



[2018]

CHRISTUS HEALTH PLAN
GENERATIONS PLUS (HMO)
Over the Counter Drug Program

**CHRISTUS Health Plan Generations Plus
covers members in the following counties**
Santa Fe, Los Alamos, San Miguel, Rio Arriba

We are glad you have chosen CHRISTUS Health Plan Generations Plus!

CHRISTUS Health Plan Generations Plus offers an over the counter pharmacy benefit in addition to the Part D benefits described in the Evidence of Coverage. This benefit allows for reimbursement of up to \$100 every 3 months for over-the-counter drugs included in this document, the CHRISTUS Health Plan Generations Plus Over-the-Counter Formulary, without a prescription.

To obtain reimbursement, you must submit receipts for qualified over-the-counter drugs in the manner below no later than 30 days after the end of the quarter.

- 1.) Collect receipts for qualified drugs, included in the Over-the-Counter Formulary.
- 2.) Complete the CHRISTUS Health Plan Generations Plus OTC Member Reimbursement Form. This form is included in the back of this Over-the-Counter Formulary or can be found on-line at www.christushealthplan.org.
- 3.) Mail original receipts and complete CHRISTUS Health Plan Generations Plus OTC Member Reimbursement Form to:

CHRISTUS Health Plan Generations Plus
Attention: Claims, Member Reimbursement
919 Hidden Ridge Drive
Irving, TX 75038

	Time Period	Submission Deadline	Limit
Quarter 1	January – March 2018	April 30, 2018	\$100
Quarter 2	April – June 2018	July 30, 2018	\$100
Quarter 3	July – September 2018	October 30, 2018	\$100
Quarter 4	October – December 2018	January 30, 2019	\$100

Questions? We are here to help. Call the CHRISTUS Health Plan Generations Plus Member Service at 1-844-282-3026.

CHRISTUS HEALTH PLAN GENERATIONS PLUS (HMO)

Over-the-Counter Listing

FORM CHAPTER	GENERIC NAME	BRAND NAME
ANTIDIARRHEALS	BANANA FLAKES/T-GALACTOOLIGOS. BISMUTH SUBSALICYLATE	BANATROL PLUS BISMATROL BISMUTH MAXIMUM STRENGTH DIOTAME STOMACH RELIEF
	LOPERAMIDE HCL	LOPERAMIDE
ANTIHISTAMINES	CETIRIZINE HCL	24HOUR ALLERGY
	FEXOFENADINE HCL	ALLEGRA ALLERGY
	LORATADINE	ALLERGY RELIEF LORADAMED LORATADINE NON-DROWSY ALLERGY
ANTITUSSIVE COMBINATIONS	ACETAMINOPHEN/DEXTROMETHORPHAN DEXTROMETHORPHAN HBR	DAYTIME COLD & COUGH ROBAFEN COUGH ROBITUSSIN SCOT-TUSSIN VICKS DAYQUIL COUGH
	DEXTROMETHORPHAN/PHENYLEPHRINE DM/PSEUDOEPHED/ACETAMINOPHEN	TRIAMINIC DAYTIME COLD-COUGH DAY-TIME NON-ASPIRIN FLU
	D-METHORPHAN/PE/ACETAMINOPHEN	ALKA-SELTZER PLUS DAY DAYTIME COLD MULTI-SYMPTOM
		FLU-SEVERE COLD MAPAP COLD FORMULA SUDAFED PE PRESSURE+PAIN+COUGH THERAFLU EXPRESSMAX COLD DAY THERAFLU EXPRESSMAX COLD-COUGH VICKS DAYQUIL
	EUCALYPTUS OIL/MENTHOL	CHERRY MENTHOL
	GUAIFEN/DEXTROMETHORPHAN/K CIT	SORBUTUSS
	GUAIFEN/DEXTROMETHORPHAN/PE	ADLT WAL-TUSSIN COUGH-COLD CF ADULT TUSSIN MULTI-SYMP COLD DESGEN DM

CHRISTUS HEALTH PLAN GENERATIONS PLUS (HMO)

