# ✓ Easy

# ✓ Fast

# ✓ Convenient

We have in place **5** easy ways to order your monthly Over-the-Counter **(OTC)** products.

**1** **Phone**
Call 1-855-963-0400

TTY 1-877-206-0500

Monday through Friday
from 7am to 5pm

**2** **Online**
Sign into your HealthSun Member Portal:
www.HealthSun.com

**Or fill out the enclosed form and choose from:**

**3** **Fax**
786-477-4685

**4** **Email:**
OTCClerks@healthsun.com

**5** **Mail:**
7235 NW 19th Street
Bay E
Miami, FL 33126

H5431_2023OTCCT_C

# 2023 OTC Benefit Amounts by Plan Name

| PLAN NAME | BENEFIT AMOUNT |
|---|---|
| 001 **HealthSun HealthAdvantage Plan (HMO)** MIAMI-DADE COUNTY | Up to **$75** a month for OTC items |
| 012 **HealthSun HealthAdvantage Plan (HMO)** BROWARD COUNTY | Up to **$80** a month for OTC items |
| 013 **HealthSun HealthAdvantage Plan (HMO)** PALM BEACH COUNTY | Up to **$60** a month for OTC items |
| 017 **HealthSun HealthAdvantage Plus (HMO)** MIAMI-DADE COUNTY | Up to **$35** a month for OTC items |
| 018 **HealthSun HealthAdvantage Plus (HMO)** BROWARD COUNTY | Up to **$35** a month for OTC items |
| 020 **HealthSun HealthAdvantage Plus (HMO)** PALM BEACH COUNTY | Up to **$35** a month for OTC items |
| 006 **HealthSun MediMax (HMO)** MIAMI-DADE COUNTY & BROWARD COUNTY | Up to **$100** a month for OTC items |
| 019 **HealthSun MediSun Extra (HMO D-SNP)** MIAMI-DADE COUNTY & BROWARD COUNTY | Up to **$125** a month for OTC items |
| 016 **HealthSun MediSun Plus (HMO D-SNP)** PALM BEACH COUNTY | Up to **$125** a month for OTC items |

**The OTC benefit does not roll over to the next month. Your monthly amount will depend on the Plan you have.**
If you are not sure which is your Plan, you can check your Member ID card or call our customer service at 1-877-336-2069 (TTY: 1-877-206-0500) from 8am to 8pm. During October 1st through March 31st, we are available seven days a week (we are closed on Thanksgiving and Christmas Day). From April 1st until September 30th, our office is open Monday through Friday (we are closed on federal holidays).

# HealthSun Health Plans OTC Product Order Form

## Step 1: Member Information

Member ID (from your HealthSun ID card) _____

DOB ____/____/____

First Name _____

Last Name _____

Address _____

Apt/Suite # _____

City _____

State _____

Zip _____

Home Phone _____

Cell Phone _____

☐ Check box if this a is a new address

## Step 2: Product Selection

| | ITEM CODE | PRODUCT NAME | ORDER QUANTITY | PRICE |
|---|---|---|---|---|
| 1 | ___ ___ ___ | | | $ |
| 2 | ___ ___ ___ | | | $ |
| 3 | ___ ___ ___ | | | $ |
| 4 | ___ ___ ___ | | | $ |
| 5 | ___ ___ ___ | | | $ |
| 6 | ___ ___ ___ | | | $ |
| 7 | ___ ___ ___ | | | $ |
| 8 | ___ ___ ___ | | | $ |
| 9 | ___ ___ ___ | | | $ |
| 10 | ___ ___ ___ | | | $ |
| 11 | ___ ___ ___ | | | $ |
| 12 | ___ ___ ___ | | | $ |

# HealthSun Health Plans OTC Product Order Form

| | ITEM CODE | PRODUCT NAME | ORDER QUANTITY | PRICE |
|---|---|---|---|---|
| 13 | ___ ___ ___ | _____ | _____ | $ _____ |
| 14 | ___ ___ ___ | _____ | _____ | $ _____ |
| 15 | ___ ___ ___ | _____ | _____ | $ _____ |
| 16 | ___ ___ ___ | _____ | _____ | $ _____ |
| 17 | ___ ___ ___ | _____ | _____ | $ _____ |
| 18 | ___ ___ ___ | _____ | _____ | $ _____ |
| 19 | ___ ___ ___ | _____ | _____ | $ _____ |
| 20 | ___ ___ ___ | _____ | _____ | $ _____ |

If you are a patient of La Colonia Medical Center or Clinica Las Mercedes, your OTC beneft is administered by your medical center. If you need assistance placing a new order or with an existing order, please call your medical center.

Your OTC order cannot exceed the benefit amount listed for your plan. If your OTC order exceeds the benefit amount, then some items in your order may be canceled to meet the plan's benefit amount. The Pulse Oximeter under item M36 is not available in HealthSun HealthAdvantage Plus (HMO). This means that you cannot order the Pulse Oximeter under item M36 if you are a member of either plans 017, 018, or 020.

There is a quantity limit of five (5) per any single item per monthly order. You will receive the generic equivalent of all OTC products. The brand you receive may vary. Please consult with your doctor before using any OTC product. Additional limitations and restrictions may apply. If you require assistance with your OTC order, please call 1-855-963-0400 (TTY: 711).

