

Over-the-Counter Pharmacy Order Form



If you have chosen the Over-the-Counter Merchandise option from PHP (HMO SNP)'s Health and Wellness Benefit, you may order up to \$200 worth of over-the-counter (OTC) pharmacy items for the plan year. Minimum order amount is \$25 per order. Each order you place is deducted from your \$200 allowance for the plan year. All items have a quantity limit of three (3) unless otherwise noted (**). A plan year is January 1 through December 31. OTC items are fulfilled by AHF Pharmacy.

All available OTC items are listed on this form. There is no cost to you for your order or its delivery. The price shown for each item on this form is approximate and is subject to change. The price listed should be used as a guide in helping you select the items you want and figuring the approximate cost of your order. The actual price of your order will likely differ and will be shown on the receipt you get with your items. AHF Pharmacy reserves the right to substitute brand name items with like items when necessary.

This OTC item list is effective **April 13, 2020**. The list of available OTC items and/or pricing may change during the year. To see the most current list of OTC items available and pricing, go to the plan's website at www.php-fl.org/for-members/otc.

To place your order, complete Part I of the form, then go to Part II and select the items and quantities you want. In Part III, compute the total value of the order.

You can place your order through the Member Services Department as listed below by e-mail, phone, fax or by mail. Your order will be shipped to the address you choose.

By E-mail E-mail this form to php@positivehealthcare.org	By Phone Call (888) 456-4715. Agents are available 8:00 a.m. to 8:00 p.m., seven days a week to take your order. TTY users call 711.	By Fax Send your fax to (888) 235-8552.	By Mail Return the order form to: Attn: OTC Fulfillment PHP P.O. Box 46160 Los Angeles, CA 90046-0160
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Please allow four (4) weeks for delivery of your order. If you need order forms, please call Member Services at (888) 456-4715, 8:00 a.m. to 8:00 p.m., seven days a week. TTY users call 711. You can also download and print forms from the plan's website at www.php-fl.org/for-members/otc.

Part I – Your Information. Please print legibly. Orders cannot be delivered to post office boxes.				
<hr/> <i>First and Last Name</i>			<hr/> <i>Member ID Number (from ID card)</i>	
<hr/> <i>Street Address (No PO Boxes)</i>	<hr/> <i>Apt.</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Home Phone</i>			<hr/> <i>Alternate Phone</i>	
<hr/> <i>Date of Order</i>			<hr/> <i>Signature</i>	

Part II – Select the items you want to order by placing a quantity number desired in the “Qty. Ordered” column. Multiply “Qty. Ordered” by “Item Price” to get the “Price” of the item(s) you want and fill in the “Price” column. **Remember, minimum order amount is \$25 per order. Each order you place is deducted from your \$200 allowance for the plan year. All items have a quantity limit of three (3), unless otherwise noted (**).**

