

 **Easy**

 **Fast**

 **Convenient**

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

Or fill out the enclosed form and choose from:

1 **Phone**
Call 1-855-963-0400
TTY 711
Monday through Friday
from 7 am to 5 pm

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

3 **Fax**
786-477-4685

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

5 **Mail:**
11430 NW 20th Street
#300
Miami, FL 33172

2025 OTC Benefit Amounts by Plan

001	HealthSun HealthAdvantage Plan (HMO) MIAMI-DADE COUNTY	Up to \$80 a month for OTC Items
012	HealthSun HealthAdvantage Plan (HMO) BROWARD COUNTY	Up to \$85 a month for OTC Items
013	HealthSun HealthAdvantage Plan (HMO) PALM BEACH COUNTY	Up to \$82 a month for OTC Items
017	HealthSun HealthAdvantage Plus (HMO) MIAMI-DADE COUNTY	Up to \$55 a month for OTC Items
018	HealthSun HealthAdvantage Plus (HMO) BROWARD COUNTY	Up to \$55 a month for OTC Items
020	HealthSun HealthAdvantage Plus (HMO) PALM BEACH COUNTY	Up to \$59 a month for OTC Items
006	HealthSun MediMax (HMO) MIAMI-DADE COUNTY & BROWARD COUNTY	Up to \$103 a month for OTC Items
019	HealthSun MediSun Extra (HMO D-SNP) MIAMI-DADE COUNTY & BROWARD COUNTY	Up to \$128 a month for OTC Items
016	HealthSun MediSun Plus (HMO D-SNP) PALM BEACH COUNTY	Up to \$130 a month for OTC Items
021	HealthSun VitalCare (HMO C-SNP) MIAMI-DADE COUNTY & BROWARD COUNTY	Up to \$55 a month for OTC Items
022	HealthSun VitalCare (HMO C-SNP) PALM BEACH COUNTY	Up to \$55 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: 711) 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).

There is a quantity limit of five (5) per any single item per monthly order. There are some select items that have limits and these items are marked in this catalog by the following symbols: **, †, §, ◆, ●●, Φ, Δ, ‡, ●●●. Additional limitations and restrictions may apply. 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. If you require assistance with your OTC order, please call 1-855-963-0400.

HealthSun Health Plans OTC Product Order Form

Step 1: Member Information

HealthSun Member ID

DOB

First Name

Last Name

Address

Apt/Suite #

City

State

Zip

Home Phone

Cell Phone

Step 2: Product Selection

ITEM CODE	PRODUCT NAME	ORDER QUANTITY	PRICE
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
9			\$
9			\$
10			\$
11			\$
12			\$

HealthSun Health Plans OTC Product Order Form

ITEM CODE	PRODUCT NAME	ORDER QUANTITY	PRICE
13	_____	_____	\$ _____
14	_____	_____	\$ _____
15	_____	_____	\$ _____
16	_____	_____	\$ _____
17	_____	_____	\$ _____
18	_____	_____	\$ _____

If you are a patient of La Colonia Medical Center or Clinica Las Mercedes, your OTC benefit 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.

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: 711), 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).

FDA/Supplier mandatory recalls of OTC vendor's impacted products will be removed without notice. A list of affected products may be available on the plan's OTC portal/website.

OTC Product Order Form

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FDA/Supplier mandatory recalls of OTC vendor's impacted products will be removed without notice. A list of affected products may be available on the plan's OTC portal/website.

PAIN RELIEVERS

CODE	GENERIC NAME	BRAND NAME	STRENGTH	SIZE	COST
P1	<input type="checkbox"/> ACETAMINOPHEN	Tylenol Extra Strength	500 mg	100	\$9.00
P2	<input type="checkbox"/> ASPIRIN TABLETS (COATED)	Ecotrin	325 mg	100	\$5.00
P3	<input type="checkbox"/> BABY ASPIRIN CHEWABLE	Bayer Baby Aspirin Chewable	81 mg	36	\$3.00
P4	<input type="checkbox"/> ICY HOT MEDICATED PATCH	Icy Hot		5	\$9.00
P5	<input type="checkbox"/> IBUPROFEN	Advil / Motrin	200 mg	50	\$5.00
P6	<input type="checkbox"/> HEADACHE PAIN RELIEF	Excedrin Migraine	250 – 250 – 65 mg	100	\$10.00
P7	<input type="checkbox"/> MENTHOL GEL	Mineral Ice		3.5 oz	\$8.00
P8	<input type="checkbox"/> ACETAMINOPHEN ARTHRITIS	Tylenol Arthritis	650 mg	100	\$12.00
P9	<input type="checkbox"/> LOW DOSE ASPIRIN TABLETS (ENTERIC COATED)	Bayer Baby Aspirin	81 mg	120	\$6.00
P10	<input type="checkbox"/> DICLOFENAC SODIUM TOPICAL GEL ARTHRITIS PAIN	Voltaren Topical Arthritis Pain Relief Gel	1%	100 gm	\$17.00
P11	<input type="checkbox"/> NAPROXEN	Aleve	220 mg	50	\$8.00
P12	<input type="checkbox"/> LIDOCAINE PATCH	Lidocaine Patch		5	\$11.00
P13	<input type="checkbox"/> LIDOCAINE ROLL-ON PAIN RELIEF	Aspercreme		2.5 oz	\$9.00
P14	<input type="checkbox"/> ICE BAG	Ice bag		9"	\$10.00
P15	<input type="checkbox"/> ORAL PAIN RELIEF- BENZOCAINE	Orajel™ Extra Strength	20%	0.42 oz	\$7.00
P16	<input type="checkbox"/> ARTHRITIS CREAM	Arthritis Cream (Glucosamine & Chondroitin)		4 oz	\$8.00
P17	<input type="checkbox"/> CAPSAICIN CREAM	Zostrix	0.025%	2 oz	\$15.00

