



# Southeast MI Partners over-the-counter coverage

Certain prescribed over-the-counter (OTC) medications are covered on small group Southeast MI Partners plans.

This coverage is provided for certain OTC medications for allergies and indigestion/heartburn when prescribed by a provider and filled at a participating pharmacy. Covered OTC medications are subject to the **Tier 1b copayment** as reflected on the plan's Schedule of Copayment and Deductibles<sup>1</sup>.

Coverage is not included for the following:

- OTC medications filled at a non-participating pharmacy
- OTC medications purchased without a prescription

## Covered OTC medications

Medication	Route of administration
CETIRIZINE HCL	Oral
FLUTICASONE PROPIONATE	Nasal
FAMOTIDINE	Oral
LORATADINE	Oral

For current information on pharmacy coverage, check the [Approved Drug List](#).

<sup>1</sup>Please refer to schedules and COCs documents for coverage details. This document is for informational purposes only. The deductible applies for PriorityHSA plans. The copayment will not apply until the deductible is met.