Brand Description	Generic Comparable	Qty./ Size	Item Price	Qty. Ordered			Price
Allergy Prevention and Treatment/Antihistamines							
Claritin	Loratadine 10 mg Tablets	30	\$7.00	X		=	
Benadryl Tablets	Diphenhydramine 25 mg Caplets	24	\$1.00	X		=	
Benadryl Elixir	Diphenhydramine Liquid -- Alcohol Free	4 oz	\$1.00	X		=	
Sudafed PE	Phenylephrine HCL 10mg Tablets	18	\$1.00	X		=	
Analgesics/Antipyretics/NSAIDS							
Bayer Aspirin	Aspirin 325 mg Tablets	100	\$1.00	X		=	
Bayer EC Aspirin (Adult Regimen)	Aspirin EC 81 mg Tablets	120	\$1.00	X		=	
Bengay	Muscle Rub	3 oz	\$2.00	X		=	
Capsaicin	Capsaicin 0.025% cream	60 g	\$8.00	X		=	
Tylenol Extra Strength Caplets	Acetaminophen Extra Strength 500 mg Caplets	50	\$1.00	X		=	
Advil Tablets	Ibuprofen 200 mg FC Tablets	50	\$1.00	X		=	
Aleve Caplets	Naproxen Sodium 220 mg Caplets	50	\$3.00	X		=	
Excedrin	Acetaminophen, Aspirin, Caffeine 250 mg/250 mg/65 mg Tablet	100	\$2.00	X		=	
Antacids and Acid Reducers							
Mylicon	Simethicone 80 mg	100	\$2.00	X		=	
Prilosec** (<i>Limit two per month</i>)	Omeprazole 20 mg	14	\$8.25	X		=	
Tums Tablets	Antacid Chewable Tablets	150	\$2.74	X		=	
Anti-Arthritis							
Glucosamine/Chondroitin	Glucosamine/Chondroitin 100 mg Tablets	60	\$9.00	X		=	
Antibiotics (Topical)							
Neosporin Ointment	Triple Antibiotic Ointment	1 oz	\$3.00	X		=	
Hibiclens Antiseptic Skin Cleanser	Chlorhexidine Gluconate 4% Solution	4 oz	\$4.75	X		=	
Leader Brand Chlorhex Cleanser	Chlorhexidine Gluconate 4% Solution	8 oz	\$5.00	X		=	
Anticandidals (Yeast) / Antifungals							
Gyne-Lotrimin Cream	Clotrimazole Vaginal 1% Cream – Application	45 g	\$3.00	X		=	
Tinactin Cream	Tolnaftate 1% Cream	1 oz	\$4.45	X		=	

Brand Description		Generic Comparable	Qty./ Size	Item Price	Qty. Ordered		Price
Antidiarrheals and Laxatives							
Colace Softgels	DOK 100 mg Softgels		100	\$2.00	X	=	
Dulcolax Suppositories	Bisco- Lax 10 mg Rectal Suppositories		12	\$1.00	X	=	
Dulcolax Tablets	Bisacodyl EC 5 mg		100	\$1.00	X	=	
Imodium Caplets	Anti-Diarrheal 2 mg Caplets		12	\$1.00	X	=	
Pepto-Bismol Liquid	Bismatrol Suspension		8 oz	\$3.00	X	=	
Miralax	Polyethylene Glycol 3350, 17 g/capful		238 g	\$6.00	X	=	
Anti-Itch Lotions and Cream							
Calamine Lotion	Calamine Lotion		6 oz	\$2.00	X	=	
Aveeno Anti-Itch Lotion	Colloidal Oatmeal Lotion		7.5 oz	\$4.00	X	=	
Blood Pressure Monitoring							
Leader Deluxe Automatic Blood Pressure Monitor	Automatic Upper Arm Blood Pressure Monitor		1	\$30.00	X	=	
Cold Remedies							
Mucinex	Mucinex 600 mg Tablets		14	\$9.00	X	=	
Afrin Nasal Spray	Nasal Decongestant Spray		30 ml	\$2.00	X	=	
Chloraseptic	Throat Lozenges Cherry		18	\$3.00	X	=	
Robitussin Syrup	Guaifenesin 100 mg/tsp		4 oz	\$1.00	X	=	
Vicks	Camphor 4.8%, Eucalyptus Oil 1.2%, Menthol, 2.6% Ointment		50 g	\$3.00	X	=	
Dental Care							
Anbesol	Anbesol		0.3 oz	\$6.00	X	=	
Mouthwash	Mouthwash		500 ml	\$2.00	X	=	
Toothbrush	Toothbrush		1	\$1.00	X	=	
Toothpaste	Toothpaste		113 g	\$2.00	X	=	
Waxed Dental Floss	Waxed Dental Floss		55 yd	\$1.00	X	=	
Ear Care							
Ear Syringe	Ear Syringe		1	\$2.00	X	=	
Debrox Ear Wax Removal Drops	Carbamide Peroxide		0.5 oz	\$2.00	X	=	
Eye Care							
Dry Eye Drops	Liquitear Drops		0.5 oz	\$2.00	X	=	
Visine Drops	Sterile Eye Drops Irritation Relief		0.5 oz	\$1.00	X	=	
Fiber Supplements							
Metamucil	Fiber Capsules		100	\$7.00	X	=	
First Aid/Medical Supplies							
Ace Bandage	Athletic Bandage		1	\$4.00	X	=	
Adhesive Tape	Adhesive Tape 1 Inch x 5 Yards		1	\$2.00	X	=	
Alcohol Swabs *	Alcohol Swabs		100	\$1.00	X	=	
Band-Aids	Adhesive Bandage		60	\$1.00	X	=	
Cotton Balls	Cotton Balls		100	\$1.00	X	=	
Cotton Swabs	Cotton Swabs		170	\$1.00	X	=	

