



2022

Over-the-Counter (OTC)

BENEFIT CATALOG

Get Over-the-Counter Products every quarter at **NO COST TO YOU!**



CALL **1-833-FREE-OTC** (1-833-373-3682)
TO PLACE YOUR ORDER

Freedom to live a healthy life

Your 2022 Vantage Medicare Advantage over-the-counter (OTC) benefit is good for 100 credits per quarter at **NO COST TO YOU!**

(Additional credits available for Dual Plus members)

**UP TO A
\$400 VALUE
PER YEAR!**

**(HIGHER VALUE FOR
DUAL PLUS MEMBERS)**

HOW DOES IT WORK?

- » OTC items* can be mailed directly to your home at no cost to you.
- » Only one order per quarter is allowed.
- » Please check with your healthcare provider before taking OTC medicines.
- » Once your OTC order is made, please allow 10-14 days from the date Saint John Pharmacy receives your order. Saint John Pharmacy and Vantage Health Plan are not responsible for lost, stolen or damaged items.
- » Due to the personal nature of these products, returns are not accepted.
- » Try to use all credits each quarter as credits are not carried over to the next quarter and will not be rolled over to the following year.
- » Quarter 1 (January, February and March)
Quarter 2 (April, May and June)
Quarter 3 (July, August and September)
Quarter 4 (October, November and December)
- » Credits are available for each member separately. For example, if a husband and wife have Vantage Medicare Advantage, both will receive 100 credits per quarter for a total of 200 credits for that quarter.

**Items and credits for items listed are subject to change (shipping, handling, and sales tax are included, so there is no cost to you).*

HOW DO I PLACE AN ORDER?



CALL US TOLL-FREE:

1-833-FREE-OTC
(833-373-3682)

The order line is open Monday through Friday from 7:00 AM–6:00 PM (CST). Have your Vantage Member ID card ready when you call.

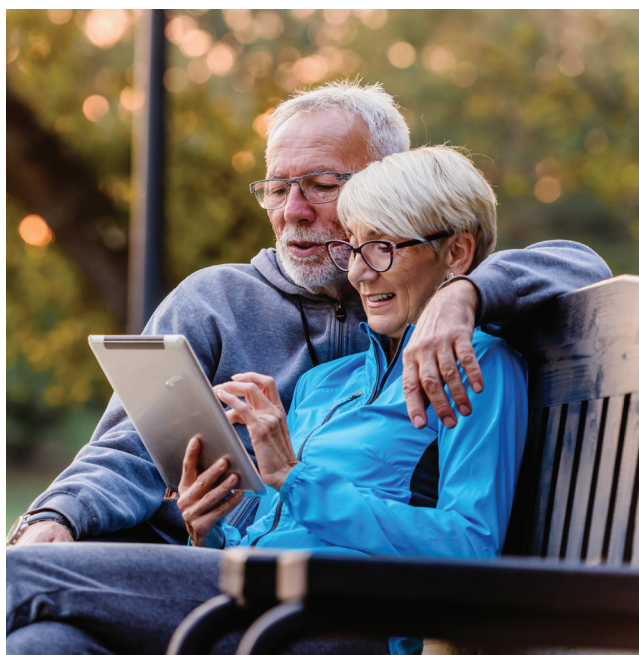
OR














SUBMIT ONLINE:







VantageOTC.com


then log in to the Vantage Member Portal.





Item	Description	Details	Credits
ANALGESIC & PAIN RELIEVERS			
01	 <p>ACETAMINOPHEN TABLETS <i>Compare to Tylenol® Extra Strength</i></p>	100 ct 500 mg	8
48	 <p>8 HR ARTHRITIS PAIN TABLETS <i>Compare to Tylenol® 8HR Arthritis Pain</i></p>	50 ct 650 mg	12
03	 <p>ASPIRIN CHEWABLE TABLETS <i>Compare to St. Joseph® Low Dose Aspirin</i></p>	36 ct 81 mg	4
67	 <p>ASPIRIN TABLETS <i>Compare to Ecotrin®</i></p>	100 ct 325 mg	5
02	 <p>ASPIRIN TABLETS <i>Compare to Bayer® Low Dose</i></p>	100 ct 81 mg	6
04	 <p>IBUPROFEN TABLETS <i>Compare to Motrin® IB</i></p>	100 ct 200 mg	11