HealthSun Health Plans is a Medicare Advantage HMO plan with a Medicare contract and a Medicaid contract with the State of Florida Agency for Health Care Administration. Enrollment in the Plan depends on contract renewal. This document is available in other formats such as Braille, large print or audio. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-336-2069 (TTY: 711).

For more information, please call us at 1-877-336-2069 (TTY: 1-877-206-0500), or visit us at www.HealthSun.com. Our office hours are from 8am to 8pm, From October 1st to March 31st, we are open seven days a week (closed on Christmas Day and Thanksgiving Day). From April 1st to September 30th, we are available Monday through Friday (closed on federal holidays).

# OTC Product Order Form

## Please check ✓ to order your medications.

You may receive a generic comparable to the name-brand product.

### PAIN RELIEVERS

| CODE | GENERIC NAME | Brand Name | STRENGTH | SIZE | COST |
|---|---|---|---|---|---|
| P1 | ACETAMINOPHEN | Tylenol Extra Strength | 500 mg | 100 | $9.00 |
| P2 | ASPIRIN TABLETS (COATED) | Ecotrin | 325 mg | 100 | $5.00 |
| P3 | BABY ASPIRIN CHEWABLE | Bayer Baby Aspirin Chewable | 81 mg | 36 | $3.00 |
| P4 | ICY HOT MEDICATED PATCH | Icy Hot | | 5 | $9.00 |
| P5 | IBUPROFEN | Advil / Motrin | 200 mg | 50 | $5.00 |
| P6 | HEADACHE PAIN RELIEF | Excedrin Migraine | 250 - 250 - 65 mg | 100 | $10.00 |
| P7 | MENTHOL GEL | Mineral Ice | | 3.5 oz | $8.00 |
| P8 | ACETAMINOPHEN ARTHRITIS | Tylenol Arthritis | 650 mg | 100 | $12.00 |
| P9 | LOW DOSE ASPIRIN TABLETS (ENTERIC COATED) | Bayer Baby Aspirin | 81 mg | 120 | $6.00 |
| P10 | DICLOFENAC SODIUM TOPICAL GEL ARTHRITIS PAIN | Voltaren Topical Arthritis Pain Relief Gel | 0.01 | 100 gm | $17.00 |
| P11 | NAPROXEN | Aleve | 220 mg | 50 | $8.00 |
| P12 | LIDOCAINE PATCH | Lidocaine Patch | | 5 | $11.00 |
| P13 | LIDOCAINE ROLL-ON PAIN RELIEF | Lidocaine Roll-On Pain Relief | | 2.5 oz | $9.00 |
| P14 | ICE BAG | Ice bag | | 9" | $9.00 |

### ANTACIDS

| CODE | GENERIC NAME | Brand Name | STRENGTH | SIZE | COST |
|---|---|---|---|---|---|
| A1 | ACID GONE CHEWABLE | Gaviscon Chewable | 160-105 mg | 100 | $11.00 |
| A2 | ANTACID LIQUID/ANTIGAS | Mylanta / Maalox | | 12 oz | $8.00 |
| A3 | CALCIUM ANTACID TABLETS | Tums EX Assorted | 750 mg | 96 | $7.00 |
| A4 | CIMETIDINE TABLETS | Tagamet HB 200 | 200 mg | 30 | $14.00 |
| A5 | EFFERVESCENT PAIN RELIEF | Alka Seltzer | | 36 | $7.00 |
| A7 | OMEPRAZOLE | Prilosec OTC | 20 mg | 14 | $11.00 |
| A9 | GAS RELIEF REGULAR STRENGTH | Gas-X | 80 mg | 36 | $7.00 |

# OTC Product Order Form

## Please check ✓ to order your medications.

You may receive a generic comparable to the name-brand product.

### ANTI-DIARRHEALS

| CODE | GENERIC NAME | Brand Name | STRENGTH | SIZE | COST |
|---|---|---|---|---|---|
| D1 | LOPERAMIDE TABLETS | Imodium AD Tablets | 2 mg | 12 | $6.00 |
| D2 | LOPERAMIDE SOLUTION | Imodium Solution | 1 mg / 7.5 ml | 4 oz | $7.00 |
| D3 | BISMATROL | Pepto-Bismol | | 8 oz | $6.00 |
| D4 | PROBIOTIC WITH PREBIOTIC VEGGIE CAPSULES | Probiotic w Prebiotic Veggie Caps | | 40 | $16.00 |
| D5 | DIGESTIVE ENZYMES | Enzymax Tablets | | 30 | $13.00 |

