

OVER-THE-COUNTER (OTC) EXCLUSION

MEDICATION LIST

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OTC EXCLUSIONS AND THEIR EQUIVALENTS OR ALTERNATIVES

The following list includes medications and products that are excluded from coverage because they have safe and effective over-the-counter equivalents or over-the-counter alternatives that you can purchase without a prescription. Exceptions aren't allowed for these medications.

Learn More About Your Coverage

For more information about coverage for these medications, sign in to MyBlue at bluecrossma.org or open the MyBlue app, then go to **Medication Lookup Tool** under **My Medications**.

If you're not a member, you can get more information by visiting bluecrossma.org/medication.

EXCLUDED MEDICATIONS AND PRODUCTS	OVER-THE-COUNTER EQUIVALENTS OR ALTERNATIVES
<p>ACNE MEDICATIONS (TOPICAL):</p> <p>Benzoyl peroxide products 10% in strength and less, and combinations (e.g., skin cleansers). Examples: Benzac products, Brevoxyl products, Desquam products, NeoBenz products, Oscion products, Triaz products</p>	<p>Benzoyl peroxide—various forms (store-brand products) Clearasil products, Fostex products, Neutrogena products, Oxy products, PanOxyl products, Zapzyt products</p>
<p>ALLERGY (NASAL STEROID PRODUCTS):</p> <p>Products containing nasal-inhaled forms of beclomethasone, budesonide, ciclesonide, flunisolide, fluticasone, mometasone, or triamcinolone, alone or in combination with azelastine. Examples: Beconase AQ, Dymista, Flonase, Nasacort AQ, Nasarel, Nasonex, Omnaris, Qnasl, Rhinocort AQ, Ticanase, Ticaspray, Veramyst, and Zetonna</p>	<p>Flonase Allergy Relief, Nasacort Allergy 24HR, Rhinocort Allergy Spray, and store-brand products containing budesonide, fluticasone, and triamcinolone</p>
<p>ANESTHETICS (TOPICAL):</p> <p>Products containing lidocaine at strengths equal to or less than 4% in all forms. Examples: Alocane, lidocaine, LiDORx, Lidopin, Lidotral, and Lido-Sorb</p>	<p>Various store-brand lidocaine products 4% and under, Aspercreme w/lidocaine, Dr. Numb, IcyHot, Salonpas</p>
<p>ANTIHISTAMINES (NON-SEDATING):</p> <p>Products containing cetirizine, desloratadine, fexofenadine, levocetirizine, or loratadine, alone or in combination with pseudoephedrine. Examples: Allegra, Allegra-D, Clarinex, Clarinex-D, Claritin, Claritin-D, Xyzal, Zyrtec, and Zyrtec-D</p>	<p>Alavert All Day Allergy, Allegra, Allegra-D, Claritin, Claritin-D, Xyzal, Zyrtec, or store-brand products containing cetirizine, fexofenadine, levocetirizine, or loratidine, alone or in combination with pseudoephedrine</p>
<p>COUGH AND COLD PRODUCTS:</p> <p>Products containing chlorpheniramine, clemastine, dextromethorphan, guaifenesin, phenylephrine, pseudoephedrine, and pyrilamine in equivalent over-the-counter doses. These include both single-ingredient products and combination products. Examples: Amibid products, Drexophed products, Guaibid products, Humibid products, Tussi-Organidin products</p>	<p>Various store-brand cough and cold products, Bromfed products, Chlor-Trimeton products, Drixoral products, Mucinex products, Robitussin products</p>
<p>ADAPALENE 1% (ALL FORMS)</p>	<p>DIFFERIN GEL</p>
<p>ADAPALENE/BENZOYL PEROXIDE (ALL FORMS)</p>	<p>DIFFERIN GEL</p>
<p>AMMONIUM LACTATE 12% CREAM</p>	<p>AMLACTIN 12% CREAM</p>
<p>ANTIVERT 25MG TABLETS</p>	<p>BONINE 25MG TABLETS</p>
<p>CIMETIDINE 200MG TABLETS</p>	<p>TAGAMET HB TABLETS</p>
<p>CLOTRIMAZOLE 1% CREAM</p>	<p>CLOTRIMAZOLE CREAM (VARIOUS STORE BRANDS), LOTRIMIN AF 1% CREAM</p>
<p>CLOTRIMAZOLE 1% SOLUTION</p>	<p>CLOTRIMAZOLE SOLUTION (VARIOUS STORE BRANDS)</p>
<p>DICLOFENAC 1% GEL</p>	<p>DICLOFENAC 1% GEL (VARIOUS STORE BRANDS), VOLTAREN ARTHRITIS PAIN TOPICAL GEL</p>