Item	Description	Details	Credits
108	 <p>MIGRAINE RELIEF <i>Compare to</i> EXCEDRIN® MIGRAINE</p>	24 ct	10
05	 <p>PAIN RELIEVING CAPLETS <i>Compare to</i> Aleve®</p>	50 ct 220 mg	12
49	 <p>PAIN RELIEVING CREAM <i>Compare to</i> Bengay®</p>	3 oz	11
112	 <p>SALONPAS® PAIN RELIEVING PATCH</p>	6 ct	13
71	 <p>URINARY PAIN RELIEF TABLETS <i>Compare to</i> Azo Urinary Pain Relief®</p>	12 ct 99.5 mg	12



Item	Description	Details	Credits
ANTACIDS, HEARTBURN, GAS RELIEF & MOTION SICKNESS			
09	 <p>HEARTBURN RELIEF TABLETS <i>Compare to Pepcid®</i></p>	60 ct	10
105	 <p>ALKA-SELTZER</p>	12 ct	10
07	 <p>ANTACID LIQUID <i>Compare to Maalox® Advanced</i></p>	12 fl oz	13
06	 <p>ANTACID TABLETS <i>Compare to Tums®</i></p>	150 ct 500 mg	9
08	 <p>CHEWABLE ANTI-GAS TABLETS</p>	100 ct 80 mg	8
10	 <p>ACID REDUCER TABLETS <i>Compare to Prilosec® OTC</i></p>	14 ct 20 mg	16






Item	Description	Details	Credits
69	 <p>MECLIZINE ANTIEMETIC CAPLETS <i>Compare to Dramamine®</i></p>	100 ct 12.5 mg	12







ANTI-DIARRHEAL



11	 <p>ANTI-DIARRHEAL LIQUID <i>Compare to Pepto-Bismol®</i></p>	8 fl oz	15
12	 <p>ANTI-DIARRHEAL TABLETS <i>Compare to Imodium® A-D</i></p>	12 ct 2 mg	5

ANTI-FUNGAL





14	 <p>ANTIFUNGAL CREAM <i>Compare to Tinactin®</i></p>	0.5 oz 1%	6
13	 <p>VAGINAL CREAM <i>Compare to Gyne-Lotrimin® 7</i></p>	1.5 oz 1%	10

Item	Description	Details	Credits
ANTI-HEMORRHOIDAL			
15	 <p>HEMORRHOIDAL OINTMENT <i>Compare to Preparation-H®</i></p>	2 oz	8
COUGH, COLD & ALLERGY			
16	 <p>ALLERGY RELIEF TABLETS <i>Compare to Zyrtec®</i></p>	100 ct 10 mg	10
82	 <p>BENADRYL ALLERGY CAPSULES</p>	24 ct 25 mg	15
85	 <p>CORICIDIN HBP LIQUID GELS <i>for Chest Congestion & Cough</i></p>	20 ct	16
74	 <p>CORICIDIN HBP TABLETS <i>for Cold & Flu</i></p>	10 ct 325 mg	11

Item	Description	Details	Credits
17	 <p>COUGH SYRUP <i>Compare to Robitussin® Mucus Chest Congestion</i></p>	4 fl oz	8
61	 <p>FLUTICASONE PROPIONATE NASAL SPRAY <i>Compare to FLONASE®</i></p>	50 mcg Per Spray	25
20	 <p>HALLS® COUGH DROPS (CHERRY FLAVOR)</p>	30 ct	8
50	 <p>HALLS® COUGH DROPS SUGAR FREE (HONEY LEMON FLAVOR)</p>	25 ct	8
60	 <p>LORATADINE - ANTIHISTAMINE TABLETS <i>Compare to CLARITIN®</i></p>	100 ct 10 mg	12
107	 <p>MEDICATED CHEST RUB <i>Compare to Vicks VapoRub®</i></p>	3.53 oz	9

Item	Description	Details	Credits
18	 <p>MUCUS RELIEF TABLETS <i>Compare to Mucinex® Tablets</i></p>	60 ct 400 mg	11
19	 <p>SUGAR FREE COUGH LIQUID <i>Compare to Robitussin® Sugar Free</i></p>	4 fl oz	14








