

2022 Over-the-Counter Drugs and Vitamins - Puerto Rico*

Federal Employees Health Benefits Program

Effective January 1, 2022

OVER-THE COUNTER COVERAGE FOR PUERTO RICO*

CATEGORY	PRODUCT	LIMIT
2nd Gen Antihistamine & Decongestant Combinations	Allegra-D 12 Hour Allergy	OTC
2nd Gen Antihistamine & Decongestant Combinations	Allegra-D 24 Hour Allergy	OTC
2nd Gen Antihistamine & Decongestant Combinations	cetirizine/pseudoephedrine	OTC
2nd Gen Antihistamine & Decongestant Combinations	fexofenadine/pseudoephedrine	OTC
2nd Gen Antihistamine & Decongestant Combinations	loratadine/pseudoephedrine	OTC
Antihistamines - 2nd Generation	Allegra Allergy	OTC
Antihistamines - 2nd Generation	cetirizine hcl	OTC
Antihistamines - 2nd Generation	Children's Allegra Allergy	OTC
Antihistamines - 2nd Generation	Children's Zyrtec	OTC
Antihistamines - 2nd Generation	Children's Zyrtec Allergy	OTC
Antihistamines - 2nd Generation	Claritin	OTC
Antihistamines - 2nd Generation	Claritin Reditabs	OTC
Antihistamines - 2nd Generation	fexofenadine hcl	OTC
Antihistamines - 2nd Generation	levocetirizine dihydrochloride	OTC
Antihistamines - 2nd Generation	loratadine	OTC
Eye Antihistamines	ketotifen fumarate	OTC
Proton-pump Inhibitors	esomeprazole	OTC
Proton-pump Inhibitors	lansoprazole	OTC
Proton-pump Inhibitors	Nexium 24HR	OTC
Proton-pump Inhibitors	omeprazole	OTC
Proton-pump Inhibitors	Prilosec OTC	OTC

* NOTE: Select over-the-counter (OTC) drugs will be covered at a \$0 copayment when prescribed by a physician.

ADDITIONAL VITAMIN COVERAGE FOR PUERTO RICO**

DRUG NAME	LABEL NAME	TIER
ascorbic acid (vitamin C)	ASCORBIC ACID 500 MG/ML VIAL	1
calcitriol	CALCITRIOL 0.5 MCG CAPSULE	1
calcitriol	CALCITRIOL 1 MCG/ML AMPUL	1
calcitriol	CALCITRIOL 1 MCG/ML SOLUTION	1
calcitriol	CALCITRIOL 0.25 MCG CAPSULE	1
Corvita	Corvita 1.25 mg-2.5 mg-7 mg tablet	1
Corvite	Corvite 1.25 mg-2.5 mg-7 mg tablet	3
cyanocobalamin (vitamin B-12)	CYANOCOBALAMIN 30,000 MCG/30	1
cyanocobalamin (vitamin B-12)	CYANOCOBALAMIN 1,000 MCG/ML	1
cyanocobalamin (vitamin B-12)	CYANOCOBALAMIN 10,000 MCG/10	1
Ferrex 150 Forte Plus	Ferrex 150 Forte Plus 150 mg-60 mg-25 mcg-1 mg capsule	1
Folbee	Folbee 2.5 mg-25 mg-1 mg tablet	1
Folbee Plus	Folbee Plus 5 mg tablet	1
Folbee Plus	Folbee Plus 5 mg-1.5 mg-25 mg tablet	1
Folgard OS	Folgard OS 500 mg-1.1 mg tablet	3
folic acid	FOLIC ACID 5 MG/ML VIAL	1
hydroxocobalamin	HYDROXOCOBALAMIN 1,000 MCG/ML	1
Infed	Infed 100 mg/2 mL (50 mg/mL) injection solution	3
Infuvite Adult	Infuvite Adult 3300 unit-150 mcg/10 mL intravenous solution	3
Infuvite Pediatric	Infuvite Pediatric 80 mg-400 unit-200 mcg/5 mL intravenous solution	3
Klor-Con 10	Klor-Con 10 mEq tablet,extended release	3
Klor-Con M15	Klor-Con M15 mEq tablet,extended release	3
leucovorin calcium	LEUCOVORIN CALCIUM 25 MG TAB	1
leucovorin calcium	LEUCOVORIN CALCIUM 10 MG TAB	1
leucovorin calcium	LEUCOVORIN CALCIUM 15 MG TAB	1
leucovorin calcium	LEUCOVORIN CALCIUM 5 MG TAB	1
Mephyton	Mephyton 5 mg tablet	3
Nephplex Rx	Nephplex Rx 1 mg-60 mg-300 mcg-12.5 mg tablet	3
Nephro-Vite Rx	Nephro-Vite Rx 1 mg-60 mg-300 mcg tablet	3
Neurin-SL	Neurin-SL 600 mcg-600 mcg sublingual tablet	3
Poly-Vi-Flor	Poly-Vi-Flor 0.25 mg/mL fluoride biphasic oral drops	3
Poly-Vi-Flor with Iron	Poly-Vi-Flor with Iron 0.25 mg fluoride-7 mg iron/mL bphase oral drops	3
potassium chloride	POTASSIUM CL ER 10 MEQ TABLET	1
potassium chloride	POTASSIUM CL ER 20 MEQ TABLET	1
POTASSIUM CHLORIDE CR	Potassium Cl Er 10 Meq Tablet	1
POTASSIUM CHLORIDE CR	Potassium Cl Er 20 Meq Tablet	1
Proferrin-Forte	Proferrin-Forte 12 mg-1 mg tablet	3

