



2025 Over-The-Counter (OTC) Drug Coverage
Cobertura de Medicamentos de Venta Libre 2025



Neighborhood **INTEGRITY** members get many OTC drugs at NO cost!*

*¡Los miembros de Neighborhood **INTEGRITY** obtienen muchos medicamentos de venta libre sin costo alguno!**



Neighborhood **INTEGRITY**

(Medicare-Medicaid Plan) *(Plan de Medicare-Medicaid)*

*More than 300 covered OTC drugs available by prescription throughout the year.

**Más de 300 medicamentos de venta libre cubiertos disponibles con receta durante todo el año.*

H9576_MMPOTCatalog Approved 10/08/24

Neighborhood INTEGRITY OTC Coverage

The most common OTC drugs at no cost!¹

In addition to prescription medications, your provider may tell you to take medicine that you can buy at the pharmacy – also known as over-the-counter (OTC) drugs. OTC drugs can help you to feel better and stay healthy. As a Neighborhood INTEGRITY (Medicare-Medicaid Plan) member, you can get more than 300 common OTC drugs at no cost as part of your plan benefits.

Even though these medicines are available over-the-counter, in order to get them at no cost your provider will need to write a prescription.

Get your OTC medications at no cost by:

- 1 Calling or visiting your provider and talking about your OTC drug needs.
- 2 Asking your provider for a prescription, with refills if needed, for each of the medications they recommend you take.
- 3 Your provider can send the prescription(s) to your pharmacy or give you a paper prescription for you to take to your pharmacy.
- 4 You can pick up your OTC drugs at the pharmacy counter or have them delivered² if your pharmacy offers that service. You do not need to find the items on the store shelf yourself.
- 5 Call the pharmacy when you need a refill.

Neighborhood INTEGRITY members save money!

ALL the covered OTC drugs you need at \$0, with a prescription from your provider.

Our members save an average of more than \$150 each year on their OTC drugs!^{**}



¹ No spending (coverage) limit for OTC drugs filled by provider prescription on covered drugs within a plan year.

² Some pharmacies charge for delivery. Check with your pharmacy for details.

2 ^{**}Source: Neighborhood Health Plan of Rhode Island CY 2024 Secondary MMP Rx Claims Data through July 2024

Cobertura de Venta Libre de Neighborhood INTEGRITY

¡Los medicamentos de Venta Libre más comunes están disponibles para usted sin costo alguno!¹

Además de los medicamentos recetados, su proveedor puede indicarle que tome medicamentos que puede comprar en la farmacia, también conocidos como medicamentos de venta libre. Los medicamentos de venta libre pueden ayudarle a sentirse mejor y mantenerse saludable. Como miembro de Neighborhood INTEGRITY, puede obtener más de 300 medicamentos de venta libre comunes como parte de los beneficios de su plan.

Aunque estos medicamentos están disponibles sin receta, para obtenerlos sin costo, su proveedor deberá escribir una receta.

Obtenga sus medicamentos de venta libre sin costo de la siguiente manera:

- 1 Llamando o visitando a su proveedor y hablando sobre sus necesidades de medicamentos de venta libre.
- 2 Solicitarle a su proveedor una receta, con resurtidos si es necesario, para cada uno de los medicamentos que le recomiendan tomar.
- 3 Su proveedor puede enviar la(s) receta(s) a su farmacia o darle una receta en papel para que la lleve a su farmacia.
- 4 Puede recoger sus medicamentos de venta libre en el mostrador de la farmacia o pedir que se los envíen² si su farmacia ofrece ese servicio. No necesita encontrar los artículos en el estante de la farmacia usted mismo.
- 5 Llame a la farmacia cuando necesite un resurtido.

¡Los miembros de Neighborhood INTEGRITY ahorran dinero!

TODOS los medicamentos de venta libre cubiertos que necesite a \$0, con una receta de su proveedor.

Nuestros miembros ahorran un promedio de más de \$150 cada año en sus medicamentos de venta sin receta.**



¹ Sin límite de gasto (cobertura) para medicamentos de venta libre surtidos por receta del proveedor en medicamentos cubiertos dentro de un año del plan.

² Algunas farmacias cobran por la entrega. Consulte con su farmacia para obtener más detalles.

**Fuente: Neighborhood El Plan de Salud of Rhode Island, año fiscal 2024, Datos de Reclamaciones Secundarias de MMP Rx hasta julio de 2024

OTC Product Categories

This catalog includes all OTC drugs covered by your plan. Items are listed by category so you can easily find what you need to help keep you healthy and feeling well.