ANTACIDS

CODE	GENERIC NAME	BRAND NAME	STRENGTH	SIZE	COST
A1	<input type="checkbox"/> ACID GONE CHEWABLE	Gaviscon Chewable	160-105 mg	100	\$11.00
A2	<input type="checkbox"/> ANTACID LIQUID/ANTIGAS	Mylanta / Maalox		12 oz	\$8.00
A3	<input type="checkbox"/> CALCIUM ANTACID TABLETS	Tums EX Assorted	750 mg	96	\$7.00
A4	<input type="checkbox"/> CIMETIDINE TABLETS	Tagamet HB 200	200 mg	30	\$14.00
A5	<input type="checkbox"/> EFFERVESCENT PAIN RELIEF	Alka Seltzer		36	\$9.00

OTC Product Order Form

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ANTACIDS (Cont'd)

CODE	GENERIC NAME	BRAND NAME	STRENGTH	SIZE	COST
A7	<input type="checkbox"/> OMEPRAZOLE TABLETS	Prilosec OTC	20 mg	14	\$11.00
A9	<input type="checkbox"/> GAS RELIEF REGULAR STRENGTH	Gas-X	80 mg	100	\$7.00
A10	<input type="checkbox"/> LANSOPRAZOLE DELAYED RELEASE CAPSULES	Prevacid OTC	15 mg	14	\$13.00
A11	<input type="checkbox"/> ESOMEPRAZOLE DELAYED RELEASE CAPSULES	Nexium OTC	20 mg	14	\$14.00
A13	<input type="checkbox"/> OMEPRAZOLE CAPSULES	Prilosec OTC	20 mg	30	\$11.00

ANTI-DIARRHEALS

CODE	GENERIC NAME	BRAND NAME	STRENGTH	SIZE	COST
D1	<input type="checkbox"/> LOPERAMIDE TABLETS	Imodium AD Tablets	2 mg	12	\$6.00
D2	<input type="checkbox"/> LOPERAMIDE SOLUTION	Imodium Solution	1 mg / 7.5 ml	4 oz	\$7.00
D3	<input type="checkbox"/> BISMATROL	Pepto-Bismol		8 oz	\$6.00
D4	<input type="checkbox"/> PROBIOTIC WITH PREBIOTIC VEGGIE CAPSULES	Probiotic w Prebiotic Veggie Caps		40	\$16.00
D5	<input type="checkbox"/> DIGESTIVE ENZYMES	Enzymax Tablets		30	\$13.00
D6	<input type="checkbox"/> DAIRY DIGESTIVE SUPPLEMENT-LACTASE ENZYME	Lactaid Tablets		60	\$17.00

COUGH / COLD / ALLERGY

CODE	GENERIC NAME	BRAND NAME	STRENGTH	SIZE	COST
C1	<input type="checkbox"/> GUAIFENESIN TABLETS	Mucinex	400 mg	60	\$12.00
C2	<input type="checkbox"/> DIPHENHYDRAMINE CAPSULES/TABLETS	Benadryl Capsules/Tablets	25 mg	24	\$5.00
C3	<input type="checkbox"/> GUAIFENESIN	Robitussin	200 mg	4 oz	\$8.00
C4	<input type="checkbox"/> GUAIFENESIN DM**	Robitussin DM**	200 / 20 mg	4 oz	\$8.00
C6	<input type="checkbox"/> LORATADINE	Claritin / Alavert	10 mg	30	\$14.00
C7	<input type="checkbox"/> MEDICATED CHEST RUB	Vicks Vaporub		3.5 oz	\$8.00
C8	<input type="checkbox"/> NASAL SPRAY	Afrin		1 oz	\$6.00
C9	<input type="checkbox"/> MULTI-SYMPTOM COLD **	Tylenol Cold **		24	\$8.00
C10	<input type="checkbox"/> SODIUM CHLORIDE NASAL MIST	Ocean Saline Nasal Spray		1.5 oz	\$5.00
C11	<input type="checkbox"/> SORE THROAT SPRAY	Chloraseptic		6 oz	\$8.00
C12	<input type="checkbox"/> DIGITAL ORAL THERMOMETER	Digital Oral Thermometer		1	\$7.00
C13	<input type="checkbox"/> FEXOFENADINE HCL	Allegra	60 mg	12	\$13.00

** Denotes Dextromethorphan containing product. Limit of 3

OTC Product Order Form

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COUGH / COLD / ALLERGY (Cont'd)

