

Over-the-counter (OTC) drug coverage list

**Southeast Michigan Partners and
Western Michigan Partners plans**

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What is this coverage for?

This coverage is for members who are provided certain over-the-counter (OTC) medications for allergies, indigestion or heartburn when prescribed by a provider and filled at an in-network pharmacy.

Do I have a copayment?

Covered OTC drugs are subject to the Tier 1b copayment as reflected on your plan's Schedule of Copayment and Deductibles.

When are OTC drugs not covered?

OTC drugs aren't covered when:

- Filled at an out-of-network pharmacy
- Purchased without a prescription

Are any other drugs covered?

Refer to the Approved Drug List at priorityhealth.com/formulary for up-to-date information.

Route of administration	Covered products
Nasal	<ul style="list-style-type: none">• FLUTICASONE PROPIONATE
Oral	<ul style="list-style-type: none">• CETIRIZINE HCL• FAMOTIDINE• LORATADINE

This is not a complete list of drugs covered under your plan. Always check your plan documents in your member account for coverage information, as some drugs may be excluded under your plan. Information is believed to be accurate as of the production date; however, it is subject to change.