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Categorías de Productos de Venta Libre

Este catálogo incluye todos los medicamentos de venta libre cubiertos por su plan. Los artículos se enumeran por categoría para que pueda encontrar fácilmente lo que necesita para mantenerse saludable y sentirse bien.

Categoría	Número de página	Categoría	Número de página
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Alivio del dolor y antiinflamatorio	12	Anti-infección.....	20
Cuidado tópico y de la piel	13	COVID-19.....	20
Acné.....	13	Regulación de la Diabetes.....	20
Pomadas Antibióticas.....	13	Planificación Familiar.....	20
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Covered OTC drugs

Medicamentos de venta libre cubiertos

ALLERGY RELIEF / ANTIHISTAMINES

ALIVIO DE ALERGIAS / ANTIHISTAMINICO

COVERED DRUG NAME & FORMULATION MEDICAMENTO Y FORMULACION CUBIERTOS	STRENGTH FUERZA	COST COSTO
Cetirizine Hydrochloride Chewable Tablet (Generic Zyrtec)	5 mg	\$0
Cetirizine Hydrochloride Chewable Tablet (Generic Zyrtec)	10 mg	\$0
Cetirizine Hydrochloride Tablet (Generic Zyrtec)	5 mg	\$0
Cetirizine Hydrochloride Tablet (Generic Zyrtec)	10 mg	\$0
Cetirizine Hydrochloride Solution (Generic Zyrtec)	1 mg/ml	\$0
Chlorpheniramine Maleate Syrup (Generic Ed Chlorped Syrup Jr)	2 mg/5 ml	\$0
Chlorpheniramine Maleate Tablet (Generic Chlor-Phen)	4 mg	\$0
Cromolyn Sodium Nasal Aerosol Solution	5.2 mg/act (4 %)	\$0
Diphenhydramine Hydrochloride Capsule (Generic Benadryl or Banophen)	Various	\$0
Diphenhydramine Hydrochloride Liquid (Generic Benadryl or Banophen)	12.5 mg/5 ml	\$0
Diphenhydramine Hydrochloride Tablet (Generic Benadryl or Banophen)	25 mg	\$0
Fexofenadine Hydrochloride Tablet (Generic Allegra)	60 mg	\$0
Fexofenadine Hydrochloride Tablet (Generic Allegra)	180 mg	\$0
Levocetirizine Dihydrochloride Tablet	5 mg	\$0
Loratadine Chewable (Generic Claritin)	5 mg	\$0
Loratadine Solution (Generic Claritin)	5 mg/5 ml	\$0
Loratadine Tablet (Generic Claritin)	10 mg	\$0
Loratadine Rapidly-Disintegrating Tablet (Generic Claritin)	10 mg	\$0

COUGH & COLD RELIEF

ALIVIO PARA LA TOS Y EL RESFRIADO

COVERED DRUG NAME & FORMULATION MEDICAMENTO Y FORMULACION CUBIERTOS	STRENGTH FUERZA	COST COSTO
Aromatic Inhalant (QC Vapor Inhaler)		\$0
Brompheniramine-Pseudoephedrine Elixer	1-15 mg/5 ml	\$0
Cetirizine-Pseudoephedrine ER Tablet, 12HR (Generic Zyrtec D)	5-120 mg	\$0
Dextromethorphan-Guaifenesin Liquid	Various	\$0
Dextromethorphan-Guaifenesin Tablet ER 12-Hour	30 mg/600 mg	\$0
Dextromethorphan HBR Capsule	15 mg	\$0
Dextromethorphan HBR Syrup	15 mg/5 ml	\$0
Dextromethorphan Polistirex Extended Release Suspension (Generic Delsym)	30 mg/5 ml	\$0
Guaifenesin Liquid (Generic Diabetic Tussin Syrup)	100 mg/5 ml	\$0
Guaifenesin Tablet (Generic Mucinex)	200 mg	\$0
Guaifenesin Tablet ER	600 mg	\$0
Guaifenesin Tablet ER	1200 mg	\$0
Loratadine-Pseudoephedrine ER Tablet, 12HR (Generic Claritin D)	5-120 mg	\$0
Loratadine-Pseudoephedrine ER Tablet, 24HR (Generic Claritin D)	10-240 mg	\$0
Oxymetazoline Hydrochloride Nasal Spray (Generic Afrin)	0.05 %	\$0
Phenylephrine Nasal Spray (Generic NeoSynephrine Nasal Decongestant)	1 %	\$0
Phenylephrine Tablet (Generic Sudafed PE)	10 mg	\$0
Phenylephrine-Brompheniramine-DM Syrup	5-2-10 mg/5 ml	\$0
Phenylephrine-Chlorphen-DM Liquid	10-4-15 mg/5 ml	\$0
Phenylephrine with Dextromethorphan and Guaifenesin Liquid	Various	\$0
Phenylephrine with Dextromethorphan and Guaifenesin Tablet	Various	\$0
Phenylephrine Guaifenesin Tablet	10-385 mg	\$0
Promethazine-DM Syrup	6.25-15 mg/5 ml	\$0
Pseudoephedrine-Bromphen-DM Syrup	30-2-10 mg/5 ml	\$0
Pseudoephedrine Hydrochloride Tablet (Generic Sudafed)	30 mg	\$0