CODE	GENERIC NAME	BRAND NAME	STRENGTH	SIZE	COST
C14	<input type="checkbox"/> LORATADINE SYRUP	Claritin Syrup	5 mg	4 oz	\$12.00
C15	<input type="checkbox"/> FLUTICASONE PROPIONATE	Flonase 120 MD	50 mcg	0.54 oz	\$26.00
C16	<input type="checkbox"/> CETIRIZINE HCL	Zyrtec	10 mg	30	\$16.00
C17	<input type="checkbox"/> COUGH DROPS	Halls Cough Drops		9	\$3.00
C18	<input type="checkbox"/> FEXOFENADINE HCL	Allegra	180 mg	15	\$14.00
C19	<input type="checkbox"/> COUGH DROPS SUGAR-FREE	Halls Cough Drops Sugar-Free		25	\$4.00
C20	<input type="checkbox"/> TRIAMCINOLONE	Nasacort Allergy 24 Hr Nasal Spray	55 mcg	10.8 ml	\$17.00
C21	<input type="checkbox"/> CHLORPHENIRAMINE MALEATE	Chlor-Trimeton	4 mg	24	\$4.00
C22	<input type="checkbox"/> STEAM INHALER †	Vicks Steam Inhaler †		1	\$29.00
C23	<input type="checkbox"/> MENTHOL/BENZOCAINE SORE THROAT LOZENGES	Cepacol		16	\$5.00

EYE / EAR CARE

CODE	GENERIC NAME	BRAND NAME	STRENGTH	SIZE	COST
E2	<input type="checkbox"/> EAR WAX DROPS	Debrox		0.5 oz	\$9.00
E4	<input type="checkbox"/> EYE DROPS	Visine Redness Relief		0.5 oz	\$6.00
E5	<input type="checkbox"/> LUTEIN PLUS ZEAXANTHIN TABLETS	Lutein Plus Zeaxanthin Tablets		60	\$16.00
E6	<input type="checkbox"/> GENTEAL TEARS TWIN PACK	Genteal Tears	2 x 15 ml	0.5 oz	\$18.00
E7	<input type="checkbox"/> REFRESH TEARS	Refresh Tears	15 ml	0.5 oz	\$15.00
E8	<input type="checkbox"/> SYSTANE ULTRA	Systane Ultra	10 ml	0.3 oz	\$16.00
E9	<input type="checkbox"/> EYE WASH	Eye wash		4 oz	\$7.00
E11	<input type="checkbox"/> OLOPATADINE	Pataday Twice Daily Relief	0.1%	5 ml	\$20.00
E12	<input type="checkbox"/> EYE ITCH RELIEF EYE DROPS	Zaditor	0.025%	5 ml	\$15.00
E14	<input type="checkbox"/> EYE SUPPLEMENT	Prosight		60	\$6.00

† These items are limited to 1 per benefit year.

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INCONTINENCE

CODE	GENERIC NAME	BRAND NAME	STRENGTH	SIZE	COST
U1	<input type="checkbox"/> INCONTINENCE UNDERWEAR UNISEX – SMALL	Incontinence Underwear Unisex – Small		Small	\$19.00
U2	<input type="checkbox"/> INCONTINENCE UNDERWEAR UNISEX – MEDIUM	Incontinence Underwear Unisex – Medium		Medium	\$19.00
U3	<input type="checkbox"/> INCONTINENCE UNDERWEAR UNISEX – LARGE	Incontinence Underwear Unisex – Large		Large	\$20.00
U4	<input type="checkbox"/> INCONTINENCE UNDERWEAR UNISEX – X LARGE	Incontinence Underwear Unisex – X Large		X – Large	\$20.00
U5	<input type="checkbox"/> DISPOSABLE UNDERPADS 23" X 36"	Disposable Underpads 23" X 36"			\$12.00
U8	<input type="checkbox"/> PANTY LINER- LONG	Panty Liner- Long		1 bag	\$7.00
U9	<input type="checkbox"/> PADS FOR WOMEN- LONG	Women's Protective Pads Long		1 bag	\$11.00
U10	<input type="checkbox"/> PADS FOR WOMEN – REGULAR/ MODERATE	Women's Protective Pads Regular/Moderate		1 bag	\$12.00
U11	<input type="checkbox"/> BLADDER CONTROL PADS	Adult Bladder Control Pads		1 bag	\$13.00

FIRST AID

CODE	GENERIC NAME	BRAND NAME	STRENGTH	SIZE	COST
F1	<input type="checkbox"/> ANTI ITCH CREAM	Benadryl Cream		1 oz	\$6.00
F2	<input type="checkbox"/> BANDAGE STRIPS	Band-Aids		100	\$5.00
F3	<input type="checkbox"/> CALAMINE LOTION	Caladryl		6 oz	\$7.00
F5	<input type="checkbox"/> ELASTIC BANDAGE	Ace Bandage		1	\$8.00
F6	<input type="checkbox"/> HOT & COLD THERAPY COMPRESS	Hot & Cold Therapy Compress		1	\$16.00
F7	<input type="checkbox"/> HYDROCORTISONE CREAM 1%	Cortaid Cream	1%	1 oz	\$6.00
F8	<input type="checkbox"/> HYDROCORTISONE OINTMENT 1%	Cortaid Ointment	1%	1 oz	\$6.00
F9	<input type="checkbox"/> MEDICATED CALLUS REMOVER	Dr. Scholl's Callus Remover		4	\$7.00
F10	<input type="checkbox"/> MUSCLE RUB	Bengay		3 oz	\$8.00
F11	<input type="checkbox"/> TRIPLE ANTIBIOTIC OINTMENT	Neosporin		1 oz	\$8.00
F12	<input type="checkbox"/> COTTON BALLS	Cotton Balls		100	\$2.00
F13	<input type="checkbox"/> IODINE	Iodine	2%	1 oz	\$6.00
F14	<input type="checkbox"/> HYDROGEN PEROXIDE	Hydrogen Peroxide	3%	16 oz	\$2.00
F15	<input type="checkbox"/> BACITRACIN ZINC OINTMENT	Bacitracin Zinc Ointment		1 oz	\$6.00
F16	<input type="checkbox"/> WITCH HAZEL PAD	A.E.R Witch Hazel Pads		40	\$7.00