### COUGH/COLD/ALLERGY

| CODE | GENERIC NAME | Brand Name | STRENGTH | SIZE | COST |
|---|---|---|---|---|---|
| C1 | GUAIFENESIN TABLETS | Mucinex | 400 mg | 60 | $12.00 |
| C2 | DIPHENHYDRAMINE CAPSULES/TABLETS | Benadryl Capsules/Tablets | 25 mg | 24 | $5.00 |
| C3 | GUAIFENESIN | Robitussin | 200 mg | 4 oz | $7.00 |
| C4 | GUAIFENESIN DM ** | Robitussin DM ** | 200 / 20 mg | 4 oz | $7.00 |
| C6 | LORATADINE | Claritin / Alavert | 10 mg | 30 | $14.00 |
| C7 | MEDICATED CHEST RUB | | | 3.5 oz | $8.00 |
| C8 | NASAL SPRAY | Afrin | | 1 oz | $6.00 |
| C9 | MULTI-SYMPTOM COLD ** | Tylenol Cold ** | | 24 | $8.00 |
| C10 | SODIUM CHLORIDE NASAL MIST | Ocean Saline Nasal Spray | | 1.5 oz | $5.00 |
| C11 | SORE THROAT SPRAY | Chloraseptic | | 6 oz | $8.00 |
| C12 | ORAL THERMOMETER | Oral Thermometer | | 1 | $7.00 |
| C13 | FEXOFENADINE HCL | Allegra | 60 mg | 12 | $13.00 |
| C14 | LORATADINE SYRUP | Claritin Syrup | 5 mg | 4 oz | $12.00 |
| C15 | FLUTICASONE PROPIONATE | Flonase 120 MD | 50 mcg | 0.54 oz | $28.00 |
| C16 | CETIRIZINE HCL | Zyrtec | 10 mg | 30 | $14.00 |
| C17 | COUGH DROPS | Halls Cough Drops | | 9 | $3.00 |
| C18 | FEXOFENADINE HCL | Allegra | 180 mg | 15 | $14.00 |

** Denotes Dextromethorphan containing product. Limit of three.

# OTC Product Order Form

## Please check ☑ to order your medications.

You may receive a generic comparable to the name-brand product.

### COUGH/COLD/ALLERGY

| CODE | GENERIC NAME | Brand Name | STRENGTH | SIZE | COST |
|---|---|---|---|---|---|
| C19 | ☐ COUGH DROPS SUGAR-FREE | Halls Cough Drops Sugar-Free | | 25 | $4.00 |
| C20 | ☐ TRIAMCINOLONE | Nasacort Allergy 24 Hr Nasal Spray | 55 mcg | 10.8 ml | $17.00 |
| C21 | ☐ CHLORPHENIRAMINE MALEATE | Chlor-Trimeton | 4 mg | 24 | $4.00 |

### EYE / EAR CARE

| CODE | GENERIC NAME | Brand Name | STRENGTH | SIZE | COST |
|---|---|---|---|---|---|
| E2 | ☐ EAR WAX DROPS | Debrox | | 0.5 oz | $8.00 |
| E4 | ☐ EYE DROPS | Visine Redness Relief | | 0.5 oz | $6.00 |
| E5 | ☐ LUTEIN PLUS ZEAXANTHIN TABLETS | Lutein Plus Zeaxanthin Tablets | | 60 | $15.00 |
| E6 | ☐ GENTEAL TEARS TWIN PACK | Genteal Tears | 2 x 15 ml | 0.5 oz | $18.00 |
| E7 | ☐ REFRESH TEARS | Refresh Tears | 15 ml | 0.5 oz | $14.00 |
| E8 | ☐ SYSTANE ULTRA | Systane Ultra | 10 ml | 0.3 oz | $16.00 |
| E9 | ☐ EYE WASH | Eye wash | | 4 oz | $7.00 |
| E10 | ☐ OLOPATADINE | Pataday Once Daily Relief | 0.001 | 2.5 ml | $22.00 |
| E11 | ☐ OLOPATADINE | Pataday Twice Daily Relief | 0.002 | 5 ml | $20.00 |
| E12 | ☐ EYE ITCH RELIEF EYE DROPS | Zaditor | 0.00025 | 5 ml | $15.00 |
| E13 | ☐ NAPHCON-A | Naphcon-A | | 15 ml | $13.00 |

### INCONTINENCE

| CODE | GENERIC NAME | Brand Name | STRENGTH | SIZE | COST |
|---|---|---|---|---|---|
| U1 | ☐ INCONTINENCE UNDERWEAR UNISEX - SMALL | Incontinence Underwear Unisex - Small | | Small | $19.00 |
| U2 | ☐ INCONTINENCE UNDERWEAR UNISEX - MEDIUM | Incontinence Underwear Unisex - Medium | | Medium | $19.00 |
| U3 | ☐ INCONTINENCE UNDERWEAR UNISEX - LARGE | Incontinence Underwear Unisex - Large | | Large | $20.00 |
| U4 | ☐ INCONTINENCE UNDERWEAR UNISEX - X LARGE | Incontinence Underwear Unisex - X Large | | X - Large | $20.00 |
| U5 | ☐ DISPOSABLE UNDERPADS 23" X 36" | Disposable Underpads 23" x 36" | | | $12.00 |

# OTC Product Order Form

## Please check ✓ to order your medications.

You may receive a generic comparable to the name-brand product.