Pseudoephedrine Hydrochloride Tablet (Generic Sudafed)	60 mg	\$0
Pseudoephedrine Hydrochloride Tablet ER (Generic Sudafed)	120 mg	\$0
Pseudoephedrine with Dextromethorphan and Guaifenesin Liquid (Generic Pediatric Tusnel)	Various	\$0
Pseudoephedrine-Guaifenesin Tablet (Generic Maxifed)	60-360 mg	\$0
Pseudoephedrine-Guaifenesin Tablet (Generic Poly-Vent IR)	60-380 mg	\$0

DIGESTIVE HEALTH

SALUD DIGESTIVA

COVERED DRUG NAME & FORMULATION <i>MEDICAMENTO Y FORMULACION CUBIERTOS</i>	STRENGTH <i>FUERZA</i>	COST <i>COSTO</i>
Antacids <i>Antiácidos</i>		
Aluminum Hydroxide Suspension (Antacid Liquid)	320 mg/5 ml	\$0
Aluminum Hydroxide, Magnesium Hydroxide, Simethicone Suspension (Generic Geri-Lanta)	200-200-20 mg/ 5 ml	\$0
Aluminum Hydroxide, Magnesium Hydroxide, Simethicone Suspension (Generic Mylanta Suspension Max Strength)	400-400-40 mg/ 5 ml	\$0
Aluminum Hydroxide, Magnesium Hydroxide, Simethicone Chewable (Generic Mintox Plus)	200-200-25 mg	\$0
Calcium Carbonate Chewable Tablet (Generic Cal-gest)	500 mg	\$0
Anti-Diarrheal <i>Antidiarreico</i>		
Bismuth Subsalicylate Chewable (Generic Pepto Bismol)	262 mg	\$0
Bismuth Subsalicylate Suspension (Generic Pepto Bismol)	262 mg/15 ml	\$0
Bismuth Subsalicylate Suspension (Generic Pepto Bismol)	525 mg/15 ml	\$0
Bismuth Subsalicylate Tablet (Generic Pepto Bismol)	262 mg	\$0
Loperamide Hydrochloride Capsule (Generic Imodium A-D)	2 mg	\$0
Loperamide Hydrochloride Liquid (Generic Imodium A-D)	1 mg/7.5 ml	\$0
Loperamide Hydrochloride Tablet (Generic Imodium A-D)	2 mg	\$0