EYE & EAR CARE

84	 <p>CLEAR EYES TRIPLE ACTION EYE DROPS</p>	0.5 fl oz	10
22	 <p>EARWAX DROPS <i>Compare to Debrox®</i></p>	0.5 fl oz	10
68	 <p>HEALTHY EYE TABLETS with LUTEIN <i>Compare to Ocuvite® with Lutein</i></p>	60 ct	9
123	 <p>UNISEX READERS (STRENGTH: 2.0)</p>	1 ct	14







Item	Description	Details	Credits
124	<p>UNISEX READERS (STRENGTH: 2.5)</p>	1 ct	14
125	<p>UNISEX READERS (STRENGTH: 3.0)</p>	1 ct	14
126	<p>UNISEX READERS (STRENGTH: 3.5)</p>	1 ct	14
127	<p>UNISEX READERS (STRENGTH: 4.0)</p>	1 ct	14






FIRST AID







117	<p>ATHLETIC BANDAGE ROLL</p>	1 ct	12
25	<p>CURAD® BANDAGES - SHEER</p>	80 ct	7








Item	Description	Details	Credits
90	 <p>FIRST AID KIT <i>Compare to Johnson & Johnson®</i></p>	70 items	13
23	 <p>HYDROCORTISONE • 10 CREAM <i>Compare to Cortizone 10®</i></p>	1 oz 1%	5
91	 <p>HYDROGEN PEROXIDE</p>	8 fl oz	6
128	 <p>LARGE BANDAGES - SHEER</p>	10 ct 3x4 in	6
111	 <p>NEXCARE BANDAGES FOR SENSITIVE SKIN</p>	20 ct	9
116	 <p>STERILE BANDAGE ROLL</p>	1 ct	7
24	 <p>TRIPLE ANTIBIOTIC OINTMENT <i>Compare to Neosporin®</i></p>	1 oz	8







Item	Description	Details	Credits
LAXATIVE, STOOL & CONSTIPATION RELIEF			
28	 <p>FIBER SUPPLEMENT - SUGAR FREE (ORANGE FLAVOR) <i>Compare to Metamucil®</i></p>	10 oz	13
27	 <p>LAXATIVE POWDER <i>Compare to MiraLAX®</i></p>	4.1 oz	11
26	 <p>LAXATIVE SOFTGELS <i>Compare to Surfak®</i></p>	100 ct 240 mg	16
NUTRITION			
121	 <p>ENSURE® NUTRITION POWDER (VANILLA FLAVOR)</p>	14 oz	36
120	 <p>KELLOGG'S SPECIAL K® PROTEIN BARS (CHOCOLATE PEANUT BUTTER)</p>	8 ct	50





Item	Description	Details	Credits
ORAL CARE			
83	 BIOTENE ORAL RINSE	8 fl oz	12
52	 BLISTEX® MEDICATED LIP BALM	.15 oz	4
32	 CREST® TOOTHPASTE	4.6 oz	8
75	 DENTURE BRUSH	QTY: 1	8
30	 EFFERDENT® TABLETS	44 ct	11
119	 HERPECIN L® LIP BALM STICK	.1 oz	12

Item	Description	Details	Credits
109	 <p>ORAJEL™ INSTANT PAIN RELIEF</p>	.25 oz	15
94	 <p>REACH® MINT WAXED FLOSS</p>	55 yd	4
77	 <p>REACH® TOOTHBRUSH</p>	QTY: 1	4
29	 <p>SUPER POLIGRIP® EXTRA CARE</p>	2.2 oz	15
76	 <p>TONGUE CLEANER</p>	QTY: 1	5



Item	Description	Details	Credits
PERSONAL CARE			
63	 <p>ADULT BRIEFS - SIZES SMALL / MEDIUM (34" - 46" waist) <i>Compare to Depends®</i></p>	QTY: 20	29
64	 <p>ADULT BRIEFS - SIZE LARGE (44" - 54" waist) <i>Compare to Depends®</i></p>	QTY: 18	29
65	 <p>ADULT BRIEFS - SIZE X-LARGE (48" - 66" waist) <i>Compare to Depends®</i></p>	QTY: 14	29
38	 <p>ALCOHOL SWABS <i>Compare to BD® Alcohol Swabs</i></p>	100 ct	6
37	 <p>BABY SHAMPOO <i>Compare to Johnson's® Baby Shampoo</i></p>	13.6 fl oz	15
100	 <p>BLADDER CONTROL PADS - HEAVY</p>	QTY: 16	11