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FIRST AID (Cont'd)

CODE	GENERIC NAME	BRAND NAME	STRENGTH	SIZE	COST
F17	<input type="checkbox"/> BUTTERFLY CLOSURES	Butterfly Closures		12	\$4.00
F18	<input type="checkbox"/> CALLUS CUSHION	Callus Cushion		6	\$3.00
F19	<input type="checkbox"/> GAUZE PAD	Gauze Pad	4x4	25	\$9.00
F20	<input type="checkbox"/> ADHESIVE BANDAGES, ASSORTED SIZES	Adhesive Bandages, Assorted Sizes		80	\$4.00
F21	<input type="checkbox"/> GAUZE ROLL	Gauze Roll 4"		2 yds	\$5.00
F22	<input type="checkbox"/> HAND GLOVES	Hand Gloves Small		150	\$22.00
F23	<input type="checkbox"/> HAND GLOVES	Hand Gloves Medium		150	\$22.00
F24	<input type="checkbox"/> HAND GLOVES	Hand Gloves Large		150	\$22.00
F25	<input type="checkbox"/> HAND GLOVES	Hand Gloves Extra Large		150	\$22.00
F26	<input type="checkbox"/> NON-STICK PADS	Non-Stick Pads		10	\$6.00
F27	<input type="checkbox"/> WATERPROOF ADHESIVE TAPE	Waterproof Adhesive Tape		1	\$2.00

FEMENINE HYGIENE

CODE	GENERIC NAME	BRAND NAME	STRENGTH	SIZE	COST
W1	<input type="checkbox"/> CLOTRIMAZOLE VAGINAL	Gyne-Lotrimin	1%	1.5 oz	\$12.00
W2	<input type="checkbox"/> MICONAZOLE VAGINAL SUPPOSITORIES	Monistat Vaginal Suppositories	200 mg	3 u	\$15.00
W3	<input type="checkbox"/> MICONAZOLE VAGINAL	Monistat Vaginal Cream	100 mg	1.5 oz	\$15.00

LAXATIVES

CODE	GENERIC NAME	BRAND NAME	STRENGTH	SIZE	COST
L1	<input type="checkbox"/> BISACODYL TABLETS	Dulcolax	5 mg	25	\$6.00
L2	<input type="checkbox"/> DOCUSATE SODIUM	Colace	250 mg	100	\$10.00
L3	<input type="checkbox"/> GLYCERIN SUPPOSITORIES	Fleet Suppositories		24	\$6.00
L4	<input type="checkbox"/> NATURAL FIBER POWDER	Metamucil		13 oz	\$13.00
L5	<input type="checkbox"/> SENNA TABS (NATURAL LAXATIVE)	Senokot	8.6 mg	100	\$12.00
L6	<input type="checkbox"/> POLYETHYLENE GLYCOL 3350	MiraLax		4.1 oz	\$8.00
L8	<input type="checkbox"/> BISACODYL SUPPOSITORY	Bisacodyl Suppository	10 mg	12	\$8.00
L9	<input type="checkbox"/> FIBER CAPS	Fiber Caps		160	\$13.00
L10	<input type="checkbox"/> MILK OF MAGNESIA	Milk of Magnesia		12 oz	\$7.00
L11	<input type="checkbox"/> FIBER GUMMIES	Fiber Gummies		60	\$12.00
L12	<input type="checkbox"/> ENEMA-SALINE LAXATIVE	Fleet Enema		113 ml	\$4.00
L13	<input type="checkbox"/> MAGNESIUM CITRATE	Magnesium Citrate		10 oz	\$4.00

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VITAMINS / MINERALS / HERBS §