Laxatives & Stool Softeners***Laxantes y ablandadores de heces***

Bisacodyl Suppository (Generic Dulcolax Suppository)	10 mg	\$0
Bisacodyl Tablet (Generic Dulcolax)	5 mg	\$0
Benzocaine-Docusate Sodium Enema (Generic Enemeez Plus)	20-283 mg	\$0
Docusate Calcium Capsule (Stool Softener)	240 mg	\$0
Docusate Sodium Capsule (Generic Colace)	Various	\$0
Docusate Sodium Enema (Generic DocuSol Kids)	100 mg/5 ml	\$0
Docusate Sodium Mini Enema (Generic DocuSol)	283 mg/5 ml	\$0
Docusate Sodium Liquid (Generic Colace)	50 mg/5 ml	\$0
Docusate Sodium Liquid (Generic Pedia-Lax)	50 mg/15 ml	\$0
Epsom Salt		\$0
Fiber Laxative Tablet (Generic Fibercon)	625 mg	\$0
Fiber Laxative Capsule (Generic Metamucil Capsule)	.52 gm	\$0
Fiber Powder (Fiber Supplement)	Various	\$0
Glycerin Liquid Suppository (Generic Pedia-Lax Suppository)	2.8 gm	\$0
Glycerin Suppository (Generic Pedia-Lax Suppository)	Various	\$0
Glycerin Suppository (Generic Fleet Suppository)	Various	\$0
Magnesium Hydroxide Suspension (Milk of Magnesia)	400 mg/5 ml	\$0
Mineral Oil		\$0
Natural Fiber Powder (Fiber Supplement)	28.3 %	\$0
Polyethylene Glycol 3350 Oral Powder (Generic Miralax)	17 gm	\$0
Psyllium Powder (Fiber Supplement)	Various	\$0
Sennosides Tablet (Generic Senokot)	8.6 mg	\$0
Sennosides - Docusate Tablet (Generic Senokot-S)	8.6-50 mg	\$0
Sennosides Syrup (Generic Senokot)	8.8 mg/5 ml	\$0
Sennosides Capsule (Generic Senekot)	8.6 mg	\$0
Sennosides Tablet	Various	\$0
Sodium Phosphate Enema (Generic Fleet Enema)		\$0

Gas Relief***Alivio de gases***

Lactobacillus Casei / Folic Acid Capsule (Generic Restora Rx Probiotic Supplement)	60 mg/1.25 mg	\$0
Simethicone Chewable (Generic Gas-X)	Various	\$0
Simethicone Capsule (Generic Gas-X)	Various	\$0
Simethicone Gas Relief Drops (Generic Little Remedies Gas Relief Drops)	20 mg/0.3 ml	\$0

EAR, EYE & ORAL CARE***CUIDADO DE LOS OÍDOS, LOS OJOS Y LA BOCA***

COVERED DRUG NAME & FORMULATION <i>MEDICAMENTO Y FORMULACION CUBIERTOS</i>	STRENGTH <i>FUERZA</i>	COST <i>COSTO</i>
Ear Care <i>Cuidado de los oídos</i>		
Carbamide Peroxide Ear Drops (Generic Debrox)	6.5 %	\$0
Eye Care <i>Cuidado de los ojos</i>		
Artificial Tear Solution		\$0
Carboxymethylcellulose-Glycerin Ophthalmic Solution	0.5-0.9 %	\$0
Carboxymethylcellulose-Glycerin (PF) Ophthalmic Solution (Generic Refresh Optive Drops)	0.5 %-0.9 %	\$0
Carboxymethylcellulose Sodium Eye Drops (Generic Refresh Tears Lubricant Eye Drops)	0.5 %	\$0
Carboxymethylcellulose Sodium Eye Gel (Generic Refresh Celluvisc Lubricant Gel)	1 %	\$0
Carboxymethylcellulose Sodium, Glycerin Eye Gel Drops (Generic Refresh Optive Gel Drops)	1-0.9 %	\$0
Carboxymethylcellulose Sodium, Glycerin, and Polysorbate 80 (Generic Refresh Optive Mega-3 Solution)	0.5-1-0.5 %	\$0
Carboxymethylcellulose Sodium Ophthalmic Solution	Various	\$0
Dextran 70-Hypromellose (PF) Ophthalmic Solution	0.1-0.3 %	\$0
Glycerin-Hypromellose-Polyethylene Glycol 400 Ophthalmic Solution	0.2-0.2-1 %	\$0
Hypromellose 2910 Eye Drops (Generic Isopto Tears Solution)	0.5 %	\$0

Hypromellose Ophthalmic Gel (Generic Genteal Severe Tears)	0.3 %	\$0
Naphazoline-Pheniramine Eye Drops (Generic Naphcon-A Eye Drops)	0.025-0.3 %	\$0
Naphazoline-Pheniramine Ophthalmic Solution	0.027-0.315 %	\$0
Polyethylene Glycol 400, Propylene Glycol Eye Drops (Generic Systane Ultra Eye Drops)	0.4-0.3 %	\$0
Polyethylene Glycol 400, Propylene Glycol Gel Eye Drops (Generic Systane Gel Eye Drops)	0.4-0.3 %	\$0
Polyvinyl Alcohol Ophthalmic Solution	1.4 %	\$0
Polyvinyl Alcohol-Povidone Ophthalmic Solution	0.5-0.6 %	\$0
Polyvinyl Alcohol-Povidone (PF) Ophthalmic Solution	1.4-0.6 %	\$0
Propylene Glycol Eye Drops (Generic Systane Complete Eye Drops)	0.6 %	\$0
Sodium Chloride Hypertonic Ophthalmic Ointment (Generic Muro-128)	5 %	\$0
Sodium Chloride Hypertonic Ophthalmic Solution (Generic Muro-128)	5 %	\$0

