



OTC Savings Program Drug List (effective 1/1/17)

Because many medications are available over the counter (OTC), your plan does not cover certain prescription allergy treatment drugs and stomach disorder drugs that have OTC alternatives unless your condition meets specific medical criteria (see below).

OTC alternatives, which are not covered by your plan, cost significantly less than their prescription alternatives, yet they can have similar results. And you can purchase these popular medications when you need them most without a prescription.

The chart below shows you available OTC alternatives to prescription drugs and drug classes not covered by your plan.

Nonsedating Antihistamines (NSAs)

Prescription Drugs

Clarinet syrup ¹	fexofenadine	
Clarinet tablets	fexofenadine/pseudoephedrine	
Clarinet-D tablets	levocetirizine	
desloratadine	Xyzal	

OTC Alternatives

Alavert D tablets	Claritin – all products	fexofenadine/pseudoephedrine ER
Alavert tablets	Clear-Atadine	loratadine – all products
Allegra – all products	Dimetapp Children’s Cold & Allergy	Zyrtec – all products
cetirizine – all products	fexofenadine	

Histamine H₂ Blockers (H₂s)

Prescription Drugs

cimetidine ²	Pepcid ²	
famotidine ²	ranitidine ²	
nizatidine ²	Zantac ²	

OTC Alternatives

cimetidine tablets	ranitidine tablets	
famotidine tablets	Tagamet HB tablets	
Pepcid AC tablets	Zantac 75 or 150 tablets	

Proton Pump Inhibitors (PPIs)

Prescription Drugs

esomeprazole magnesium ³	omeprazole ³	Prilosec ³
lansoprazole ³	pantoprazole ³	Protonix ³
Nexium ³	Prevacid ³	

OTC Alternatives

cimetidine tablets	omeprazole tablets	ranitidine tablets
famotidine tablets	Pepcid AC tablets	Tagamet HB tablets
lansoprazole capsules	Prevacid 24HR	Zantac 75 or 150 tablets
Nexium 24HR	Prilosec OTC	Zegerid OTC

Intranasal Steroids (INS)

Prescription Drugs

budesonide nasal spray	fluticasone nasal spray	mometasone nasal spray
flunisolide nasal spray		

OTC Alternatives

Flonase Allergy Relief	ClariSpray	Rhinocort Allergy Spray
Children's Flonase Allergy Relief	Nasacort Allergy 24 HR	

Legend

¹ Covered for ages 6 and under

² Covered for ages 18 and under

³ Covered for ages 18 and under and for ages 19 and over if one of the following Prior Authorization criteria are met:

- Grade III Erosive Esophagitis confirmed by endoscopy (circumferential erosions covered by hemorrhagic and pseudomembranous exudates)
- Grade IV Erosive Esophagitis confirmed by biopsy (presence of chronic complications such as deep ulcers, strictures, or Barrett's metaplasia)
- Zollinger-Ellison syndrome confirmed by a diagnostic test (such as fasting serum gastrin, basal 1 hour acid output, secretion stimulation test)

This list is subject to change throughout the year. Please call Member Service at the phone number listed on your BlueCross BlueShield of Tennessee Member ID card or visit our website at bcbst.com for the most up-to-date information.

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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 <https://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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