Over-the-Counter Listing

FORM CHAPTER

GENERIC NAME

BRAND NAME

FORM CHAPTER	GENERIC NAME	BRAND NAME
		DESPEC DM
		DURAVENT DM
		GILTUSS TR
		G-TUSICOF
		NIVANEX DMX
		PRES GEN
		RELHIST DMX
		ROBITUSSIN COUGH & COLD CF
		TUSICOF
		TUSSI-PRES
		VANACOF DM
	GUAIFENESIN/DEXTROMETHORPHAN	ADULT TUSSIN COUGH CONGEST DM
		ADULT TUSSIN DM
		ADULT WAL-TUSSIN DM
		ADULT WAL-TUSSIN DM MAX
		COUGH
		GUAIASORB DM
		GUAIFENESIN-DM ER
		G-ZYNCOF
		MUCINEX COUGH
		MUCINEX DM
		MUCINEX FAST-MAX DM MAX
		MUCUS DM
		MUCUS RELIEF DM
		PECGEN DMX
		REFENESEN DM
		RI-TUSSIN DM
		ROBAFEN DM COUGH
		ROBAFEN DM COUGH-CHEST CONGEST
		ROBAFEN-DM
		ROBITUSSIN COUGH-CHEST-CONG DM
		SAFETUSSIN DM
		SCOT-TUSSIN SENIOR
		SILTUSSIN DM
		SILTUSSIN DM DAS COUGH FORMULA
		SORBUGEN NR
		SUPRESS DM
		TRISPEC DMX

CHRISTUS HEALTH PLAN GENERATIONS PLUS (HMO)

Over-the-Counter Listing

FORM CHAPTER	GENERIC NAME	BRAND NAME
		TUSNEL DIABETIC
		TUSSIN DM COUGH & CHEST
		TUSSIN DM MAX
		VICKS DAYQUIL MUCUS CONTROL
	GUAIFENESIN/DM/PSEUDOEPHEDRINE	MAXIFED DM
		PECGEN PSE
		POLY-VENT DM
		TRISPEC PSE
		TUSNEL
	PHENYLEPHRINE/DM/ACETAMINOP/GG	MUCINEX COLD-FLU-SORE THROAT
		NON-PSEUDO COLD RELIEF
		PRESSURE-PAIN PE PLUS COLD
		SEVERE DAYTIME COLD & FLU
		SEVERE DAYTIME COLD-FLU
		VICKS DAYQUIL SEVERE COLD-FLU
	PSEUDOEPH/DM/GUAIFEN/ACETAMIN	DURAFLU
ANTIVERTIGO & ANTIEMETIC AGENTS	DIMENHYDRINATE	DIMENHYDRINATE
		DRIMINATE
	MECLIZINE HCL	BONINE
		MEDI-MECLIZINE
		MOTION RELIEF
		MOTION SICKNESS II
		MOTION SICKNESS RELIEF
		MOTION-TIME
		TRAVEL SICKNESS
	PHOSPORATED CARB(DEXT-FRUCTOS)	FORMULA EM
		NAUSEA CONTROL
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES	URINE ACETONE TEST,STRIPS	CHEMSTRIP K
		KETOSTIX REAGENT
	URINE GLUCOSE TEST STRIP	DIASTIX REAGENT
	URINE GLUCOSE-ACET TEST STRIP	KETO-DIASTIX REAGENT
	URINE MULTIPLE TEST STRIPS	CHEMSTRIP 10 WITH SG
		CHEMSTRIP 2 GP
		LABSTIX REAGENT

CHRISTUS HEALTH PLAN GENERATIONS PLUS (HMO)

Over-the-Counter Listing

FORM CHAPTER	GENERIC NAME	BRAND NAME
BOWEL EVACUANTS	POLYETHYLENE GLYCOL 3350	GAVILAX
		GENTLELAX
BOWEL EVACUANTS	POLYETHYLENE GLYCOL 3350	MIRALAX
		PEG3350
DECONGESTANT / ANTIHISTAMINES	CETIRIZINE HCL/PSEUDOEPHEDRINE	ALL DAY ALLERGY-D
	CETIRIZINE HCL/PSEUDOEPHEDRINE	ALLERGY COMPLETE-D
	FEXOFENADINE/PSEUDOEPHEDRINE	ALLEGRA-D 12 HOUR
	FEXOFENADINE/PSEUDOEPHEDRINE	FEXOFENADINE-PSE ER
	LORATADINE/PSEUDOEPHEDRINE	ALLERGY RELIEF D
	LORATADINE/PSEUDOEPHEDRINE	ALLERGY RELIEF D-24
	LORATADINE/PSEUDOEPHEDRINE	ALLERGY RELIEF-D12
	LORATADINE/PSEUDOEPHEDRINE	CLARITIN-D 24 HOUR
	LORATADINE/PSEUDOEPHEDRINE	LORATA-D
	LORATADINE/PSEUDOEPHEDRINE	LORATA-DINE D
DECONGESTANT / ANTIHISTAMINES	NAPROXEN SODIUM/PSEUDOEPHEDRINE	ALEVE COLD AND SINUS
	PHENYLEPHRINE HCL	
	PHENYLEPHRINE HCL/ACETAMINOPHN	
DECONGESTANT / ANTIHISTAMINES	PSEUDOEPHEDRINE HCL	
	PSEUDOEPHEDRINE/ACETAMINOPHEN	
	GUAIFEN/PHENYLEPH/ACETAMINOPHN	
EXPECTORANT COMBINATIONS	GUAIFENESIN	