CODE	GENERIC NAME	BRAND NAME	STRENGTH	SIZE	COST
V2	<input type="checkbox"/> CALCIUM CARBONATE WITH VITAM D3	Caltrate + D3	600 mg	60	\$7.00
V3	<input type="checkbox"/> CALCIUM CITRATE + VITAMIN D3	Citracal + D3	315 mg	60	\$8.00
V4	<input type="checkbox"/> CO-ENZYME Q-10	CoQ10	200 mg	30	\$22.00
V6	<input type="checkbox"/> DAILY MULTI VITAMINS	One A Day Essentials		100	\$8.00
V9	<input type="checkbox"/> FISH OIL	Fish Oil	1,000 / 300 mg	120	\$11.00
V10	<input type="checkbox"/> GLUCOSAMINE CHONDROITIN	Glucosamine Chondroitin	1,500 / 1,200 mg	100	\$18.00
V11	<input type="checkbox"/> IRON	Feosol	65 mg	100	\$5.00
V12	<input type="checkbox"/> PROSTATE THERAPY COMPLEX	Urinozinc		60	\$16.00
V13	<input type="checkbox"/> SAW PALMETTO	Saw Palmetto	500 mg	60	\$11.00
V14	<input type="checkbox"/> VITRUM MULTI VITAMIN	Centrum Silver		100	\$9.00
V15	<input type="checkbox"/> VITAMIN A	Vitamin A	10,000 IU	100	\$7.00
V16	<input type="checkbox"/> VITAMIN B COMPLEX	Mega B Complex		100	\$8.00
V17	<input type="checkbox"/> VITAMIN C	Vitamin C	500 mg	100	\$5.00
V18	<input type="checkbox"/> VITAMIN E	Vitamin E	400 IU	100	\$7.00
V19	<input type="checkbox"/> MELATONIN AND B6	Melatonin and B6	5 mg	60	\$8.00
V21	<input type="checkbox"/> VITAMIN D3 – 1,000 IU	Vitamin D3 1,000 IU	1,000 IU	60	\$7.00
V22	<input type="checkbox"/> FOLIC ACID	Folic Acid	800 mcg	100	\$4.00
V23	<input type="checkbox"/> VITAMIN B12 SUBLINGUAL	B12 Sublingual	1,000 mcg	100	\$8.00
V25	<input type="checkbox"/> ALMEBEX PLUS B12	Almebex plus B12		8 oz	\$18.00
V26	<input type="checkbox"/> VENIPHLEX	Veniphlex (Leg Vein Health)		60	\$20.00
V28	<input type="checkbox"/> EPAMAX	Epamax (Vegetarian EPA & DHA Omega)		60	\$18.00
V29	<input type="checkbox"/> ZINC SULFATE	Zinc Sulfate	50 mg	100	\$7.00
V30	<input type="checkbox"/> REUMATOL 3 (SET OF 3 – LIQUID, SPRAY, CREAM)	Reumatol 3 (Arthritis Pain Relief)		1	\$25.00
V31	<input type="checkbox"/> SERENITAS	Serenitas (Sleep Aid)	3 mg	30	\$16.00
V33	<input type="checkbox"/> EMERGEN-C	Emergen-C	3.3 oz	10	\$9.00
V35	<input type="checkbox"/> RESTAZE PM	Restaze PM (Sleep Aid)		60	\$17.00
V36	<input type="checkbox"/> ALMEBEX SUGAR FREE	Almebex Sugar Free		8 oz	\$18.00
V37	<input type="checkbox"/> IMMUNE ON	Immune On		8 oz	\$8.00
V38	<input type="checkbox"/> AIRBORNE CHEWABLE TABS	Airborne Chewable Tabs		32	\$13.00
V40	<input type="checkbox"/> COLLAGEN W/VITAMIN C 1,000 MG CAPSULES	Collagen w/Vitamin C 1,000 mg	1,000 mg/ 90 mg	60	\$7.00
V41	<input type="checkbox"/> GLYCOL CAPSULES	GlyCol (Glucose & Cardiovascular Support)		60	\$9.00

§ Dual-purpose items: A dual-purpose item may be ordered if your medical provider has recommended the item for you or the item is medically appropriate for you.

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VITAMINS / MINERALS / HERBS § (Cont'd)

CODE	GENERIC NAME	BRAND NAME	STRENGTH	SIZE	COST
V42	<input type="checkbox"/> NEURO MUSCULAR PLUS WITH FOLIC ACID CAPSULES	Neuro Muscular Plus with Folic Acid		30	\$7.00
V45	<input type="checkbox"/> VITAMIN D3 – 5,000 IU	Vitamin D3 + MK2 - 5,000 IU	5,000 IU	60	\$10.00
V46	<input type="checkbox"/> BIOSEN (BIOTIN W/VITAMIN C & COLLAGEN)	Biosen (Biotin W/Vitamin C & Collagen)	5,000 mcg/ 100 mg	60	\$12.00
V50	<input type="checkbox"/> IMMUNE ON PLUS (CAPSULES)	Immune On Plus (Capsules)		60	\$8.00
V52	<input type="checkbox"/> MAGNESIUM BISGLYCINATE	Magnesium Bisglycinate	350 mg	60	\$7.00
V54	<input type="checkbox"/> POTASSIUM GLUCONATE	Potassium Gluconate	595 mg	100	\$6.00
V55	<input type="checkbox"/> VITAMIN C GUMMY	Vitamin C Gummy	250 mg	60	\$11.00
V56	<input type="checkbox"/> ANTIOXIDANT TABLETS	Antioxidant Tablets		50	\$8.00
V57	<input type="checkbox"/> CRANBERRY CAPSULES	Cranberry Capsules	900 mg	60	\$10.00
V58	<input type="checkbox"/> BLACK ELDERBERRY CAPSULES	Black Elderberry Capsules	2,000 mg	60	\$10.00
V59	<input type="checkbox"/> FLAXSEED OIL SOFTGELS	Flaxseed Oil Softgels	1,000 mg	100	\$11.00
V60	<input type="checkbox"/> MELATONIN GUMMIES	Melatonin Gummies	5 mg	60	\$10.00
V61	<input type="checkbox"/> MULTI-VITAMIN GUMMY	Multi-Vitamin Gummy		60	\$9.00
V62	<input type="checkbox"/> SELENIUM	Selenium	200 mcg	60	\$7.00
V63	<input type="checkbox"/> PAPAYA ENZYME	Papaya Enzyme		100	\$10.00
V64	<input type="checkbox"/> MENOPAUSE SUPPORT CAPLETS	Estroven		28	\$20.00
V65	<input type="checkbox"/> TURMERIC WITH GINGER GUMMY	Turmeric with Ginger Gummy		30	\$9.00
V66	<input type="checkbox"/> LYCOPENE (ANTIOXIDANT UV SUPPORT)	Lycopene (Antioxidant UV Skincare Support)		30	\$12.00
V67	<input type="checkbox"/> CITICOLINE (COGNITIVE HEALTH)	Citicoline (Cognition, Memory, Focus Support)	250 mg	30	\$11.00
V70	<input type="checkbox"/> IROFOL	Liquid Iron	100 mg	4 oz	\$18.00
V71	<input type="checkbox"/> OYSTER CALCIUM + VITAMIN D	Os-Cal		150	\$8.00
V72	<input type="checkbox"/> BREAKFAST ESSENTIALS NUTRITIONAL POWDER DRINK MIX	Breakfast Essentials Nutritional Powder Drink Mix		1	\$22.00
V73	<input type="checkbox"/> PAIN RELIEF SPRAY	BiOfreeze		89 ml	\$12.00

§ Dual-purpose items: A dual-purpose item may be ordered if your medical provider has recommended the item for you or the item is medically appropriate for you.