### INCONTINENCE

| COD E | GENERIC NAME | Brand Name | STRENGTH | SIZE | COST |
|---|---|---|---|---|---|
| U6 | PRESTO BLADDER CONTROL GUARDS FOR MEN | PRESTO BLADDER CONTROL GUARDS FOR MEN | | 1 bag | $12.00 |
| U7 | PRESTO BLADDER CONTROL GUARDS FOR WOMEN | PRESTO BLADDER CONTROL GUARDS FOR WOMEN | | 1 bag | $12.00 |

### FIRST AID

| CODE | GENERIC NAME | Brand Name | STRENGTH | SIZE | COST |
|---|---|---|---|---|---|
| F1 | ANTI ITCH CREAM | Benadryl Cream | | 1 oz | $6.00 |
| F2 | BANDAGE STRIPS | Band-Aids | | 60 | $4.00 |
| F3 | CALAMINE LOTION | Caladryl | | 6 oz | $6.00 |
| F4 | CAPSAICIN CREAM | Zostrix | 0.00025 | 2 oz | $15.00 |
| F5 | ELASTIC BANDAGE | Ace Bandage | | 1 | $8.00 |
| F6 | HOT & COLD THERAPY COMPRESS | Hot & Cold Therapy Compress | | 1 | $16.00 |
| F7 | HYDROCORTISONE CREAM 1% | Cortaid Cream | 0.01 | 1 oz | $6.00 |
| F8 | HYDROCORTISONE OINTMENT 1% | Cortaid Ointment | 0.01 | 1 oz | $6.00 |
| F9 | MEDICATED CALLUS REMOVER | Dr. Scholl's Callus Remover | | 4 | $7.00 |
| F10 | MUSCLE RUB | Ben-Gay | | 3 oz | $8.00 |
| F11 | TRIPLE ANTIBIOTIC OINTMENT | Neosporin | | 1 oz | $7.00 |
| F12 | COTTON BALLS | Cotton Balls | | 100 | $2.00 |
| F13 | IODINE | Iodine | 0.02 | 1 oz | $5.00 |
| F14 | HYDROGEN PEROXIDE | Hydrogen Peroxide | 0.03 | 16 oz | $2.00 |
| F15 | BACITRACIN ZINC OINTMENT | Bacitracin Zinc Ointment | | 1 oz | $6.00 |
| F16 | WITCH HAZEL PAD | A.E.R Witch Hazel Pads | | 40 | $7.00 |
| F17 | BUTTERFLY CLOSURES | Butterfly Closures | | 12 | $4.00 |
| F18 | CALLUS CUSHION | Callus Cushion | | 6 | $3.00 |
| F19 | GAUZE PAD | Gauze Pad | 4x4 | 25 | $7.00 |

# OTC Product Order Form

## Please check ☑ to order your medications.

You may receive a generic comparable to the name-brand product.

### FEMININE HYGIENE

| CODE | GENERIC NAME | Brand Name | STRENGTH | SIZE | COST |
|---|---|---|---|---|---|
| W1 | ☐ CLOTRIMAZOLE VAGINAL | Gyne-Lotrimin | 0.01 | 1.5 oz | $12.00 |
| W2 | ☐ MICONAZOLE VAGINAL SUPPOSITORIES | Monistat Vaginal Suppositories | 200 mg | 3 u | $15.00 |
| W3 | ☐ MICONAZOLE VAGINAL | Monistat Vaginal Cream | 100 mg | 1.5 oz | $13.00 |
| W4 | ☐ TIOCONAZOLE 1 | Tioconazole | 300 mg | 0.16 oz | $21.00 |

### LAXATIVES

| CODE | GENERIC NAME | Brand Name | STRENGTH | SIZE | COST |
|---|---|---|---|---|---|
| L1 | ☐ BISACODYL TABLETS | Dulcolax | 5 mg | 25 | $6.00 |
| L2 | ☐ DOCUSATE SODIUM | Colace | 250 mg | 100 | $12.00 |
| L3 | ☐ GLYCERIN SUPPOSITORIES | Fleet Suppositories | | 25 | $5.00 |
| L4 | ☐ NATURAL FIBER POWDER | Metamucil | | 13 oz | $13.00 |
| L5 | ☐ SENNA TABS (NATURAL LAXATIVE) | Senokot | 8.6 mg | 100 | $12.00 |
| L6 | ☐ POLYETHYLENE GLYCOL 3350 | MiraLax | | 4.1 oz | $8.00 |
| L7 | ☐ MINERAL OIL | Mineral Oil | | 16 oz | $7.00 |
| L8 | ☐ BISACODYL SUPPOSITORY | Bisacodyl Suppository | 10 mg | 12 | $7.00 |
| L9 | ☐ FIBER CAPS | Fiber Caps | | 160 | $12.00 |
| L10 | ☐ MILK OF MAGNESIA | Milk Of Magnesia | | 12 oz | $6.00 |

### VITAMINS/MINERALS/HERBS §

| CODE | GENERIC NAME | Brand Name | STRENGTH | SIZE | COST |
|---|---|---|---|---|---|
| V1 | ☐ CALCIUM CARBONATE | Caltrate | 600 mg | 100 | $7.00 |
| V2 | ☐ CALCIUM CARBONATE WITH VITAMIN D3 | Caltrate + D3 | 600 mg | 60 | $7.00 |
| V3 | ☐ CALCIUM CITRATE + VITAMIN D3 | Citracal + D3 | 315 mg | 60 | $8.00 |
| V4 | ☐ CO-ENZYME Q-10 | CoQ10 | 200 mg | 30 | $22.00 |
| V6 | ☐ DAILY MULTI VITAMINS | One A Day Essentials | | 100 | $8.00 |

§ Dual-purpose items (all items under category for VITAMINS/MINERALS/HERBS). These items may be ordered upon appropriate discussion and recommendations from your physician.