Item	Description	Details	Credits
95	 <p>BLOOD PRESSURE MONITOR ADULT WRIST CUFF</p>	1 ct	50
35	 <p>CHEWABLE GLUCOSE TABLETS (RASPBERRY FLAVOR) <i>Compare to</i> Dex 4® Fast Acting Glucose</p>	10 ct 4 g	5
86	 <p>COTTONELLE® FLUSHABLE WIPES</p>	42 ct	8
89	 <p>COTTON SWABS <i>Compare to</i> Q-TIPS®</p>	170 ct	4
36	 <p>DANDRUFF SHAMPOO <i>Compare to</i> Selsun Blue® Dandruff Shampoo</p>	7 fl oz	12
103	 <p>DISPOSABLE FACE MASKS</p>	50 ct	25
34	 <p>GOLD BOND® DIABETIC FOOT CREAM</p>	3.4 oz	16


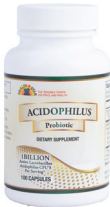





Item	Description	Details	Credits
79	 <p>GOLD BOND® ECZEMA LOTION</p>	3 oz	12
104	 <p>HAND SANITIZER WITH ALOE</p>	4 fl oz	6
106	 <p>HEATING PAD 12" X 14" MOIST/DRY HEAT</p>	QTY: 1	45
115	 <p>INFRARED THERMOMETER</p>	QTY: 1	50
118	 <p>PREVAIL® DAILY MALE BLADDER GUARDS</p>	14 ct	15
113	 <p>JERGENS ULTRA HEALING MOISTURIZER</p>	10 fl oz	14
88	 <p>JUMBO COTTON BALLS</p>	100 ct	4

Item	Description	Details	Credits
54	 <p>NASAL SPRAY <i>Compare to Ocean®</i></p>	3 fl oz	8
62	 <p>REUSABLE COTTON UNDERPAD (30" x 35")</p>	QTY: 1	30
110	 <p>SUNSCREEN <i>Compare to COPPERTONE® ULTRA GUARD®</i></p>	8 fl oz	14
33	 <p>TOE NAIL CLIPPERS</p>	QTY: 1	5

VITAMINS & MINERALS

41	 <p>B-COMPLEX PLUS VITAMIN C CAPLETS</p>	100 ct	11
72	 <p>BIOTIN TABLETS</p>	120 ct 10,000 mcg	16

Item	Description	Details	Credits
114	 CERTAVITE® SENIOR MULTIVITAMIN	90 ct	14
55	 CO Q-10 CAPSULES	30 ct 100 mg	13
39	 FISH OIL OMEGA-3 SOFTGELS	100 ct 1000 mg	12
44	 FOLIC ACID TABLETS	100 ct 400 mcg	5
47	 GLUCOSAMINE DAILY COMPLEX + VITAMIN D3 <i>Compare to Osteo Bi-Flex® One Per Day</i>	60 ct 1500 mg	23
78	 MAGNESIUM OXIDE TABLETS	120 ct 400 mg	8
58	 MELATONIN TABLETS	90 ct 5 mg	10

Item	Description	Details	Credits
46	 <p>OYSTER SHELL CALCIUM PLUS VITAMIN D TABLETS</p>	60 ct 500 mg	5
56	 <p>PROBIOTIC DIETARY SUPPLEMENT</p>	100 ct	15
57	 <p>SUBLINGUAL B-12 VITAMINS TABLETS</p>	110 ct 2500 mcg	15
40	 <p>VITAMIN C TABLETS</p>	110 ct 500 mg	8
42	 <p>VITAMIN D3 SOFTGEL CAPSULES</p>	100 ct 2,000 iu	11
43	 <p>VITAMIN E SOFTGELS</p>	110 ct 180 mg	12
98	 <p>ZINC TABLETS</p>	100 ct 50 mg	9



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Vantage Health Plan is required by federal law to provide the following information.