Oral Care

Cuidado Bucal

Benzocaine, Cetylpyridinium Chloride Oral Spray (Generic Orasep Spray)		\$0
Benzoin Tincture (Topical Protectant)		\$0
Sodium Fluoride Solution	0.5 mg/1 ml	\$0
Stannous Fluoride Concentrate	0.63 %	\$0

NICOTINE REPLACEMENT

REEMPLAZO DE NICOTINA

COVERED DRUG NAME & FORMULATION MEDICAMENTO Y FORMULACION CUBIERTOS	STRENGTH FUERZA	COST COSTO
Nicotine Polacrilex Gum (Generic Nicorette Gum)	2 mg	\$0
Nicotine Polacrilex Gum (Generic Nicorette Gum)	4 mg	\$0
Nicotine Polacrilex Lozenge (Generic Nicorette Lozenge)	2 mg	\$0
Nicotine Polacrilex Lozenge (Generic Nicorette Lozenge)	4 mg	\$0
Nicotine Transdermal Patch (Generic Nicoderm CQ)	Various	\$0

PAIN RELIEF & ANTI-INFLAMMATION

ALIVIO DEL DOLOR Y ANTIINFLAMATORIO

COVERED DRUG NAME & FORMULATION MEDICAMENTO Y FORMULACION CUBIERTOS	STRENGTH FUERZA	COST COSTO
Acetaminophen-ASA-Diphenhydramine Citrate Tablet	250 mg-250 mg- 38 mg	\$0
Acetaminophen Capsule (Generic Tylenol)	500 mg	\$0
Acetaminophen Chewable (Generic Children's Tylenol)	80 mg	\$0
Acetaminophen Chewable (Generic Children's Tylenol)	160 mg	\$0
Acetaminophen Solution (Generic Extra Strength Pain Relief Liquid)	160 mg/5 ml	\$0
Acetaminophen Solution (Generic Extra Strength Pain Relief Liquid)	167 mg/5 ml	\$0
Acetaminophen Infant Suppository (Generic FeverAll)	80 mg	\$0
Acetaminophen Suppository (Generic FeverAll)	Various	\$0
Acetaminophen Tablet (Generic Tylenol)	325 mg	\$0
Acetaminophen Tablet (Generic Tylenol)	500 mg	\$0
Acetaminophen Tablet Extended Release (Generic Tylenol Arthritis)	650 mg	\$0
Aspirin Buffered	325 mg	\$0
Aspirin Suppository	300 mg	\$0
Aspirin Tablet	325 mg	\$0
Aspirin Tablet Enteric Coated	81 mg	\$0
Aspirin Tablet Enteric Coated	325 mg	\$0
Ibuprofen Oral Suspension (Generic Motrin)	100 mg/5 ml	\$0
Ibuprofen Drops (Generic Children's Motrin)	50 mg /1.25 ml	\$0
Ibuprofen Chewable (Generic Motrin or Advil)	100 mg	\$0
Ibuprofen Tablet (Generic Motrin or Advil)	200 mg	\$0