First and Last Name

Member ID Number (from ID card)

Brand Description	Generic Comparable	Qty./ Size	Item Price	Qty. Ordered	Price
Ice Bag	Ice Bag	1	\$4.00	X	=
J & J Gauze *	Stretch Gauze Bandage 2 In x 2 Yd	1	\$1.00	X	=
Oral Thermometer	Oral Thermometer	1	\$2.00	X	=
Healing Ointments					
Aquaphor Skin Healing Ointment	Aquaphor ointment	50 g	\$4.00	X	=
Eucerin	Moisturizing Lotion	4 oz	\$7.00	X	=
Hemorrhoidal Preparation					
Preparation H	Prompt Relief Hemorrhoid Ointment	57 g	\$2.00	X	=
Incontinence Supplies					
Depend Diapers with tabs** (Limit 1 per Order)	Small/Medium 19"-34" Waist	case 3x20 ct	\$60.00	X	=
Depend Diapers with tabs ** (Limit 1 per Order)	Large 35"-49" Waist	case 3x16 ct	\$60.00	X	=
Insect Repellent					
OFF! Deep Woods	25% DEET; Aerosol Spray	6 oz	\$6.00	X	=
OFF! Family Care	15% DEET; Spray	6 oz	\$6.00	X	=
Lactose Intolerance					
Lactaid	Dairy Relief Capsule	60	\$5.00	X	=
Pediculosis					
RID Extra Strength Shampoo	Lice Treatment Maximum Strength Cream	4 oz	\$5.00	X	=
Sun Protection					
Coppertone Sport Sunblock Lotion SPF 30	Sunblock SPF 30	8 oz	\$5.00	X	=
Topical Steroids					
Cortaid Cream	Hydrocortisone 1% Maximum Strength Cream	28 g	\$2.00	X	=
Vitamins and Minerals (If pregnant or in reproductive years, check with your PCP before using any supplements)					
B-Complex with B-12 Tablets	B-Complex/B-12 Tablets	100	\$4.00	X	=
Centrum Tablets	Multivitamin Tables	200	\$12.00	X	=
Stuart Prenatal Tablets	Prenatal -S Tablets	100	\$3.00	X	=
Magnesium	Magnesium 400mg	120	\$3.00	X	=
Vitamin C Tablets	C Chewable 500 mg Tablets	100	\$4.00	X	=
Vitamin E Softgels	E DL Alpha 400 IU SG Caplets	100	\$7.00	X	=
Vitamin A 10,000 IU	Vitamin A 10,000 IU	100	\$2.00	X	=
Caltrate 600	Calcium 600 D Tablets	60	\$1.00	X	=
Therapeutic M.	High Potency Multivitamin w/Minerals	100	\$1.00	X	=

* These items are covered under your Part D benefit if you are insulin-dependent (diabetic).

** These items have a specific quantity limit.

Part III – Add the price from each item together to total your order.

Your order total must be \$25 or more.
Order maximum is \$200 OR up to the remaining
balance of your annual benefit allowance.



**Order
Total \$**

Discrimination Is Against the Law

PHP (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PHP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services.

If you believe that PHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Member Services, P.O. Box 46160, Los Angeles, CA 90046, (888) 456-4715, TTY 711, Fax (888) 235-8552, email php@positivehealthcare.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-456-4715 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-456-4715 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-456-4715 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-456-4715 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-456-4715 (TTY : 711)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-456-4715 (ATS : 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-456-4715 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-456-4715 (телетайп: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-456-4715 (رقم هاتف الصم والبكم: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-456-4715 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-456-4715 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-456-4715 (TTY: 711) 번으로 전화해 주십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-456-4715 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-456-4715 (TTY: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-456-4715 (TTY: 711).