CHRISTUS HEALTH PLAN GENERATIONS PLUS (HMO)

Over-the-Counter Listing

FORM CHAPTER

GENERIC NAME

BRAND NAME

GUAIFENESIN/EPHEDRINE HCL
GUAIFENESIN/PHENYLEPHRINE HCL

GUAIFENESIN/PSEUDOEPHEDRNE HCL

H2 ANTAGONISTS

FAMOTIDINE
RANITIDINE HCL

INSULIN
SYRINGES/MISCELLANEOUS
DURABLE MEDICAL EQU

ADHESIVE BANDAGE

ADHESIVE TAPE

ALGINATE DRESSING
BENZALKONIUM CHLORIDE

CORN/CALLUS CUSHION

CHRISTUS HEALTH PLAN GENERATIONS PLUS (HMO)

Over-the-Counter Listing

FORM CHAPTER

GENERIC NAME

BRAND NAME

ELASTIC BANDAGE

FOAM BANDAGE

GAUZE BANDAGE

GEL DRESSING

GEL DRESSING, FENESTRATED

HYDROCOLLOID DRESSING

ADVANCED HEALING BANDAGE

COMFEEL ULCER CARE

DRYMAX EXTRA

DUODERM CGF

DUODERM SIGNAL

DURAFIBER

EXUDERM SATIN

HYDROCOL II

NON-ADHERENT BANDAGE

BAND-AID NON-STICK PADS

BAND-AID SURGIPAD DRESSING

ELASTO-GEL

SILVER/FOAM BANDAGE

ACTICOAT MOISTURE CONTROL

ACTICOAT SITE

AQUACEL AG FOAM SACRAL

COTTON SWABS

SWAB

ARGLAES FILM

TRANSPARENT DRESSING

ELASTO-GEL CAST-SPLINT PADDING

UNDERCAST PADDING

COTTON SQUARES

WADDING

KERATOLYTICS

SALICYLIC ACID

BETASAL

DERMAREST PSORIASIS

DHS SAL

FAST CLEARING SPOT

KERALYT

MEDICATED CORN REMOVERS

MOSCO CORN REMOVER

CHRISTUS HEALTH PLAN GENERATIONS PLUS (HMO)

Over-the-Counter Listing

FORM CHAPTER	GENERIC NAME	BRAND NAME
MISCELLANEOUS AGENTS	SALICYLIC ACID/COAL TAR/SULFUR SALICYLIC ACID/COLLODION, FLEX SALICYLIC ACID/SULFUR DEXTROSE	SAL-PLANT
		ALA SEB T
		FREEZONE
		SEBEX
		DEX4 GLUCOSE
		GLUCO SHO
		GLUCOSE BITS
		GLUCOSE GEL
		GLUTOSE 45
		MISCELLANEOUS ANALGESICS
CHEMSTRIP MICRAL		
AZO		
CHEMSTRIP 2 LN		
8 HOUR		
MISCELLANEOUS DERMATOLOGICALS	ACETAMINOPHEN MENTHOL	8 HOUR PAIN RELIEF
		ACEPHEN
		ACETAMINOPHEN
		BETATEMP
		EXTRA STRENGTH NON-ASPIRIN
		FEVERALL
		MASOPHEN
		NON-ASPIRIN
		PAIN RELIEF EXTRA STRENGTH
		PAIN RELIEVER JUNIOR STRENGTH
MISCELLANEOUS GASTROINTESTINAL AGENTS	ACETAMINOPHEN/CAFFEINE MENTHOL METHYL SALICYLATE/MENTHOL WITCH HAZEL ALPHA-D-GALACTOSIDASE	PHARBETOL
		SHAKE THAT ACHE
		TACTINAL
		TYLENOL ARTHRITIS
		TYLENOL EXTRA STRENGTH
		TENSION HEADACHE
		BENGAY
		BENGAY GREASELESS PREPARATION H TOTABLES
		BEANO