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	STRENGTH	SIZE	COST
M1	<input type="checkbox"/> COTTON SWABS	Q-Tips		300	\$4.00
M2	<input type="checkbox"/> DIMENHYDRINATE	Dramamine	50 mg	12	\$5.00
M3	<input type="checkbox"/> MOISTURIZER LOTION	Skin Moisturizer		10 oz	\$8.00
M4	<input type="checkbox"/> PETROLEUM JELLY LIP BALM	Vaseline Lip Balm		0.35 oz	\$3.00
M5	<input type="checkbox"/> TOOTHBRUSH	Colgate Toothbrush		1	\$3.00
M6	<input type="checkbox"/> FIXODENT ADHESIVE CREAM	Fixodent Adhesive Cream		2.4 oz	\$7.00
M7	<input type="checkbox"/> URINARY PAIN RELIEF	Azo Standard	95 mg	30	\$10.00
M8	<input type="checkbox"/> SALICYLIC ACID	Compound W liquid	17%	0.31 oz	\$11.00
M9	<input type="checkbox"/> CAVITY PROTECTION TOOTHPASTE PLAIN	Colgate Cavity Protection Toothpaste		6.0 oz	\$4.00
M10	<input type="checkbox"/> TOTAL WHITENING TOOTHPASTE	Colgate Total Whitening		4.8 oz	\$7.00
M11	<input type="checkbox"/> DENTURE CLEANSER	Efferdent		40	\$6.00
M12	<input type="checkbox"/> AUTOMATIC BLOOD PRESSURE MONITOR †	Automatic Blood Pressure Monitor †		1	\$35.00
M13	<input type="checkbox"/> SUNSCREEN LOTION SPF 30	Sunscreen Lotion SPF 30		8 oz	\$10.00
M14	<input type="checkbox"/> VITAMIN E OIL	Vitamin E Oil		2.5 oz	\$13.00
M15	<input type="checkbox"/> HOME SHARPS CONTAINER	Home Sharps Container		1	\$7.00
M16	<input type="checkbox"/> DISPOSABLE FACE MASK	Disposable Face Mask		50	\$11.00
M17	<input type="checkbox"/> HAND SANITIZER ♦	Hand Sanitizer ♦		16 oz	\$8.00
M18	<input type="checkbox"/> BIOTENE DRY MOUTH ORAL RINSE	Biotene Dry Mouth Oral Rinse		16 oz	\$10.00
M19	<input type="checkbox"/> DIAPER RASH OINTMENT	Desitin Ointment		2 oz	\$6.00
M20	<input type="checkbox"/> FLUSHABLE WIPES ♦	Flushable Wipes ♦		48 ct	\$7.00
M21	<input type="checkbox"/> PILL BOX	Pill Box		1 ct	\$4.00
M22	<input type="checkbox"/> UNSCENTED WIPES	Unscented Wipes (Not flushable)		40 ct	\$5.00
M24	<input type="checkbox"/> EPSOM SALT	Epsom Salt		16 oz	\$4.00
M25	<input type="checkbox"/> ALOE VERA GEL WITH LIDOCAINE	Aloe Vera Gel with Lidocaine		8 oz	\$8.00
M26	<input type="checkbox"/> DENTAL FLOSS	Dental Floss		100 yd	\$6.00
M27	<input type="checkbox"/> DENTAL FLOSS MINT	Dental Floss Mint		100 yd	\$6.00
M28	<input type="checkbox"/> ALCOHOL WIPES ♦	Alcohol Wipes ♦		56	\$6.00

†These items are limited to 1 per benefit year. / ♦ Size may vary depending on availability

OTC Product Order Form

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MISCELLANEOUS (Cont'd)