TOPICAL & SKIN CARE

CUIDADO TÓPICO Y DE LA PIEL

COVERED DRUG NAME & FORMULATION <i>MEDICAMENTO Y FORMULACION CUBIERTOS</i>	STRENGTH <i>FUERZA</i>	COST <i>COSTO</i>
Acne <i>Acné</i>		
Adapalene Gel	0.1 %	\$0
Benzoyl Peroxide Foam	5.3 %	\$0
Antibiotic Ointments <i>Pomadas Antibióticas</i>		
Bacitracin Zinc Ointment	500/gm	\$0
Bacitracin Zinc, Neomycin Sulfate Ointment, Polymyxin B (Generic Neosporin Max Strength)	500 units/3.5 gm/ 10000 units	\$0
Bacitracin Zinc, Neomycin Sulfate, Polymyxin B Sulfate, Pramoxine HCL Ointment (Generic Neosporin Max Strength Plus Pain Relief)	500 units/3.5 gm/ 10000 units/10 mg	\$0
Anti-Fungals <i>Antifúngicos</i>		
Butenafine Hydrochloride Cream (Generic Lotrimin Ultra)	1 %	\$0
Clotrimazole Cream (Generic Lotrimin AF)	1 %	\$0
Clotrimazole Solution (Generic Lotrimin AF)	1 %	\$0
Diphenhydramine-Zinc Acetate Cream (Generic Benadryl Itch)	2-0.1 %	\$0
Miconazole Nitrate Cream (Athlete's Foot Cream)	2 %	\$0
Miconazole Powder (Generic Lotrimin AF)	2 %	\$0
Miconazole Tincture Solution (Generic Fungoid)	2 %	\$0
Phenol Solution (Generic Castellani Paint)		\$0
Terbinafine Cream (Generic Lamisil AT)	1 %	\$0
Tolnaftate Cream (Generic Tanactin)	1 %	\$0
Tolnaftate Powder (Generic Tinactin)	1 %	\$0
Lice Treatment <i>Tratamiento de piojos</i>		
Pyrethrum Extract - Piperonyl Butoxide Shampoo (Generic Rid)	0.33-4 %	\$0
Permethrin Creme Rinse (Generic Nix)	1 %	\$0

Skin Care & Topical Pain Relief

Cuidado de la piel y alivio del dolor t3pico

Brilliant Green / Gentian Violet / Proflavine Hemisulfate Swab (Kerr Triple Dye Disposable Swab)		\$0
Calamine Lotion		\$0
Calamine Phenolated Lotion		\$0
Calamine-Zinc Oxide Lotion (Calamine Lotion)	8-8 %	\$0
Capsaicin Cream (Generic Capzasin HP)	0.1 %	\$0
Capsaicin Pain Relief Cream (Generic Zostrix)	Various	\$0
Chlorhexidine Gluconate (Generic Hibiclens)	4 %	\$0
Emollient Cream (Generic Cerave)		\$0
Lactic Acid Cream	12 %	\$0
Lactic Acid Lotion	5 %	\$0
Lactic Acid Lotion	12 %	\$0
Lidocaine Patch (Generic Aspercreme with Lidocaine 4 %)	4 %	\$0
Menthol-Zinc Oxide Ointment (Generic Calmoseptine)	0.44-20.6 %	\$0
Povidone-Iodine Ointment (Generic Betadine)	10 %	\$0
Povidone-Iodine Solution (Generic Betadine)	10 %	\$0
White Petrolatum Gel (Generic Vaseline)		\$0
Zinc Oxide Ointment (Generic Desitin)	20 %	\$0

VAGINAL & URINARY CONDITIONS

CONDICIONES VAGINALES Y URINARIAS

COVERED DRUG NAME & FORMULATION MEDICAMENTO Y FORMULACION CUBIERTOS	STRENGTH FUERZA	COST COSTO
Clotrimazole Cream (Generic Gyne-Lotrimin)	1 %	\$0
Clotrimazole Cream (Generic Gyne-Lotrimin)	2 %	\$0
Methenamine-Sodium Salicylate Tablet	162-162.5 mg	\$0
Miconazole Nitrate Applicator & Cream Kit (Generic Monistat)	100 mg/2 %	\$0
Miconazole Nitrate Applicator & Cream Kit	200 mg/2 %	\$0
Miconazole Nitrate Cream (Generic Monistat)	2 %	\$0
Miconazole Nitrate Cream (Generic Monistat)	4 %	\$0

Miconazole Nitrate Ointment (Generic Monistat)	2 %	\$0
Miconazole Nitrate Suppository & Cream Kit (Generic Monistat)	200 mg/2 %	\$0
Miconazole Nitrate Suppository & Cream Kit (Generic Monistat)	1200 mg/2 %	\$0
Miconazole Vaginal Suppositories (Generic Monistat)	100 mg	\$0