** NOTE: Select vitamins only if they include the legend: "Federal law prohibits dispensing without a prescription"

ADDITIONAL VITAMIN COVERAGE FOR PUERTO RICO**

DRUG NAME	LABEL NAME	TIER
Se-Tan Plus	Se-Tan Plus 162 mg-115.2 mg (106 mg)-1 mg capsule	1
sodium fluoride	SODIUM FLUORIDE 1 MG (2.2 MG)	1
sodium fluoride	FLUORIDE 0.25 MG TABLET CHEW	1
sodium fluoride	SODIUM FLUORIDE 0.5 MG/ML DROP	1
sodium fluoride	SODIUM FLUORIDE 0.5 MG(1.1 MG)	1
sodium fluoride	FLUORIDE 0.5 MG TABLET CHEW	1
sodium fluoride	FLUORIDE 1 MG TABLET CHEWABLE	1
Strovite One	Strovite One 1 mg-1,000 unit-15 mg-5 mg tablet	3
Supervite	Supervite 1,000 mg-75 mg-1 mg/15 mL oral liquid	3
Tandem Plus	Tandem Plus 162 mg-115.2 mg (106 mg)-1 mg capsule	3
TL Icon	TL Icon 110 mg-0.5 mg capsule	1
Tri-Vi-Flor	Tri-Vi-Flor 0.25 mg/mL fluoride biphasic oral drops	3
Tri-Vi-Flor	Tri-Vi-Flor 0.5 mg/mL fluoride biphasic oral drops	3
Tri-Vi-Floro	TRI-VI-FLORO 0.25 MG/ML DROP	1
Tri-Vi-Floro	TRI-VI-FLORO 0.5 MG/ML DROP	1
Tri-Vitamin With Fluoride	Tri-Vitamin With Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops	1
Tri-Vitamin With Fluoride	Tri-Vitamin With Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops	1
Virt-Vite	Virt-Vite 2.5 mg-25 mg-1 mg tablet	1
Vitamin B-Complex 100	B-complex 100 Injection	1
vitamin K	vitamin K 1 mg/0.5 mL injection solution	1
Vitamin K1	Vitamin K1 10 mg/mL injection solution	1
zinc sulfate	ZINC SULFATE 220 MG CAPSULE	1
zinc sulfate	Zinc 50 Mg Capsule	1

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- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocrportal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'éh saad bee áká'ánída'áwo'déé nika'adoowól.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك