



Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)

# 2022

## Over-the-Counter (OTC) Benefit Catalog

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*Get over-the-counter products every quarter at*  
***NO COST TO YOU!***



**CALL 1-866-440-1350 TTY 711**  
**TO PLACE YOUR ORDER**

**REMEMBER TO KEEP THIS CATALOG.** You will want to reference this catalog each time you place your order.

Please check with your healthcare provider before taking OTC medicines.

Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, an independent licensee of the Blue Cross Blue Shield Association, offers Blue Advantage (PPO).

**Your 2022 over-the-counter (OTC) benefit is good for 50 credits per quarter at NO COST TO YOU!**

**UP TO A  
\$200  
VALUE  
PER YEAR!**

## 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.
- » Once your OTC order is made, please allow 10-14 business days from the date your order is placed for delivery. Due to the personal nature of these products, returns are not accepted.
- » Try to use all credits each quarter as benefit 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)
- » For the most up-to-date listing of OTC products available, please visit [www.BlueAdvantageOTC.com](http://www.BlueAdvantageOTC.com)

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

## HOW DO I PLACE AN ORDER?



**CALL US TOLL-FREE:**

**1-866-440-1350 TTY 711**

The order line is open Monday through Friday from 7 a.m. to 6 p.m. CST.

OR














**SUBMIT ONLINE:**







**[www.BlueAdvantageOTC.com](http://www.BlueAdvantageOTC.com)**

Then log in to your 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><b>MIGRAINE RELIEF</b>  <i>Compare to</i> <b>EXCEDRIN® MIGRAINE</b></p>	24 ct	10
05	 <p><b>PAIN RELIEVING CAPLETS</b>  <i>Compare to</i> <b>Aleve®</b></p>	50 ct 220 mg	12
49	 <p><b>PAIN RELIEVING CREAM</b>  <i>Compare to</i> <b>Bengay®</b></p>	3 oz	11
112	 <p><b>SALONPAS® PAIN RELIEVING PATCH</b></p>	6 ct	13
71	 <p><b>URINARY PAIN RELIEF TABLETS</b>  <i>Compare to</i> <b>Azo Urinary Pain Relief®</b></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 &amp; Cough</i></p>	20 ct	16
74	 <p>CORICIDIN HBP TABLETS <i>for Cold &amp; Flu</i></p>	10 ct 325 mg	11

ITEM	DESCRIPTION	DETAILS	CREDITS
17	 <p>COUGH SYRUP Compare to Robitussin® Mucus Chest Congestion</p>	4 fl oz	8
61	 <p>FLUTICASONE PROPIONATE NASAL SPRAY Compare to FLONASE®</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 Compare to CLARITIN®</p>	100 ct 10 mg	12
107	 <p>MEDICATED CHEST RUB Compare to Vicks VapoRub®</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 &amp; 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 Dex 4® Fast Acting Glucose</i></p>	10 ct 4 g	5
86	 <p>COTTONELLE® FLUSHABLE WIPES</p>	42 ct	8
89	 <p>COTTON SWABS <i>Compare to Q-TIPS®</i></p>	170 ct	4
36	 <p>DANDRUFF SHAMPOO <i>Compare to Selsun Blue® Dandruff Shampoo</i></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


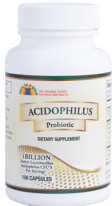





ITEM	DESCRIPTION	DETAILS	CREDITS
79	 <p>GOLD BOND® ECZEMA LOTION</p>	3 oz	12
104	 <p>HAND SANITIZER WITH ALOE</p>	4 fl oz	6
106	 <p>HEATING PAD 12" X 14" MOIST/DRY HEAT</p>	QTY: 1	45
115	 <p>INFRARED THERMOMETER</p>	QTY: 1	50
118	 <p>PREVAIL® DAILY MALE BLADDER GUARDS</p>	14 ct	15
113	 <p>JERGENS ULTRA 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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# Louisiana

## Notice of Non-Discriminatory Practices

Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc., comply with applicable federal civil rights laws and do not exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex.

Blue Cross and Blue Shield of Louisiana and its subsidiary:

- Provide 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)
- Provide 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, call Customer Service at 1-866-508-7145 (TTY 711). Our phone lines are open 8 a.m. to 8 p.m., 7 days a week from October – March and 8 a.m. to 8 p.m., Monday – Friday from April – September.

If you believe that Blue Cross or its subsidiary 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 in person or by mail, fax or email.

**In person: 5525 Reitz Avenue • Baton Rouge, LA 70809**

**By mail: Section 1557 Coordinator • P. O. Box 98012 • Baton Rouge, LA 70898-9012  
225-295-2300**

**1-800-711-5519 (TTY 711)**

**Fax: 225-298-7240 (Attention: Government Programs)**

**Email: [Section1557Coordinator@bcbsla.com](mailto:Section1557Coordinator@bcbsla.com)**

If you need help filing a grievance, our Section 1557 Coordinator 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, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

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

Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, an independent licensee of the Blue Cross Blue Shield Association, offers Blue Advantage (PPO).

Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal.

## Multi-Language Interpreter Services

**ENGLISH:** ATTENTION: If you speak a non-English language, language assistance services, free of charge, are available to you. Call 1-866-508-7145 (TTY: 711).

**SPANISH:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-508-7145 (TTY: 711).

**FRENCH:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-508-7145 (ATS : 711).

**FRENCH CREOLE:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-508-7145 (TTY: 711).

**VIETNAMESE:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-508-7145 (TTY: 711).

**CHINESE:** 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 1-866-508-7145 (TTY: 711)。

**ARABIC:** ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-508-7145 (رقم هاتف الصم والبكم: 711).

**TAGALOG:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-508-7145 (TTY: 711).

**KOREAN:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-508-7145 (TTY: 711)번으로 전화해 주십시오.

**PORTUGUESE:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-508-7145 (TTY: 711).

**LAOTIAN:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການ ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-508-7145 (TTY: 711).

**JAPANESE:** 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。1-866-508-7145 (TTY: 711) まで、お電話にてご連絡ください。

**URDU:** خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-866-508-7145 (TTY: 711)۔

**GERMAN:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-508-7145 (TTY: 711).

**PERSIAN (FARSI):** توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-508-7145 (TTY: 711) تماس بگیرید.

**RUSSIAN:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-508-7145 (телетайп: 711).

**THAI:** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-866-508-7145 (TTY: 711).



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