VITAMINS, MINERALS & NUTRITIONAL SUPPLEMENTS

VITAMINAS, MINERALES Y COMPLEMENTOS NUTRICIONALES

COVERED DRUG NAME & FORMULATION MEDICAMENTO Y FORMULACION CUBIERTOS	STRENGTH FUERZA	COST COSTO
Calcium & Minerals Calcio y Minerales		
Calcium Chewable (Generic Calci-Chew)	1250 mg	\$0
Calcium Carbonate Chewable Tablet	260 mg	\$0
Calcium Carbonate Liquid	1250 mg/5 ml	\$0
Calcium Carbonate Powder	800 mg-2 gm	\$0
Calcium Carbonate Tablet	Various	\$0
Calcium Carbonate-Cholecalciferol Chewable Tablet (Calcium Carbonate-Vitamin D)	Various	\$0
Calcium Carbonate-Cholecalciferol Tablet (Calcium Carbonate-Vitamin D)	Various	\$0
Calcium Carbonate-Magnesium Carbonate Tablet	Various	\$0
Calcium Carbonate-Magnesium Chloride Tablet		\$0
Calcium Carbonate-Vitamin D with Minerals Tablet	Various	\$0
Calcium Carbonate and Vitamin D3 Caplet (Generic Os-Cal)	500 mg-600 IU	\$0
Calcium with Vitamin D Tablet (Caltrate)	600 mg-800 IU	\$0
Calcium Citrate Tablet	250 mg	\$0
Calcium Citrate Tablet	950 mg	\$0
Calcium Citrate-Vitamin D Tablet	Various	\$0
Calcium Citrate Tablet with Vitamin D3	315 mg-250 IU	\$0
Calcium-Folic Acid + Vitamin D Chewable Wafer		\$0
Calcium Gluconate Capsule	50 mg	\$0
Calcium Lactate Tablet	100 mg	\$0

Calcium Lactate Tablet	750 mg	\$0
Calcium / Magnesium / Zinc Tablet	333 mg-133 mg-5 mg	\$0
Calcium / Magnesium / Zinc Tablet	333 mg-133 mg-8.3 mg	\$0
Cholecalciferol Capsule (Vitamin D3)	14000 IU	\$0
Cholecalciferol Drops (Vitamin D3)	Various	\$0
Cholecalciferol Oral Liquid (Vitamin D3)	Various	\$0
Cholecalciferol Spray (Vitamin D3)	1000 IU/spray	\$0
Cholecalciferol Tablet (Vitamin D3)	Various	\$0
Ergocalciferol Capsule (Vitamin D2)	2000 IU	\$0
Magnesium Carbonate, Calcium Carbonate and Folic acid Tablet	300 mg	\$0
Magnesium Chloride Tablet	64 mg	\$0
Magnesium Gluconate Tablet	250 mg	\$0
Magnesium Gluconate Tablet (27 mg Elemental Magnesium)	500 mg	\$0
Magnesium Lactate Table Extended Release	84 mg	\$0
Magnesium Oxide Tablet	Various	\$0
Magnesium Oxide Chewable Tablet	200 mg	\$0
Magnesium Tablet	Various	\$0
Oyster Shell Calcium Tablet	500 mg	\$0
Zinc Gluconate Tablet	Various	\$0
Zinc Sulfate Capsule (50 mg Elemental Zinc)	220 mg	\$0
Zinc Sulfate Tablet (15 mg Elemental Zinc)	Various	\$0

Electrolytes

Electrolitos

Oral Electrolyte Solution (Generic Pedialyte)		\$0
Pediatric Electrolyte Solution (Generic Pedialyte)		\$0

Iron Supplements

Suplementos de hierro

Ferrous Fumarate - Iron Polysaccharide Capsule	53-53 mg	\$0
Ferrous Fumarate Tablet (29 mg Elemental Iron)	29 mg	\$0
Ferrous Fumarate Tablet (106 mg Elemental Iron)	324 mg	\$0

Ferrous Gluconate Tablet (27 mg Elemental Iron)	27 mg	\$0
Ferrous Gluconate Tablet (37.5 mg Elemental Iron)	324 mg	\$0
Ferrous Sulfate Dried Tablet Extended Release	45 mg	\$0
Ferrous Sulfate Solution (44 mg Elemental Iron) (Generic Fer-In-Sol)	220 mg/5 ml	\$0
Ferrous Sulfate Tablet	Various	\$0
Ferrous Sulfate Tablet Extended Release	Various	\$0
Ferrous Sulfate Tablet Enteric Coated (65 mg Elemental Iron)	325 mg	\$0
High Potency Iron Liquid	125 mg	\$0
Iron and Vitamin C Capsule		\$0
Iron Capsule	50 mg	\$0
Iron Chewable Pediatric	15 mg	\$0
Iron Drops	15 mg/4 ml	\$0
Iron Suspension (Generic Wee Care Liquid Iron Supplement)	15 mg/1.2 ml	\$0
Iron Tablet	47.5 mg	\$0
Iron, Vitamin B12 and Folic Acid Capsule (Generic Ferex 150)	150 mg	\$0
Iron, Vitamin C and Folic Acid Controlled-Release Tablet (Generic Folitab)	500 mg	\$0
Iron-Vitamin C Tablet	65-125 mg	\$0
Polysaccharide Iron Complex Capsule	50 mg, 150 mg	\$0
Polysaccharide Iron Complex Liquid (Generic Hematex)	100 mg/5 ml	\$0
Polysaccharide Iron Complex Liquid (Generic Iron Up)	15 mg/0.5 ml	\$0
Polysaccharide Iron Complex Liquid (Generic Iron Up)	15 mg/1 ml	\$0
Melatonin		
<i>Melatonina</i>		
Melatonin Liquid	Various	\$0
Melatonin Tablet	Various	\$0
Vitamins		
<i>Vitamins</i>		
Ascorbic Acid Capsule - Extended Release (Vitamin C)	500 mg	\$0
Ascorbic Acid Chewable Gummy (Vitamin C)	125 mg	\$0
Ascorbic Acid Chewable Tablet (Vitamin C)	Various	\$0
Ascorbic Acid Tablet (Vitamin C)	Various	\$0

