

Non-prescription drug coverage

**Get the most value from
your prescription drug plan**

Select over-the-counter (OTC) drug coverage

aetna[®]

Key	
UPPERCASE	Brand-name medicine
<i>lowercase italics</i>	Generic medicine

January 1, 2019 Select over-the-counter (OTC) drug coverage

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

Drug Class	Drug Name	
Allergy	<i>alavert</i>	FLONASE ALLERGY RELIEF
	ALLEGRA ALLERGY	<i>fluticasone nasal</i>
	ALLEGRA-D	<i>loratadine</i>
	<i>budesonide nasal</i>	<i>loratadine/pseudoephedrine</i>
	<i>cetirizine HCl/pseudoephedrine</i>	NASACORT ALLERGY 24HR
	<i>cetirizine hydrochloride (HCl)</i>	RHINOCORT
	CLARITIN	<i>triamcinolone nasal</i>
	CLARITIN-D	XYZAL
	<i>fexofenadine HCl</i>	ZYRTEC ALLERY
	<i>fexofenadine HCl/pseudoephedrine</i>	ZYRTEC-D ALLERGY/CONGESTION
Anti-ulcer	<i>esomeprazole</i>	PREVACID 24HR
	<i>lansoprazole</i>	PRILOSEC OTC
	NEXIUM 24HR	ZEGERID OTC
	<i>omeprazole</i>	
Antiviral	ABREVA	
Dermatological	<i>adapalene 0.1%</i>	DIFFERIN
Eye anti-allergy	<i>alaway</i>	ZADITOR
Overactive bladder	OXYTROL	

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This list does not apply to Small Group ACA pharmacy plans

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](https://www.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](https://www.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-29N.

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