CODE	GENERIC NAME	BRAND NAME	STRENGTH	SIZE	COST
M29	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> HEATING PAD †	Heating Pad Dry/Moist (Standard Size 12"x15" with 9' Power Cord) †		1	\$22.00
M34	<input type="checkbox"/> PILL SPLITTER	Pill Splitter		1	\$6.00
M36	<input type="checkbox"/> PULSE OXIMETER †	Pulse Oximeter †		1	\$42.00
M37	<input type="checkbox"/> ANKLE SUPPORT – SMALL	Ankle Support – Small		1	\$13.00
M38	<input type="checkbox"/> ANKLE SUPPORT – MEDIUM	Ankle Support – Medium		1	\$13.00
M39	<input type="checkbox"/> ANKLE SUPPORT – LARGE	Ankle Support – Large		1	\$13.00
M40	<input type="checkbox"/> KNEE SUPPORT – SMALL	Knee Support – Small		1	\$13.00
M41	<input type="checkbox"/> KNEE SUPPORT – MEDIUM	Knee Support – Medium		1	\$13.00
M42	<input type="checkbox"/> KNEE SUPPORT – LARGE	Knee Support – Large		1	\$13.00
M46	<input type="checkbox"/> DIABETIC SOCKS, BLACK – M	Diabetic Socks, Unisex, BLACK – M (Shoe Size 6-10)		2 Pair	\$10.00
M47	<input type="checkbox"/> DIABETIC SOCKS, BLACK – L	Diabetic Socks, Unisex, BLACK – L (Shoe Size 10-13)		2 Pair	\$10.00
M48	<input type="checkbox"/> DIABETIC SOCKS, WHITE – M	Diabetic Socks, Unisex, WHITE – M (Shoe Size 6-10)		2 Pair	\$10.00
M49	<input type="checkbox"/> DIABETIC SOCKS, WHITE – L	Diabetic Socks, Unisex, WHITE – L (Shoe Size 10-13)		2 Pair	\$10.00
M50	<input type="checkbox"/> FRESHMINT ANTI-CAVITY FLUORIDE TOOTHPASTE FOR SENSITIVE TEETH	Sensodyne Fresh Mint		4.3 oz	\$4.00
M51	<input type="checkbox"/> SUNSCREEN LOTION SPF 50	Sunscreen Lotion SPF 50		8 oz	\$10.00
M52	<input type="checkbox"/> COVID-19 ANTIGEN HOME TEST KIT	Covid-19 Antigen Home Test Kit		2	\$25.00
M56	<input type="checkbox"/> SOOTHING OATMEAL BATH TREATMENT	Soothing Oatmeal Bath Treatment		8	\$10.00

†These items are limited to 1 per benefit year.

OTC Product Order Form

Please check to order your medications.

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

MISCELLANEOUS (Cont'd)

CODE	GENERIC NAME	BRAND NAME	STRENGTH	SIZE	COST
M57	<input type="checkbox"/> ECZEMA MOISTURIZING CREAM	Eczema Soothing Moisturizing Cream		7.3 oz	\$9.00
M58	<input type="checkbox"/> VITAMIN A & D CREAM	Natureplex A & D Cream		1.5 oz	\$7.00
M59	<input type="checkbox"/> ANTI-DANDRUFF SHAMPOO	Anti-Dandruff Shampoo		8 oz	\$8.00
M60	<input type="checkbox"/> ANTI-ITCH SKIN RELIEF WASH	Itchy Skin Relief Body Wash		8 oz	\$8.00
M61	<input type="checkbox"/> ANTI-DANDRUFF CONDITIONER	Anti-Dandruff Conditioner		8 oz	\$8.00
M62	<input type="checkbox"/> ANTIBACTERIAL SOAP	Antibacterial Bar Soap		3 ct	\$5.00
M63	<input type="checkbox"/> TESTOSTERONE CREAM	Testosterone Cream		4 oz	\$8.00
M64	<input type="checkbox"/> LEG CRAMPS CREAM	Leg Cramp Cream		4 oz	\$8.00
M65	<input type="checkbox"/> LEG CRAMPS CAPSULES (PM)	Leg Cramp Capsules (PM)		60	\$9.00
M66	<input type="checkbox"/> BROKEN CAPILLARY CREAM	Broken Capillary Cream (Legs)		4 oz	\$8.00
M67	<input type="checkbox"/> PEDOMETER ●●	Pedometer ●●		1	\$20.00
M68	<input type="checkbox"/> DRY MOUTH SPRAY	Biotene Dry Mouth Spray		30 ml	\$12.00
M69	<input type="checkbox"/> NALOXONE HCl NASAL SPRAY Φ	Narcan Φ	4 mg	2	\$49.00
M70	<input type="checkbox"/> ONE DAILY WOMEN'S MULTIVITAMIN	One-A-Day Women's		60	\$10.00
M71	<input type="checkbox"/> COLD SORE TREATMENT	Abreva		2 gm	\$25.00
M72	<input type="checkbox"/> DENTAL FLOSSERS	Dental Flossers		36	\$3.00
M73	<input type="checkbox"/> PROTECTIVE ARM SLEEVE, SMALL	Protective Arm Sleeve, Small		1	\$15.00
M74	<input type="checkbox"/> PROTECTIVE ARM SLEEVE, MEDIUM	Protective Arm Sleeve, Medium		1	\$15.00
M75	<input type="checkbox"/> PROTECTIVE ARM SLEEVE, LARGE	Protective Arm Sleeve, Large		1	\$15.00
M76	<input type="checkbox"/> PROTECTIVE ARM SLEEVE, X-LARGE	Protective Arm Sleeve, X-Large		1	\$15.00
M77	<input type="checkbox"/> RECHARGEABLE TOOTHBRUSH ●●	Rechargeable Toothbrush ●●		1	\$36.00

ANTI-FUNGAL CREAMS

CODE	GENERIC NAME	BRAND NAME	STRENGTH	SIZE	COST
O1	<input type="checkbox"/> CLOTRIMAZOLE CREAM	Lotrimin Cream	1%	1 oz	\$11.00
O2	<input type="checkbox"/> TOLNAFTATE	Tinactin	1%	0.5 oz	\$8.00

●● These items are limited to 2 per benefit year. / Φ These items are limited to 1 box of the multidose per monthly order.