CHRISTUS HEALTH PLAN GENERATIONS PLUS (HMO)

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FORM CHAPTER	GENERIC NAME	BRAND NAME
	ALUMINUM HYDROXIDE BISACODYL	ALUMINUM HYDROXIDE BISAC-EVAC BISACODYL BISA-LAX BISCOLAX MAGIC BULLET
	CALCIUM CARBONATE (ANTACID)	TAME THE FLAME TUMS ULTRA STRENGTH
	CALCIUM CARBONATE/SIMETHICONE COCOA BUTTER/ZINC OXIDE DOCUSATE SODIUM	ALKA-SELTZER HEARTBURN+GAS CALMOL 4 COLACE DIOCTYL DOC-Q-LACE DOCUSOL DSS MOVE IT ALONG PHILLIPS' LAXATIVE SILACE SOF-LAX STOOL SOFTENER
	DOCUSATE SODIUM/BENZOCAINE FRUCTOOLIGOSACCHARIDES/POLYDEX GLYCERIN MAG CARB/ALUMINUM HYDROX/ALGIN MAG HYDROX/ALUMINUM HYD/SIMETH	DOCUSOL PLUS HYFIBER WITH FOS GLYCERIN LAXATIVE GAVISCON ADVANCED ANTACID-ANTIGAS GERI-LANTA LIQUID ANTACID MAG-AL PLUS MAG-AL PLUS XS MI ACID RI-GEL RI-GEL II RI-MOX RI-MOX PLUS RULOX
	MAGALDRATE MAGALDRATE/SIMETHICONE MAGNESIUM CARB/ALUMINUM HYDROX	RI-MAG RI MAG PLUS HEARTBURN ANTACID

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FORM CHAPTER	GENERIC NAME	BRAND NAME
	MAGNESIUM CARBONATE/ASAFETIDA	DEWEE'S CARMINATIVE
	MAGNESIUM HYDROXIDE	MILK OF MAGNESIA
	MAGNESIUM HYDROXIDE (ANTACIDS)	PHILLIPS' MILK OF MAGNESIA
	MAGNESIUM, ALUMINUM HYDROXIDE	MAG-AL
	MINERAL OIL	MINERAL OIL ENEMA
		READY TO USE ENEMA
	PHENYLEPHRINE HCL	ANU-MED
	POT BICARB/SOD BICARB/CIT AC	ALKA-SELTZER
	PRAMOXINE HCL/ZINC OXIDE	TRONOLANE
	PSYLLIUM HUSK	DAILY FIBER
		EVAC
	PSYLLIUM HUSK/ASPARTAME	GERI-MUCIL
		NATURAL FIBER SUPPLEMENT
	PSYLLIUM HUSK/CALCIUM CARB	METAMUCIL PLUS CALCIUM
	SENNOSIDES	EX-LAX
		GERI-KOT
		PERDIEM
		SENNA CONCENTRATE
		SENNA LAX
		SENNA-GEN
		SENNO
		SENNOSIDES
		SEN-O-TAB
	SENNOSIDES/DOCUSATE SODIUM	DOCUSATE SODIUM-SENNA
		MEDI-LAXX
		P-COL RITE
		SENEXON-S
		SENNA PLUS
		SENNA S
		SENNA-DOCUSATE SODIUM
		SENNA-TIME S
		SEKOKOT-S
		STIMULANT LAXATIVE PLUS
		STOOL SOFTENER-LAXATIVE
		STOOL SOFTENER-STIMULANT LAX
	SENNOSIDES/PSYLLIUM HUSK	SENNA PROMPT
	SIMETHICONE	BICARSIM FORTE
		GAS RELIEF

CHRISTUS HEALTH PLAN GENERATIONS PLUS (HMO)