EXCLUDED MEDICATIONS AND PRODUCTS	OVER-THE-COUNTER EQUIVALENTS OR ALTERNATIVES
DIFFERIN 1% (ALL FORMS)	DIFFERIN GEL
DIPHENHYDRAMINE HCL 12.5MG ELIXIR	BENADRYL ELIXIR
DIPHENHYDRAMINE HCL 25MG CAPSULES	BENADRYL CAPSULES, DIPHENHYDRAMINE 25MG (VARIOUS STORE BRANDS)
DIPHENHYDRAMINE HCL 50MG CAPSULES	SLEEPINAL 50MG CAPSULES
DOLOGESIC CAPSULES	ACETA-GESIC CAPSULES
EPIDUO	DIFFERIN GEL
FAMOTIDINE 20MG TABLETS	PEPCID AC MAXIMUM STRENGTH 20MG TABLETS
GLYCOLAX POWDER AND PACKETS	MIRALAX POWDER
HYDROCORTISONE 0.5% CREAM	CORTAID CREAM, HYDROCORTISONE 0.5% (VARIOUS STORE BRANDS)
HYDROCORTISONE 1% OINTMENT/CREAM/LOTION	CORTAID MAXIMUM STRENGTH OINTMENT/CREAM, HYDROCORTISONE 1% (VARIOUS STORE BRANDS)
IBUPROFEN 100MG/5ML SUSPENSION	CHILDREN'S ADVIL SUSPENSION, CHILDREN'S MOTRIN
KETOTIFEN FUMARATE EYE DROPS	ALAWAY, REFRESH EYE ITCH RELIEF, ZADITOR
LAC-HYDRIN 12% CREAM/LOTION	AMLACTIN 12% CREAM/LOTION
LACLOTION 12% LOTION	AMLACTIN 12% LOTION
LAMISIL 1% SOLUTION	LAMISIL AT 1% SOLUTION
LANSOPRAZOLE 15MG CAPSULES	PREVACID 24HR CAPSULES
LOPERAMIDE 2MG CAPSULES	IMODIUM A-D 2MG TABLETS, LOPERAMIDE 2MG TABLETS (VARIOUS STORE BRANDS)
LOTRIMIN 1% CREAM	CLOTRIMAZOLE 1% CREAM (VARIOUS STORE BRANDS), LOTRIMIN AF 1% CREAM
MECLIZINE HCL 12.5MG TABLETS	DRAMAMINE
MECLIZINE HCL 25MG TABLETS	BONINE 25MG TABLETS
MENTAX 1% CREAM	LOTRIMIN ULTRA CREAM
MICONAZOLE 3 200MG SUPPOSITORIES	MONISTAT-3 SUPPOSITORIES
MIRALAX POWDER	MIRALAX POWDER
MONISTAT DUAL-PAK 1200MG	MONISTAT-1 COMBINATION PACK
MONISTAT-3 200MG SUPPOSITORIES	MONISTAT-3 SUPPOSITORIES
MONISTAT-DERM 2% CREAM	MICATIN 2% CREAM
MOTRIN 100MG/5ML SUSPENSION	CHILDREN'S ADVIL SUSPENSION, CHILDREN'S MOTRIN
MYCELEX 1% CREAM	LOTRIMIN AF 1% CREAM

EXCLUDED MEDICATIONS AND PRODUCTS	OVER-THE-COUNTER EQUIVALENTS OR ALTERNATIVES
NEXIUM 20MG CAPSULES	NEXIUM 24HR
NIACIN 500MG TABLETS	NIACIN 500MG TABLETS
NIACOR 500MG TABLETS	NIACIN 500MG TABLETS
OMEPRAZOLE/SODIUM BICARBONATE 20MG/1100MG	ZEGERID OTC
PEPCID 20 MG TABLETS	PEPCID AC MAXIMUM STRENGTH 20MG TABLETS
POLYETHYLENE GLYCOL 3350 POWDER	MIRALAX POWDER
PREVACID 15MG CAPSULES	PREVACID 24HR CAPSULES
PROCTOCORT 1%	CORTISONE-10 EXTERNAL ANAL RELIEF CREAM
PROCTO-KIT 1%	CORTISONE-10 EXTERNAL ANAL RELIEF CREAM
PROCTO-PAK 1%	CORTISONE-10 EXTERNAL ANAL RELIEF CREAM
RANITIDINE 150MG TABLETS/CAPSULES	ZANTAC 150 MAXIMUM STRENGTH
VERTIN-32 25MG TABLETS	BONINE 25MG TABLETS
VOLTAREN 1% GEL	DICLOFENAC 1% GEL (VARIOUS STORE BRANDS), VOLTAREN ARTHRITIS PAIN TOPICAL GEL
VSL #3 DS PACKET	VSL #3 DS PACKET
XENICAL 120MG CAPSULES	ALLI 60MG CAPSULES
ZADITOR EYE DROPS	ALAWAY, REFRESH EYE ITCH RELIEF, ZADITOR
ZEGERID 20MG CAPSULES	ZEGERID OTC

PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

Chinese/简体中文: 注意: 如果您讲中文, 我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部 (TTY 号码: **711**)。

Haitian Creole/Kreyòl Ayisyen: ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: **711**).

Vietnamese/Tiếng Việt: LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: **711**).

Russian/Русский: ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: **711**).

Arabic/عربي:

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجانًا بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النصي للصم والبكم "TTY": **711**).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនជំនួយ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក (TTY: **711**)។

French/Français: ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY: **711**).

Italian/Italiano: ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: **711**).

Korean/한국어: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: **711**)를 사용하여 회원 서비스에 전화하십시오.

Greek/λληνικά: ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID card) (TTY: **711**).

Polish/Polski: UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: **711**).

Hindi/हिंदी: ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए नि:शुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें टी.टी.वाई.: **711**).

Gujarati/ગુજરાતી: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કોલ કરો (TTY: **711**).

Tagalog/Tagalog: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID card (TTY: **711**).

Japanese/日本語: お知らせ:日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: **711**)。

German/Deutsch: ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: **711**).

Persian/پارسیان:

توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شماره تلفن مندرج بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: **711**).

Lao/ພາສາລາວ: ຂໍຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ ຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: **711**).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníít'i'go saad bee yát'i' éi t'áájíik'e bee níká'a'doowołgo éi ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjijí' béésh bee hodíílnih (TTY: **711**).

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

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