

Because many medications are available over the counter (OTC), the Limited Formulary pharmacy 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.

Prescription Drugs	OTC Alternatives
Non-Sedating Antihistamines (NSAs)	
Allegra tablets and capsules	Alavert tablets
Allegra D tablets	Alavert D tablets
cetirizine	All Claritin Products
Clarinex tablets	Clear-Atadine
Clarinex D tablets	Dimetapp Children's Non-Drowsy Allergy
Clarinex syrup ¹	loratadine tablets
fexofenadine	Zyrtec tablets
Xyzal	Zyrtec D Tablets
	Zyrtec syrup
Histamine 2 Blockers (H2s)	
Axid ²	Axid AR tablets
cimetidine ²	cimetidine tablets
famotidine ²	famotidine tablets
nizatidine ²	Pepcid AC tablets and capsules
Pepcid ²	ranitidine tablets
ranitidine ²	Tagamet HB tablets
Tagamet ²	Zantac 75 or 150 tablets
Zantac ²	
Proton Pump Inhibitors (PPIs)	
AcipHex ³	Axid AR tablets
Kapidex ^{3,4}	cimetidine tablets
Nexium ³	famotidine tablets
omeprazole ³	Pepcid AC tablets and capsules
pantoprazole ³	Prilosec OTC
Prevacid ³	ranitidine tablets
Prilosec ³	Tagamet HB tablets
Protonix ³	Zantac 75 or 150 tablets
Zegerid ³	

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 the following Prior Authorization criteria are met:

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

⁴ Kapidex is non-formulary for most plans

Your doctor may request prior authorization of a drug by calling Caremark at 1-877-916-2271.