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FORM CHAPTER	GENERIC NAME	BRAND NAME
		GAS RELIEF 80 GAS-X SIMETHICONE E-Z-GAS II ALKA-SELTZER HEARTBURN BENEFIBER BEST FIBER
MISCELLANEOUS NUTRITION PRODUCTS	SIMETHICONE/SOD BICARB/CIT AC SODIUM BICARBONATE/SOD CITRAT WHEAT DEXTRIN	
	OMEGA-3 FATTY ACIDS/DHA/EPA OMEGA-3/DHA/EPA/FISH OIL	OVEGA-3 OMEGA-3 FISH OIL
MISCELLANEOUS OPHTHALMOLOGICS	CARBOXYMETHYL/GLY/POLY80/PF CARBOXYMETHYL/GLYCERIN/POLY80 CARBOXYMETHYLCELL/GLYCERIN/PF CARBOXYMETHYLCELLULOS/GLYCERIN CARBOXYMETHYLCELLULOSE SODIUM	REFRESH OPTIVE MEGA-3 REFRESH OPTIVE ADVANCED REFRESH OPTIVE SENSITIVE REFRESH OPTIVE REFRESH CELLUVISC REFRESH LIQUIGEL REFRESH PLUS REFRESH TEARS STERILE LUBRICANT THERA TEARS ULTRA FRESH NATURAL TEARS GENTEAL TEARS FRESHKOTE MOISTURE EYES SYSTANE GEL POLYVINYL ALCOHOL REFRESH CLASSIC SYSTANE BALANCE SYSTANE SYSTANE ULTRA ULTRA LUBRICANT EYE
	DEXTRAN 70/HYPROMELLOSE/PF DEXTRAN/HYPROMELLOSE/GLYCERIN EYE LUBRICANT COMBINATION NO.1 GLYCERIN/PROPYLENE GLYCOL HYPROMELLOSE POLYVINYL ALCOHOL POLYVINYL ALCOHOL/POVIDONE/PF PROPYLENE GLYCOL PROPYLENE GLYCOL/PEG 400	
NSAIDS	IBUPROFEN	ADVIL ADVIL LIQUI-GELS ADVIL MIGRAINE I-PRIN IBU-DROPS IBUPROFEN

CHRISTUS HEALTH PLAN GENERATIONS PLUS (HMO)

Over-the-Counter Listing

FORM CHAPTER	GENERIC NAME	BRAND NAME
		MOTRIN IB
		PROVIL
		ALEVE
		ALL DAY PAIN RELIEF
		FLANAX
		MEDIPROXEN
	NAPROXEN SODIUM	ANTACID ULTRA STRENGTH
		CALCIUM ANTACID
		FLAVOR CHEWS ANTACID
		TUMS
		TUMS FRESHERS
		TUMS SMOOTHIES
		TUMS ULTRA
		TUMS X-STR
		ULTRA STRENGTH ANTACID
OTHER ELECTROLYTES	CALCIUM CARBONATE (ANTACID)	PEPCID COMPLETE
		NEXIUM 24HR
		PREVACID 24HR
OTHER ULCER THERAPY	FAMOTIDINE/CA CARB/MAG HYDROX	VANQUISH
PROTON PUMP INHIBITORS	ESOMEPRAZOLE MAGNESIUM	BAYER ADVANCED
	LANSOPRAZOLE	EXTRA PAIN RELIEF
		MIGRAINE RELIEF
SALICYLATES	ASA/ACETAMINOPHEN/MAG/ALH/CAFF	ANACIN
	ASPIRIN	ALKA-SELTZER ORIGINAL
	ASPIRIN/ACETAMINOPHEN/CAFFEINE	NICODERM CQ
		QUIT 2
		QUIT 4
	ASPIRIN/CAFFEINE	CLOTRIMAZOLE-7
	ASPIRIN/SOD BICARB/CITRIC ACID	MICONAZOLE NITRATE
SMOKING DETERRENTS	NICOTINE	DIABETES HEALTH
	NICOTINE POLACRILEX	I-CAPS
		MACULAR BENEFITS
VAGINAL ANTIFUNGALS	CLOTRIMAZOLE	CALCIUM ASCORBATE
	MICONAZOLE NITRATE	ESTER-C
		C-1000 WITH ROSE HIPS
VITAMINS & HEMATINICS	A LIPOIC ACID/FOLIC/MV-MN/LUT	HALLS DEFENSE
	ANTIOX.MV NO.10/OMEG3S/LUT/ZEA	ACEROLA C
	ANTIOX.MV NO.12/OMEG3S/LUT/ZEA	EMERGEN-C
	ASCORBATE CALCIUM	
	ASCORBATE CALCIUM/BIOFLAVONOID	
	ASCORBIC ACID	
	ASCORBIC ACID/ASCORBATE SODIUM	
	ASCORBIC ACID/MULTIVIT-MIN	