Nondiscrimination Notice

Vantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation, or any other legally protected characteristic. Vantage does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation, or any other legally protected characteristic.

Vantage provides free aids and services to people with disabilities to communicate effectively with us. Those services include qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, and other formats).

For people whose primary language is not English, Vantage provides free language translation services. Those services include qualified interpreters and information written in other languages. You can use Vantage's free language translation services by calling the "Members" phone number on the back of your Member ID card. For Members who are deaf or hard of hearing, please call for teletypewriter (TTY) services at 711.

If you believe that Vantage has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation, or any other legally protected characteristic, you can file a grievance with Vantage or the U.S. Dept. of Health and Human Services, Office for Civil Rights.

If you would like to file a complaint directly with Vantage, you can reach us in person, by mail, by fax, or by email at the addresses below:

Vantage Health Plan
Attention: Civil Rights Coordinator
130 DeSiard Street, Suite 300
Monroe, LA 71201
Phone: (318) 998-2887, TTY 711
Fax: (318) 361-2165
Email: civilrightscordinator@vhpla.com

If you would like to file a complaint directly with the U.S. Dept. of Health and Human Services, Office for Civil Rights, you can contact them by mail, by phone, or by email at the addresses below:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
Phone: (800) 368-1019, (800) 537-7697 (TDD)
Online Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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

If you need help filing a grievance, our Civil Rights Coordinator is available to help at civilrightscordinator@vhpla.com or by phone at (318) 998-2887.

Vantage has adopted internal grievance procedures for providing prompt and equitable resolution of complaints alleging discrimination on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation, or any other legally protected characteristic. Any person who believes someone has been subjected to discrimination on any of these grounds, may file a grievance under Vantage's grievance procedure. It is against the law for Vantage to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance. Depending on the type of grievance, a 60-day filing limit may apply. To learn more about Vantage's grievance procedure, you can call or email our Civil Rights Coordinator at the addresses above or you can visit our website at www.vantagehealthplan.com/vhpnondiscriminationgrievanceprocedure.



Vantage Health Plan is required by federal law to provide the following information.

Language Assistance

If you, or someone you're helping, have questions about Vantage Health Plan, you have the right to get help and information in your preferred language at no cost. To talk with an interpreter, call Member Services, 888-823-1910 (TTY 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-823-1910 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-823-1910 (ATS: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 888-823-1910 (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 888-823-1910 (TTY 711)。

مؤرب لصنا. ناجملاب لفل رناوتة قوغللا قدعاسملا تامدخ نإ، ةغللا رلفذا تشدح نك اذإ: ةظوحلم فتاه مؤر (888-823-1910) مكبللاو مصلا: 711.)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-823-1910 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-823-1910 (TTY: 711) 번으로 전화해 주십시오.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 888-823-1910 (TTY: 711).

ໂປດຊາບ: ຖ້າວາ ທ່ານເວົ້າພາສາ ລາວ, ການບລການຊ່ວຍເຫຼືອດານພາສາ, ໂດຍບຸລຸງຄາ, ແມ່ນມາພ້ອມໃຫ້ທ່ານ. ໂທ 888-823-1910 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。888-823-1910 (TTY: 711) まで、お電話にてご連絡ください。

نېړک لاک - نېه باوئسد یم تفم تامدخ یک ددم یک نابز وک پآ و، ټه ټلوب ودر پآ رگا: رابریخ (888-823-1910) (TTY: 711)

સચના: જો તમે ગજરાતી બોલતા હો, તો નિ:શલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 888-823-1910 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 888-823-1910 (TTY: 711)

مهارف امش يارب ناگوار تروصب ي نابز تلاهست، دنيك يم وگنئگ ي سراف نابز هب رگا: هجوب اب دشاب يم 888-823-1910 (TTY: 711) نيړيگب سامن.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-823-1910 (телетайп: 711).

เรียน: ถาคุณพูดภาษาไทยคุณสามารถใชบริการช่วยเหลือทางภาษาไดฟรี โทร 888-823-1910 (TTY: 711).



Administered by:



Vantage Health Plan (Vantage) is an HMO with a Medicare contract. Enrollment in Vantage depends on contract renewal.

Freedom to live a healthy life