# OTC Product Order Form

## Please check ☑ to order your medications.

You may receive a generic comparable to the name-brand product.

### VITAMINS/MINERALS/HERBS §

| CODE | GENERIC NAME | Brand Name | STRENGTH | SIZE | COST |
|---|---|---|---|---|---|
| V9 | ☐ FISH OIL | Fish Oil | 1,000 / 300 mg | 120 | $10.00 |
| V10 | ☐ GLUCOSAMINE CHONDROITIN | Glucosamine Chondroitin | 1,500 / 1,200 mg | 100 | $17.00 |
| V11 | ☐ IRON | Feosol | 65 mg | 100 | $5.00 |
| V12 | ☐ PROSTATE THERAPY COMPLEX | Urinozinc | | 60 | $14.00 |
| V13 | ☐ SAW PALMETTO | Saw Palmetto | 500 mg | 60 | $9.00 |
| V14 | ☐ VITRUM MULTI VITAMIN | Centrum Silver | | 100 | $9.00 |
| V15 | ☐ VITAMIN A | Vitamin A | 10,000 IU | 100 | $7.00 |
| V16 | ☐ VITAMIN B COMPLEX | Mega B Complex | | 100 | $8.00 |
| V17 | ☐ VITAMIN C | Vitamin C | 500 mg | 100 | $5.00 |
| V18 | ☐ VITAMIN E | Vitamin E | 400 IU | 100 | $7.00 |
| V19 | ☐ MELATONIN AND B6 | Melatonin and B6 | 5 mg | 60 | $8.00 |
| V20 | ☐ VITAMIN D3 - 400 IU | Vitamin D3 400 IU | 400 IU | 100 | $5.00 |
| V21 | ☐ VITAMIN D3 - 1,000 IU | Vitamin D3 1,000 IU | 1,000 IU | 60 | $7.00 |
| V22 | ☐ FOLIC ACID | Folic Acid | 800 mcg | 100 | $4.00 |
| V23 | ☐ VITAMIN B12 SUBLINGUAL | B12 Sublingual | 1,000 mcg | 100 | $8.00 |
| V24 | ☐ ACIDOPHILUS WITH PECTIN CAPSULES | Acidophilus with Pectin Caps | | 100 | $8.00 |
| V25 | ☐ ALMEBEX PLUS B12 | Almebex plus B12 | | 8 oz | $18.00 |
| V26 | ☐ VENIPHLEX | Veniphlex (Leg Vein Health) | | 60 | $19.00 |
| V27 | ☐ GINKGO BILOBA | Ginkgo Biloba | 500 mg | 60 | $6.00 |
| V28 | ☐ EPAMAX | Epamax (Vegetarian EPA & DHA Omega) | | 60 | $18.00 |
| V29 | ☐ ZINC SULFATE | Zinc Sulfate | 50 mg | 100 | $7.00 |
| V30 | ☐ REUMATOL 3 (SET OF 3 - LIQUID, SPRAY, CREAM) | Reumatol 3 (Arthritis Pain Relief) | | 1 | $23.00 |
| V31 | ☐ SERENITAS | Serenitas (Sleep Aid) | 3 mg | 30 | $16.00 |

§ Dual-purpose items (all items under category for VITAMINS/MINERALS/HERBS). These items may be ordered upon appropriate discussion and recommendations from your physician.

# OTC Product Order Form

## Please check ✓ to order your medications.

You may receive a generic comparable to the name-brand product.