CHRISTUS HEALTH PLAN GENERATIONS PLUS (HMO)

Over-the-Counter Listing

FORM CHAPTER	GENERIC NAME	BRAND NAME
	ASCORBIC ACID/MULTIVIT-MIN/MSM	ESSENCE C
	ASCORBIC ACID/VITAMIN E/BIOTIN	EMERGEN-C MSM LITE
	B1/B2/B3/B5/B6/IRON/METH/CHOLN	HAIR, SKIN AND NAILS-BIOTIN
	B12/LEVOMEFOLATE CALCIUM/B-6	GERITOL TONIC
		FOLBIC RF
		FOLTX
	B3/B6/FOLIC/ZINC/COPPER/CO-Q10	NICADAN ZX
	B3/FA/B6/COPPER/ZN/BAIKAL/CATE	NICAPRIN
	BETA-CAROTENE	BETA CAROTENE
	BETA-CAROTENE(A)-C,E/SELENIUM	ANTIOXIDANT
	BIOTIN	BIOTIN
	BIOTIN/FOLIC AC/VIT BCOMP,C/ZN	BIOTIN FORTE
	CALCIUM CARB/D3/MAG AA CHELATE	CORAL CALCIUM
	CALCIUM CARB/D3/MAGNESIUM/ZINC	CALCIUM-MAGNESIUM-ZINC-VIT D
	CALCIUM CARB/MAG OXIDE/VIT C	LOCALNESIUM-C
	CALCIUM CARB/MAGNESIUM OXID/D3	CALCIUM MAGNESIUM + D
	CALCIUM CARB/MGOX/VIT D2/BIOFL	ACTICAL
	CALCIUM CARB/VIT D3/MINERALS	CALCIUM 600+MINERALS
	CALCIUM CARB/VITAMIN D3/SOYB	SOY FORMULA
	CALCIUM CARB/VITAMIN D3/VIT K1	CALCIUM
	CALCIUM CARBONATE/MULTIVITAMIN	FLINTSTONES PLUS CALCIUM
	CALCIUM PANTOTHENATE	CALCIUM PANTOTHENATE
	CALCIUM PHOSPHATE TRIB/VIT D3	CALCIUM ADULT
		CITRACAL + D3
	CALCIUM/MAGNESIUM/HERBA1 NO180	MISEFLEX
	CALCIUM/MULTIVITAMIN WITH IRON	FOSFREE
	CYANOCOBALAMIN/FOLIC AC/VIT B6	FABB
	DOCOSAHEXANOIC ACID	ALGAL OMEGA-3 DHA
	FERROUS FUMARATE	HEMOCYTE
	FERROUS FUMARATE/IRON PS CPLX	TANDEM DUAL ACTION
	FERROUS GLUCONATE	FERGON
		FERROUS GLUCONATE
	FERROUS SULFATE	FER-IN-SOL
		FEROSUL
		FERROUSUL
	FOLIC ACID	FA-8
	FOLIC ACID/MULTIVIT-MIN/LUTEIN	ESSENTIAL WOMAN 50+
		MEN'S PACK

CHRISTUS HEALTH PLAN GENERATIONS PLUS (HMO)

