

OTC Savings Drug List (effective 1/1/22)

Because many medications are available over the counter (OTC), your plan doesn't cover certain prescription allergy treatment drugs and stomach disorder drugs that have OTC alternatives unless you meet the conditions listed below.

OTC drugs cost significantly less than their prescription alternatives, but can be as effective. And you can purchase them without a prescription.

The chart below shows you available OTC alternatives to prescription drugs and drug categories your plan doesn't cover.

Nonsedating Antihistamines (NSAs)

Prescription Drugs

Clarinex tablets	Clarinex-D tablets	desloratadine
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OTC Alternatives

Alavert D tablets	Claritin – all products	loratadine – all products
Alavert tablets	Clear-Atadine	Mucinex Allergy
Allegra – all products	fexofenadine	Xyzal
cetirizine – all products	fexofenadine/pseudoephedrine ER	Zyrtec – all products

Histamine H2 Blockers (H2s)

Prescription Drugs

cimetidine ²	nizatidine ²
famotidine ²	Pepcid ²

OTC Alternatives

cimetidine tablets	Pepcid AC tablets	Tagamet HB tablets
famotidine tablets	Pepcid Complete tablets	

Proton Pump Inhibitors (PPIs)

Prescription Drugs

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

OTC Alternatives

esomeprazole magnesium capsules	omeprazole capsules	Prilosec OTC
lansoprazole capsules	omeprazole tablets	Zegerid OTC
Nexium 24HR	Prevacid 24HR	

Intranasal Steroids (INS)

Prescription Drugs

flunisolide nasal spray

fluticasone nasal spray

mometasone nasal spray

OTC Alternatives

budesonide nasal spray

Flonase Allergy Relief

Nasacort Allergy 24 HR

Children's Flonase Sensimist

Flonase Senimist

Rhinocort Allergy Spray

Children's Flonase Allergy Relief

fluticasone nasal spray

triamcinolone nasal spray

Clarispray

GoodSense Nasoflow

Ophthalmic Antihistamines

Prescription Drugs

azelastine

olopatadine

Patanol

epinastine

Pataday

Pazeo

OTC Alternatives

Alaway

Eye Itch Relief

Pataday OTC

Alaway Children's Allergy

ketotifen eye drops

Visine-A

Claritin Eye

Naphcon-A

Zaditor

Equate Eye Allergy Relief

Opcon-A

Zerviate

Legend

¹Covered for ages 6 and under

²Covered for ages 18 and under

³Covered 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 may change throughout the year. Please call us at the Member Service number on the back of your Member ID card or visit our **bcbst.com** for the most up-to-date information.

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

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>.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Si usted es miembro, llame al número de Servicio de atención a miembros que figura al reverso de su tarjeta de identificación de Miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بلإمجان. إذا كنت عضواً، فاتصل برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو أو بالرقم 1-800-565-9140 (الهاتف النصي: 1-800-848-0298).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。若您是會員，請撥打會員 ID 卡背面的會員服務部號碼或 1-800-565-9140 (聽障專線 (TTY): 1-800-848-0298)。

CHỦ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Nếu quý vị là hội viên, hãy gọi đến số Dịch vụ Hội viên ở mặt sau thẻ ID Hội viên của quý vị hoặc 1-800-565-9140 (TTY: 1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 가입자의 경우, 가입자 ID 카드 뒷면의 가입자 서비스 전화번호 또는 1-800-565-9140(TTY: 1-800-848-0298) 번으로 전화하시기 바랍니다.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes adhérent, appelez le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou appelez le 1-800-565-9140 (TTY/ATS : 1-800-848-0298).

ပြုစုခြင်း: ဘုံဘဝံ ဘာမ်ဂျီဘာသာ ခာဝ်၊ ဂျာမ်ပိလိဂျာမ်ခွဲဝ်ဖျီဝ် ဂျာမ်ဘာသာ၊ ဂ်ဝဲယံလဲဉ်ဂံ၊ မဲမ်မိဖိဝဲမ်ဖျီဘံသာ။ ဘုံဘာမ်ပိမ်မဲမ်မာဒိဂ်၊ ဖျီဘိဘာမ်ပိမ်မဲမ်မာဒိဂ်မဲမ်မာဒိဂ်မဲမ်မာဒိဂ်မဲမ်မာဒိဂ်မဲမ်မာဒိဂ် ID မဲမ်မာဒိဂ်ခွဲဝ်ဖျီဝ် (TTY: 1-800-848-0298)။

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። አባል ከሆኑ፣ በአባልነት መታወቁያዎ ጀርባ ላይ በሚገኘው የአባልነት አገልግሎት ቁጥር ወይም በ 1-800-565-9140 (መስማት ለተሳናቸው፡ TTY: 1-800-848-0298) ይደውሉ።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Falls Sie ein Mitglied sind, rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

સુચના: જો તમે ગુજરાતી બોલતા છો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. જો તમે સભ્ય છો, તો તમારા સભ્ય આઈડી કાર્ડની પાછળના સભ્ય સર્વિસ નંબર ઉપર અથવા 1-800-565-9140 (TTY: 1-800-848-0298) પર ડોલ કરો.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。会員のお客様は、会員IDカードの裏面に記載の会員サービス番号あるいは1-800-565-9140 (TTY: 1-800-848-0298)まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Kung ikaw ay isang miyembro, tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng iyong Kard ng ID ng Miyembro o sa 1-800-565-9140 (TTY: 1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। अगर आप सदस्य हैं तो अपने सदस्य आईडी कार्ड के पीछे दिए गए नंबर या 1-800-565-9140 (TTY: 1-800-848-0298) पर सदस्य सेवा नंबर पर फोन करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Если Вы являетесь участником, позвоните в отдел обслуживания участников по номеру, указанному на обратной стороне Вашей идентификационной карты участника, или по номеру 1-800-565-9140 (TTY: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. در صورتیکه عضو هستید، با شماره خدمات اعضا در پشت کارت شناسایی عضو خود یا 1-800-565-9140 (TTY: 1-800-848-0298) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Si ou se yon manm, rele nimewo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Członkowie mogą dzwonić pod numer działu Member Service podany na odwrocie karty identyfikacyjnej członka lub numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Caso seja membro, ligue para o telefone do serviço de Atendimento ao Membro informado no verso de seu cartão de identificação de membro ou para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Se è un membro, chiami il numero del Servizio per i membri riportato sul retro della Sua scheda identificativa del membro oppure il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínizín: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hóíłó. Naaltsoos bee ná ha'dít'éego, Naaltsoos Bá Hada'dít'éhígíí ninaaltsoos nit'ízi bee nééhozinígíí bine'déé' Naaltsoos Bá Hada'dít'éhígíí Bee Áka'ánída'áwo'í bibéésh bee hane'í biká'ígíí bee hodíłnih doodago 1-800-565-9140 (Doo Adinits'agóógo q TTY: 1-800-848-0298) bee hodíłnih.