### VITAMINS/MINERALS/HERBS §

| CODE | GENERIC NAME | Brand Name | STRENGTH | SIZE | COST |
|---|---|---|---|---|---|
| V32 | ☐ LECITHIN | Lecithin (Cardiovascular Health) | 1,200 mg | 100 | $8.00 |
| V33 | ☐ EMERGEN-C | Emergen-C | 3.3 oz | 10 | $8.00 |
| V34 | ☐ MERITENE POWDER | Meritene Powder (Protein Supplement) | | 16 oz | $17.00 |
| V35 | ☐ RESTAZE PM | Restaze (Sleep Aid) | | 60 | $17.00 |
| V36 | ☐ ALMEBEX SUGAR FREE | Almebex Sugar Free | | 8 oz | $18.00 |
| V37 | ☐ IMMUNE ON | Immune On | | 8 oz | $8.00 |
| V38 | ☐ AIRBORNE CHEWABLE TABS | Airborne Chewable Tabs | | 32 | $12.00 |
| V39 | ☐ ARTHRITIS CREAM | Arthritis Cream (Glucosamine & Chondroitin) | | 4 oz | $7.00 |
| V40 | ☐ COLLAGEN W/VITAMIN C 1,000 MG CAPSULES | Collagen w/Vitamin C 1,000 mg | 1,000 mg/ 90 mg | 60 | $7.00 |
| V41 | ☐ GLYCOL CAPSULES | GlyCol (Glucose & Cardiovascular Support) | | 60 | $9.00 |
| V42 | ☐ NEURO MUSCULAR PLUS WITH FOLIC ACID CAPSULES | Neuro Muscular Plus with Folic Acid | | 30 | $7.00 |
| V43 | ☐ NIACIN CAPSULES | Niacin | 500 mg | 100 | $10.00 |
| V44 | ☐ TURMERIC PLUS COLEUS FORSKOHLII AND BIOPERINE CAPSULES | Turmeric Plus Coleus Forskohlii and Bioperine | | 30 | $7.00 |
| V45 | ☐ VITAMIN D3 - 5,000 IU | Vitamin D3 - 5,000 IU | 5,000 IU | 60 | $10.00 |
| V46 | ☐ BIOSEN (BIOTIN W/VITAMIN C & COLLAGEN) | Biosen (Biotin W/Vitamin C & Collagen) | 5,000 mcg/ 100 mg | 60 | $12.00 |
| V47 | ☐ NUTRIMAX B12 & C | Nutrimax B12 & C | | 16 oz | $20.00 |
| V48 | ☐ SUGAR FREENUTRIMAX B12 & C | Sugar Free Nutrimax B12 & C | | 16oz | $20.00 |
| V49 | ☐ URINAMAX (PROSTATE) | Urimax (Prostate) | | 60 | $13.00 |
| V50 | ☐ IMMUNE ON PLUS (CAPSULES) | Immune On Plus (Capsules) | | 60 | $8.00 |
| V51 | ☐ ECHINACEA | Echinacea | | 60 | $6.00 |
| V52 | ☐ MAGNESIUM BISGLYCINATE | Magnesium Bisglycinate | 350 mg | 60 | $7.00 |
| V53 | ☐ THYROID AID | Thyroid Aid | | 60 | $8.00 |
| V54 | ☐ POTASSIUM GLUCONATE | Potassium Gluconate | 595 mg | 100 | $6.00 |

§ Dual-purpose items (all items under category for VITAMINS/MINERALS/HERBS). These items may be ordered upon appropriate discussion and recommendations from your physician.

# OTC Product Order Form

## Please check ✓ to order your medications.

You may receive a generic comparable to the name-brand product.

### VITAMINS/MINERALS/HERBS §

| CODE | GENERIC NAME | Brand Name | STRENGTH | SIZE | COST |
|---|---|---|---|---|---|
| V55 | VITAMIN C GUMMY | Vitamin C Gummy | 250 mg | 60 | $11.00 |
| V56 | ANTIOXIDANT TABLETS | Antioxidant Tablets | | 50 | $8.00 |
| V57 | CRANBERRY CAPSULES | Cranberry Capsules | 900 mg | 60 | $10.00 |
| V58 | BLACK ELDERBERRY CAPSULES | Black Elderberry Capsules | 2000 mg | 60 | $10.00 |
| V59 | FLAXSEED OIL SOFTGELS | Flaxseed Oil Softgels | 1000 mg | 100 | $11.00 |
| V60 | MELATONIN GUMMIES (STRAWBERRY FLAVOR) | Melatonin Gummies (Strawberry Flavor) | 5 mg | 60 | $10.00 |
| V61 | MULTI-VITAMIN GUMMY | Multi-Vitamin Gummy | | 60 | $9.00 |
| V62 | SELENIUM | Selenium | 200 mcg | 60 | $7.00 |
| V63 | PAPAYA ENZYME | Papaya Enzyme | | 100 | $10.00 |
| V64 | MENOPAUSE SUPPORT CAPLETS | Estroven | | 28 | $20.00 |

### MISCELLANEOUS

| CODE | GENERIC NAME | Brand Name | STRENGTH | SIZE | COST |
|---|---|---|---|---|---|
| M1 | COTTON SWABS | Q-Tips | | 180 | $3.00 |
| M2 | DIMENHYDRINATE | Dramamine | 50 mg | 12 | $5.00 |
| M3 | MOISTURIZER LOTION | Skin Moisturizer | | 10 oz | $8.00 |
| M4 | PETROLEUM JELLY LIP BALM | Vaseline Lip Balm | | 0.35 oz | $3.00 |
| M5 | TOOTHBRUSH | Colgate Toothbrush | | 1 | $3.00 |
| M6 | FIXODENT ADHESIVE CREAM | Fixodent Adhesive Cream | | 2.4 oz | $7.00 |
| M7 | URINARY PAIN RELIEF | Azo Standard | 95 mg | 30 | $10.00 |
| M8 | SALICYLIC ACID | Compound W liquid | 0.17 | 0.31 oz | $11.00 |
| M9 | CAVITY PROTECTION TOOTHPASTE PLAIN | Colgate Cavity Protection Toothpaste | | 6.0 oz | $4.00 |
| M10 | TOTAL WHITENING TOOTHPASTE | Colgate Total Whitening | | 4.8 oz | $6.00 |
| M11 | DENTURE CLEANSER | Efferdent | | 40 | $6.00 |

§ Dual-purpose items (all items under category for VITAMINS/MINERALS/HERBS). These items may be ordered upon appropriate discussion and recommendations from your physician.

