

Non-prescription drug coverage

Get the most value from your prescription drug plan

2018 Select over-the-counter (OTC) drug coverage

These select OTC drugs are covered under your prescription plan with a prescription.

Category	Generic medicine	Brand medicine
Allergy	<i>alavert</i> <i>budesonide nasal</i> <i>cetirizine hydrochloride (HCl)</i> <i>cetirizine HCl/pseudoephedrine</i> <i>fexofenadine HCl</i> <i>fexofenadine HCl/pseudoephedrine</i> <i>fluticasone nasal</i> <i>loratadine</i> <i>loratadine/pseudoephedrine</i> <i>triamcinolone nasal</i>	ALLEGRA ALLERGY ALLEGRA-D CLARITIN CLARITIN-D FLONASE ALLERGY RELIEF NASACORT ALLERGY 24HR RHINOCORT XYZAL ZYRTEC ALLERGY ZYRTEC-D ALLERGY/CONGESTION
Anti-ulcer	<i>esomeprazole</i> <i>lansoprazole</i> <i>omeprazole</i>	NEXIUM 24HR PREVACID 24HR PRILOSEC OTC ZEGERID OTC
Antiviral	<i>none</i>	ABREVA
Dermatological	<i>adapalene 0.1% gel</i>	DIFFERIN
Eye anti-allergy	<i>alaway</i>	ZADITOR
Overactive bladder	<i>none</i>	OXYTROL

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Please remember that this is not a complete list of medications covered under your plan. Because there are thousands of medications included in your pharmacy benefit, we only list the most common ones. Certain drugs such as those for smoking cessation or vitamins may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan. If you have any questions about your pharmacy benefits, please visit aetna.com and log in to your secure member website. If you don't have access to our website, call the toll-free number on your member ID card. To check coverage and copay information for a specific medicine, visit aetna.com and log in to your secure member website. For more details, please call the toll-free number on your member ID card.

This is not an inclusive list. Products that are not represented on this list may be subject to plan-specific copayment or coinsurance. Void where prohibited by law.

Specific prescription benefits plan design may not cover certain categories or may be subject to additional charges or restrictions, regardless of their appearance in this document.

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Policy forms issued in Oklahoma include: HMO OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23, GR-29/GR-29N.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 01, HO HGrpPol 01.