Over-the-Counter Listing

FORM CHAPTER	GENERIC NAME	BRAND NAME
	FOLIC ACID/VIT B COMPLEX AND C	FULL SPECTRUM B
	HESPERIDIN MET CHALCON/DIOSMIN	VASOFLEX D1
	IRON	IRON
	IRON AG,PS/C/FA6/B12/ZN/SA/STO	NIFEREX
	IRON ASPGLY,PS/C/SUCCINIC ACID	FERREX 150 PLUS
	IRON BISGLY,PS CPLEX/B12/ZINC	MAXFE
	IRON CHELATE/VIT B12/FOLIC AC	FERRACTIV IRON
	IRON FUM/FOLIC AC/B CPLX C/MIN	PARVLEX
	IRON HEME POLYPEPTIDE	PROFERRIN
	IRON POLYSACCH/IRON HEME POLYP	DUOFER
		FEOSOL
	IRON POLYSACCHARIDE COMPLEX	FERREX 150
		IFEREX 150
		MYFERON 150
		NOVAFERRUM 50
		POLY-IRON
		POLYSACCHARIDE IRON 150
		PRO FE
	IRON,CARB/VIT C/VIT B12/FOLIC	IRON 100 PLUS
	IRON,CARBONYL/ASCORBIC ACID	VITRON-C
	IRON,CARBONYL/FOLIC ACID/MV-MN	OPURITY MULTIVITAMIN
	IRON/VIT C/FRUCTOOLIGOSACCHARD	CHEWABLE IRON
	LEVOMEFOLATE CALCIUM	ELFOLATE
		L-METHYLFOLATE
	LEVOMEFOLATE/ALGAL OIL	DEPLIN-ALGAL OIL
	LEVOMEFOLATE/B6/B12/ALGAL OIL	FOLTANX RF
	LUTEIN	LUTEIN
	LUTEIN/ZEAXANTHIN	LUTEIN-ZEAXANTHIN
		OCUVITE LUTEIN 25
	LYCOPENE	LYCOPENE
	MECOBAL/LEVOMEFOLAT CA/B6 PHOS	ELFOLATE PLUS
		FOLTANX
	MULTIVIT WITH IRON,MINERALS	COMPETE
		DINO-LIFE
		LYSIPLEX PLUS
	MULTIVIT WITH MINERALS/LUTEIN	MILLTRIUM SENIOR
	MULTIVIT/IRON/FA/K/HERB NO.244	ALIVE WOMEN'S ENERGY
	MULTIVITAMIN	CHEWABLE-VITE

CHRISTUS HEALTH PLAN GENERATIONS PLUS (HMO)

Over-the-Counter Listing

FORM CHAPTER

GENERIC NAME

BRAND NAME

FORM CHAPTER	GENERIC NAME	BRAND NAME
		DAILY VALUE
		DAILY VITAMIN FORMULA
		DINO-LIFE WITH EXTRA C
		FRUITY VITAMIN
	MULTIVITAMIN WITH MINERALS	APATATE FORTE
		ELLIS TONIC
	MULTIVITAMIN, THER AND MINERALS	MULTIVITAMINS WITH MINERALS HP
	MULTIVITAMIN/IRON/FOLIC ACID	CENTRUM COMPLETE
		CEROVITE ADVANCED FORMULA
		COMPLETE MULTIVITAMIN
		COMPLETE MULTI-VIT-MINERAL
		DAILY MULTIVITAMIN-IRON
		ESSENTIA
	MULTIVIT-MIN/FA/LYCOPEN/LUTEIN	CERTAVITE SENIOR-ANTIOXIDANT
		COMPLETE MULTI 50+
		ESSENTIAL MAN
		ESSENTIAL MAN 50+
	MULTIVIT-MIN/FOLIC ACID/BIOTIN	HAIR, SKIN AND NAILS
	MULTIVIT-MIN/FOLIC ACID/HRB245	ALIVE WOMEN'S GUMMY VITAMINS
	MULTIVIT-MIN/FOLIC/VIT K/LYCOP	MENS 50+ ADVANCED ONE DAILY
	MULTIVIT-MIN36/IRON/FOLIC ACID	GERITOL COMPLETE
	MULTIVIT-MINERALS/FERROUS GLUC	CENTRUM
	MULTIVIT-MINERALS/FOLIC ACID	ADULT MULTI GUMMIES
		ADULT MULTIVITAMIN GUMMIES
		ADULT ONE DAILY GUMMIES
	MULTIVIT-MINS/FA/LYCOP/LUT/ALA	MULTI-BETIC
	MV,IRON,MIN/LUTEIN	ESSENTIAL BALANCE
	MV-MIN/FA/VIT K/LYCOP/LUT/ZEAX	OCUVITE EYE + MULTI
	MV-MIN/IRON/FOLIC AC/CAL/D3/AA	K-PAX IMMUNE SUPPORT
	MV-MIN/VIT C/GLUT/LYSINE/HC124	AIRBORNE
	MV-MINS/IRON/FOLIC/LUT/HERB175	BIO-35
	MV-MN/LUTEIN/ZEAX/BILBER/HB277	MACULAR HEALTH FORMULA
	MV-MN/OM3/DHA/EPA/FISH/LUT/ZEA	LIPOTRIAD VISIONARY
	MV-MN/OM3/DHA/EPA/FSH/FLX/LACT	DRY EYE FORMULA
	PYRIDOXINE HCL (VITAMIN B6)	PYRIDOXINE HCL
	RIBOFLAVIN (VITAMIN B2)	RIBOFLAVIN
	SULBUTIAMINE	ARKALIOX
	VIT A AND D3 IN COD LIVER OIL	NORWEGIAN COD LIVER OIL

