Age under 21 years |
| Terbinafine 1% Cream | Age under 21 years and PA required |

Topical Products (continued)

| DRUG | CRITERIA |
|----------------------------------|------------------------------------|
| Triple Antibiotic (Neo/Poly/Bac) | Age under 21 years |
| White Petrolatum Jelly* | |
| Zinc Oxide 16%* | Age under 21 years and PA required |

Vaginal Agents

| DRUG | CRITERIA |
|--------------------------------|-----------------------------------|
| Clotrimazole 1% Cream | QL 2 treatment courses per month |
| Clotrimazole 2% Cream | QL: 2 treatment courses per month |
| Miconazole-3 Combination Pack | QL: 1 box/Rx |
| Miconazole Nitrate 2% Cream | QL: 2 treatment courses per month |
| Miconazole Nitrate Suppository | QL: 2 treatment courses per month |

Weight Management Agents

| DRUG | CRITERIA |
|----------------|----------------|
| Alli® capsules | QL: 3 caps/day |