OTC Product Order Form

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

ANTI-HEMORRHOIDALS

CODE	GENERIC NAME	BRAND NAME	STRENGTH	SIZE	COST
H1	<input type="checkbox"/> HEMORRHOIDAL OINTMENT	Preparation H Ointment		2 oz	\$10.00
H2	<input type="checkbox"/> HEMORRHOIDAL SUPPOSITORIES	Preparation H Suppositories		12	\$8.00

DIABETIC SECTION

CODE	GENERIC NAME	BRAND NAME	STRENGTH	SIZE	COST
SF7	<input type="checkbox"/> ISOPROPYL ALCOHOL	Isopropyl Alcohol		16 oz	\$4.00
SF8	<input type="checkbox"/> SF NATURAL FIBER POWDER	Metamucil SF Powder		10 oz	\$12.00
SF10	<input type="checkbox"/> GUAIFENESIN DM SF **	Robitussin DM Sugar Free **		4 oz	\$7.00
SF11	<input type="checkbox"/> SUGAR FREE CALCIUM ANTACID EXTRA STRENGTH	Tums Extra Strength Sugar Free		80	\$6.00
SF13	<input type="checkbox"/> GLUCOSE TABLETS	Glucose Tablets	4 g	10	\$4.00
SF14	<input type="checkbox"/> DIABETIC SKIN RELIEF LOTION	Diabetics' Skin Soothing Lotion		5.5 oz	\$9.00
SF15	<input type="checkbox"/> DIABETIC SKIN RELIEF FOOT CREAM	Diabetic Skin Relief Foot Cream		4 oz	\$10.00

SMOKING CESSATION PRODUCTS

CODE	GENERIC NAME	BRAND NAME	STRENGTH	SIZE	COST
SC1	<input type="checkbox"/> STEP 1: NICOTINE 21 MG/24 HR PATCH #7	Step 1: Nicotine 21 mg/24 HR Patch #7	21 mg / 24 hr	7	\$35.00
SC2	<input type="checkbox"/> STEP 2: NICOTINE 14 MG/24 HR PATCH #7	Step 2: Nicotine 14 mg/24 HR Patch #7	14 mg / 24 hr	7	\$35.00
SC3	<input type="checkbox"/> STEP 3: NICOTINE 7 MG/24 HR PATCH #7	Step 3: Nicotine 7 mg/24 HR Patch #7	7 mg / 24 hr	7	\$35.00
SC4	<input type="checkbox"/> STEP 1: NICOTINE 4 MG MINT CHEWING GUM #110	Step 1: Nicotine 4 mg Mint Gum #110	4 mg	110	\$35.00
SC5	<input type="checkbox"/> STEP 2: NICOTINE 2 MG MINT CHEWING GUM #110	Step 2: Nicotine 2 mg Mint Gum #110	2 mg	110	\$35.00
SC6	<input type="checkbox"/> STEP 1: NICOTINE 4 MG LOZENGE #72	Step 1: Nicotine 4 mg Lozenge #72	4 mg	72	\$35.00
SC7	<input type="checkbox"/> 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 3

OTC Product Order Form

Please check to order your medications.

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

HOME HEALTH CARE

CODE	GENERIC NAME	BRAND NAME	STRENGTH	SIZE	COST
HH1	<input type="checkbox"/> DIGITAL BATHROOM SCALE †	Digital Bathroom Scale †		1	\$24.00
HH2	<input type="checkbox"/> INFLATABLE RUBBER CUSHION SEAT ‡	Inflatable Rubber Cushion Seat ‡		1	\$18.00
HH3	<input type="checkbox"/> RAISED TOILET SEAT †	Raised Toilet Seat – 250 lbs capacity, Universal Fit †		1	\$48.00
HH4	<input type="checkbox"/> GRAB BAR †	Suction Grab Bar, 12" †		1	\$18.00
HH5	<input type="checkbox"/> RUBBER BATH MAT••	Rubber Bath Mat, Non-Slip ••		1	\$12.00
HH6	<input type="checkbox"/> CANE, 1 - LEG ADJUSTABLE 29" TO 38" †	Cane Adjustable †		1	\$15.00
HH7	<input type="checkbox"/> CANE, 4 - LEG BASE ADJUSTABLE QUAD STANDARD †	Quad Cane Adjustable †		1	\$24.00
HH8	<input type="checkbox"/> GRABBER REACHER TOOL †	Pistol Grip Reachers †		1	\$12.00
HH9	<input type="checkbox"/> HANDHELD SHOWER †	Handheld shower †		1	\$22.00
HH10	<input type="checkbox"/> LUMBAR CUSHION †	Lumbar Cushion		1	\$24.00
HH11	<input type="checkbox"/> HUMIDIFIER †	Humidifier, Ultra-Sonic †		1	\$40.00
HH12	<input type="checkbox"/> MEDICAL BRACELET - DIABETES	Medical Bracelet		1	\$20.00
HH13	<input type="checkbox"/> MEDICAL BRACELET - HEART PATIENT	Medical Bracelet		1	\$20.00
HH14	<input type="checkbox"/> SHOE HORN	Shoe Horn		1	\$8.00
HH15	<input type="checkbox"/> MEMORY PILLOW •••	CPAP Pillow Memory Foam •••		1	\$60.00
HH16	<input type="checkbox"/> FOOD SCALE †	Digital Kitchen Scale †		1	\$20.00

†These items are limited to 1 per benefit year. / ‡These items are limited to 3 items per monthly order.

••These Items are limited to 2 per benefit year.

•••This item is not available in Plan Benefit Package 017, 018, 020, 021 and 022.