# OTC Product Order Form

## Please check ✓ to order your medications.

You may receive a generic comparable to the name-brand product.

### MISCELLANEOUS

| CODE | GENERIC NAME | Brand Name | SIZE | COST |
|---|---|---|---|---|
| M12 | AUTOMATIC BLOOD PRESSURE MONITOR † | Automatic Blood Pressure Monitor † | 1 | $35.00 |
| M13 | SUNSCREEN LOTION SPF 30 | Sunscreen Lotion SPF 30 | 8 oz | $10.00 |
| M14 | VITAMIN E OIL | Vitamin E Oil | 2.5 oz | $12.00 |
| M15 | HOME SHARPS CONTAINER | Home Sharps Container | 1 | $7.00 |
| M16 | DISPOSABLE FACE MASK | Disposable Face Mask | 10 | $5.00 |
| M17 | HAND SANITIZER ♦ | Hand Sanitizer ♦ | 16 oz | $8.00 |
| M18 | BIOTENE DRY MOUTH ORAL RINSE | Biotene Dry Mouth Oral Rinse | 16oz | $9.00 |
| M19 | DIAPER RASH OINTMENT | Desitin Ointment | 2 oz | $5.00 |
| M20 | FLUSHABLE WIPES ♦ | Flushable Wipes ♦ | 60 ct | $7.00 |
| M21 | PILL BOX | Pill box | 1 ct | $4.00 |
| M22 | UNSCENTED WIPES | Unscented Wipes (Not flushable) | 40 ct | $5.00 |
| M23 | PETROLEUM JELLY | Vaseline | 3.75 oz | $4.00 |
| M24 | EPSON SALT | Epson Salt | 16 oz | $4.00 |
| M25 | ALOE VERA GEL WITH LIDOCAINE | Aloe Vera Gel with Lidocaine | 8 oz | $8.00 |
| M26 | DENTAL FLOSS | Dental Floss | 100 yd | $5.00 |
| M27 | DENTAL FLOSS MINT | Dental Floss Mint | 100 yd | $5.00 |
| M28 | ALCOHOL WIPES | Alcohol Wipes | 56 | $6.00 |
| M29 | COMPRESSION SOCKS, OVER THE CALF, 8-15 mmHg BLACK- M | Compression Socks 8-15 mmHg, Unisex, BLACK- M (Shoe Size 6-9) | 1 Pair | $14.00 |
| M30 | COMPRESSION SOCKS, OVER THE CALF, 8-15 mmHg BLACK- L | Compression Socks 8-15 mmHg, Unisex, BLACK- L (Shoe Size 10-13) | 1 Pair | $14.00 |
| M31 | COMPRESSION SOCKS, OVER THE CALF, 8-15 mmHg WHITE- M | Compression Socks 8-15 mmHg, Unisex, WHITE- M (Shoe Size 6-9) | 1 Pair | $14.00 |
| M32 | COMPRESSION SOCKS, OVER THE CALF, 8-15 mmHg WHITE- L | Compression Socks 8-15 mmHg, Unisex, WHITE- L (Shoe Size 10-13) | 1 Pair | $14.00 |
| M33 | HEATING PAD † | Heating Pad Dry/Moist (Standard Size 12"x15" with 9' Power Cord) † | 1 | $22.00 |
| M34 | PILL SPLITTER | Pill Splitter | 1 | $6.00 |
| M35 | MAGNIFYING GLASS ‡ | Magnifying Glass ‡ | 1 | $10.00 |
| M36 | PULSE OXIMETER † ••• | Pulse Oximeter † ••• | | 1 |

♦ Size may vary depending on availability. † Limited to one per benefit year. ‡ Limited to three per monthly order.
••• Item M36 is not available in HealthSun HealthAdvantage Plus (HMO) plans.

# OTC Product Order Form

## Please check ✓ to order your medications.

You may receive a generic comparable to the name-brand product.

### MISCELLANEOUS

| CODE | GENERIC NAME | Brand Name | SIZE | COST |
|---|---|---|---|---|
| M37 | ☐ ANKLE SUPPORT- SMALL | Ankle Support Small | 1 | $13.00 |
| M38 | ☐ ANKLE SUPPORT- MEDIUM | Ankle Support Medium | 1 | $13.00 |
| M39 | ☐ ANKLE SUPPORT- LARGE | Ankle Support Large | 1 | $13.00 |
| M40 | ☐ KNEE SUPPORT- SMALL | Knee Support- Small | 1 | $13.00 |
| M41 | ☐ KNEE SUPPORT- MEDIUM | Knee Support- Medium | 1 | $13.00 |
| M42 | ☐ KNEE SUPPORT- LARGE | Knee Support- Large | 1 | $13.00 |
| M43 | ☐ ELBOW SUPPORT-SMALL | Elbow Support- Small | 1 | $13.00 |
| M44 | ☐ ELBOW SUPPORT- MEDIUM | Elbow Support- Medium | 1 | $13.00 |
| M45 | ☐ ELBOW SUPPORT- LARGE | Elbow Support- Large | 1 | $13.00 |
| M46 | ☐ DIABETIC SOCKS, BLACK- M | Diabetic Socks, Unisex, BLACK- M (Shoe Size 6-10) | 2 Pair | $10.00 |
| M47 | ☐ DIABETIC SOCKS, BLACK- L | Diabetic Socks, Unisex, BLACK- L (Shoe Size 10-13) | 2 Pair | $10.00 |
| M48 | ☐ DIABETIC SOCKS, WHITE- M | Diabetic Socks, Unisex, WHITE- M (Shoe Size 6-10) | 2 Pair | $10.00 |
| M49 | ☐ DIABETIC SOCKS, WHITE- L | Diabetic Socks, Unisex, WHITE- L (Shoe Size 10-13) | 2 Pair | $10.00 |
| M50 | ☐ FRESHMINT ANTI-CAVITY FLUORIDE TOOTHPASTE FOR SENSITIVE TEETH | Sensodyne Fresh Mint | 4.3 oz | $4.00 |