CHRISTUS HEALTH PLAN GENERATIONS PLUS (HMO)

Over-the-Counter Listing

FORM CHAPTER	GENERIC NAME	BRAND NAME
	VIT A PALMITATE/VIT C/VIT D3	TRI-VI-SOL
	VIT A/C/E AC/ZNOX/CUPRIC OXIDE	EYEPROTECT
	VIT A/VIT C/VIT E/ZINC/COPPER	PRESERVISION AREDS
	VIT B COMP C 19/FOLIC ACID/D3	NEPHRONEX-SL
	VIT C/HESPERIDIN/BIOFLAVONOIDS	PAN-C 500
	VIT C/VIT E AC/LUT/COPPER/ZINC	PRESERVISION LUTEIN
	VIT C/VIT E/MAGNESIUM/HERB 189	GLUCOLESS
	VIT C/VIT E/SELENIUM/HERB 191	IMMUNICARE
	VITAMIN A	VITAMIN A
	VITAMIN B COMPLEX	BALANCED B-50
	VITAMIN B COMPLEX/FOLIC ACID	KOBEE
	VITAMIN B COMPLEX/LYSINE	APETIGEN
	VITAMIN E (DL,TOCOPHERYL ACET)	E-200
	VITS A,C,E/LUTEIN/MINERALS	EYE HEALTH PLUS LUTEIN I-VITE

This over the counter listing is for the 2018 benefit year. Please do not submit your first order until after January 1, 2018.

This product list is subject to change. If a product is unavailable or not in stock, it may be substituted for a similar product at no additional charge.

Prior to purchase, the enrollee is strongly encouraged to have a conversation with their personal provider about the appropriateness of OTC items.

OTC items may only be purchased for the plan enrollee. It is prohibited to use OTC items for family and friends. Purchase of OTC products made under emergency circumstances may be eligible for reimbursement when the quarterly benefit allowance is available.

The following items are not covered under this OTC benefit (non-eligible items): Alternative medicines (including botanicals, herbals, probiotics and nutraceuticals including fish oil, glucosamine and chondroitin, garlic, Echinacea, saw palmetto, ginkgo biloba, etc.), baby items, contraceptives, convenience (non-medical items), cosmetics, food supplements, replacement items, attachments and peripherals (including hearing aid batteries, contact lens containers, etc., when not factory packaged with original item).

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and member cost-share may change on January 1 of each year.

CHRISTUS HEALTH PLAN GENERATIONS PLUS (HMO)

Over-the-Counter Listing

FORM CHAPTER

GENERIC NAME

BRAND NAME

CHRISTUS Health Plan Generations Plus is an HMO plan with a Medicare contract. Enrollment in CHRISTUS Health Plan Generations Plus depends on contract renewal.

This information is available for free in other languages. Please call our customer service number at 1-844-282-3026 or, for TTY users, 1-800-659-8331, 8 a.m. – 8p.m. local time, 7 days a week or visit www.christushealthplan.org.

Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro número de servicio al cliente al 1-844-282-3026 o, para los usuarios de TTY, 1-800-659-8331, 8 a.m.-8 p.m., hora local, los 7 días de la semana o visite www.christushealthplan.org.



CHRISTUS Health Plan Generations Plus OTC Member Reimbursement Form

To obtain reimbursement, you must submit receipts for qualified over-the-counter drugs in the manner below no later than 30 days after the end of the quarter.

- 1.) Collect receipts for qualified drugs, included in the Over-the-Counter Formulary. This formulary can be found on our website (www.christushealthplan.org).
- 2.) Complete this form.
- 3.) Mail original receipts and the completed form to:

CHRISTUS Health Plan Generations Plus
 Attention: Claims, Member Reimbursement
 919 Hidden Ridge Drive
 Irving, TX 75038

	Time Period	Submission Deadline	Limit
Quarter 1	January – March 2018	April 30, 2018	\$100
Quarter 2	April – June 2018	July 30, 2018	\$100
Quarter 3	July – September 2018	October 30, 2018	\$100
Quarter 4	October – December 2018	January 30, 2019	\$100

Member Name	
Member ID	

Date	
Quarter	

Date of Purchase	Drug	Cost (\$)

Date of Purchase	Drug	Cost (\$)

Please complete additional sheets as necessary.