### ANTI-FUNGAL CREAMS

| CODE | GENERIC NAME | Brand Name | STRENGTH | SIZE | COST |
|---|---|---|---|---|---|
| O1 | ☐ CLOTRIMAZOLE CREAM | Lotrimin Cream | 0.01 | 1 oz | $11.00 |
| O2 | ☐ TOLNAFTATE | Tinactin | 0.01 | 0.5 oz | $8.00 |

### ANTI-HEMORRHOIDALS

| CODE | GENERIC NAME | Brand Name | STRENGTH | SIZE | COST |
|---|---|---|---|---|---|
| H1 | ☐ HEMORRHOIDAL OINTMENT | Preparation H Ointment | | 2 oz | $10.00 |
| H2 | ☐ HEMORRHOIDAL SUPPOSITORIES | Preparation H Suppositories | | 12 | $8.00 |

# OTC Product Order Form

## Please check ✓ to order your medications.

You may receive a generic comparable to the name-brand product.

## DIABETIC SECTION

| CODE | GENERIC NAME | Brand Name | STRENGTH | SIZE | COST |
|---|---|---|---|---|---|
| SF1 | ☐ ALCOHOL SWABS/PADS | Alcohol Swabs / Pads | | 100 | $4.00 |
| SF3 | ☐ CHROMIUM PICOLINATE | Chromium Picolinate (Blood Sugar Aid) | | 100 | $8.00 |
| SF4 | ☐ DIABETES TRIO | Diabetes Trio | | 60 | $11.00 |
| SF5 | ☐ GUAIFENESIN SF | Diabetic Tussin SF | 100 mg / 5 ml | 4 oz | $8.00 |
| SF7 | ☐ ISOPROPYL ALCOHOL | Isopropyl Alcohol | | 16 oz | $4.00 |
| SF8 | ☐ SF NATURAL FIBER POWDER | Metamucil SF Powder | | 10 oz | $12.00 |
| SF10 | ☐ GUAIFENESIN DM SF ** | Robitussin DM Sugar Free ** | | 4 oz | $7.00 |
| SF11 | ☐ SUGAR FREE CALCIUM ANTACID EXTRA STRENGTH | Tums Extra Strength Sugar Free | | 80 | $6.00 |
| SF12 | ☐ IROFOL | Iron Supplement | 100 mg | 4 oz | $18.00 |
| SF13 | ☐ GLUCOSE TABLETS | Glucose Tablets | 4 g | 10 | $4.00 |

## SMOKING CESSATION PRODUCTS

| CODE | GENERIC NAME | Brand Name | STRENGTH | SIZE | COST |
|---|---|---|---|---|---|
| SC1 | ☐ STEP 1: NICOTINE 21 MG/24 HR PATCH #7 | Step 1: Nicotine 21 MG/24 HR Patch #7 | 21 mg / 24 hr | 7 | $34.00 |
| SC2 | ☐ STEP 2: NICOTINE 14 MG/24 HR PATCH #7 | Step 2: Nicotine 14 MG/24 HR Patch #7 | 14 mg / 24 hr | 7 | $34.00 |
| SC3 | ☐ STEP 3: NICOTINE 7 MG/24 HR PATCH #7 | Step 3: Nicotine 7 MG/24 HR Patch #7 | 7 mg / 24 hr | 7 | $34.00 |
| SC4 | ☐ STEP 1: NICOTINE 4 MG MINT CHEWING GUM #110 | Step 1: Nicotine 4 MG Mint Gum #110 | 4 mg | 110 | $35.00 |
| SC5 | ☐ STEP 2: NICOTINE 2 MG MINT CHEWING GUM #110 | Step 2: Nicotine 2 MG Mint Gum #110 | 2 mg | 110 | $35.00 |
| SC6 | ☐ STEP 1: NICOTINE 4 MG LOZENGE #72 | Step 1: Nicotine 4 MG Lozenge #72 | 4 mg | 72 | $35.00 |
| SC7 | ☐ STEP 2: NICOTINE 2 MG LOZENGE #72 | Step 2: Nicotine 2 MG Lozenge #72 | 2 mg | 72 | $35.00 |

** Denotes Dextromethorphan containing product. Limit of three.

# NOTES