Ascorbic Acid Tablet - Extended Release (Vitamin C)	Various	\$0
B-Complex with Vitamin C Tablet		\$0
Biotin Capsule	Various	\$0
Biotin Tablet	Various	\$0
Children's Multi-Vitamin Chewable		\$0
Cholecalciferol Capsule (Vitamin D3)	Various	\$0
Cholecalciferol Oral Liquid (Vitamin D3)	10 mcg/ml	\$0
Cholecalciferol Tablet (Vitamin D3)	Various	\$0
Cobalamin Combination Tablet (Generic Foltrate)		\$0
Cod Liver Oil Capsule		\$0
Cyanocobalamin Orally Disintegrating Tablet	5000 mcg	\$0
Cyanocobalamin Tablet (Vitamin B12)	Various	\$0
Cyanocobalamin Tablet Controlled Release (Vitamin B12)	Various	\$0
Cholecalciferol Capsule (Vitamin D3)	Various	\$0
Eye Multi-Vitamin & Mineral Supplement		\$0
Folic Acid Tablet	Various	\$0
L-Methylfolate Tablet	7.5 mg	\$0
L-Methylfolate Tablet	15 mg	\$0
L-Methylfolate with Vitamin B12, B6, B2 Tablet	6-1-50-5 mg	\$0
Multi-Vitamin Chewable with Fluoride (Pediatric)	Various	\$0
Multi-Vitamin Chewable with Iron (Pediatric)	Various	\$0
Multi-Vitamin Drops with Fluoride (Pediatric)	Various	\$0
Multi-Vitamin Drops with Fluoride and Iron (Pediatric)	Various	\$0
Multi-Vitamin Drops with Iron (Pediatric)	11 mg/1 ml	\$0
Multi-Vitamin Solution with Minerals (Pediatric)		\$0
Multi-Vitamin Tablet		\$0
Multi-Vitamin with Iron Tablet		\$0
Multi-Vitamin with Minerals Tablet		\$0
Niacin ER Capsule (Vitamin B3)	250 mg	\$0
Niacin ER Tablet (Vitamin B3)	250 mg	\$0

Niacin Tablet (Vitamin B3)	Various	\$0
Niacinamide Tablet	500 mg	\$0
Niacinamide with Zinc-Copper-Methylfolate-SE-CR	750-27-2-0.5 mg	\$0
Pan-C Bioflavonoid Tablet		\$0
Prenatal Vitamin with DSS-FE Fumarate-FA Tablet	29-1 mg	\$0
Prenatal Vitamin with Iron and Folic Acid Tablet	Various	\$0
Pyridoxine Hydrochloride Tablet (Vitamin B6)	Various	\$0
Renal Capsule (Kidney Cleanse Support)		\$0
Stress Formula Tablet		\$0
Stress Formula Tablet with Iron		\$0
Super B Complex with Vitamin C Tablet		\$0
Super Nu-Thera Liquid		\$0
Tab-a-Vite Tablet with Beta Carotene		\$0
Thiamine Hydrochloride Tablet (Vitamin B1)	Various	\$0
Tri-Vitamin Drops with Fluoride (Pediatric)	Various	\$0
Vitamin and Mineral Supplement Liquid		\$0
Vitamin A Capsule	Various	\$0
Vitamin B-50 Complex Tablet		\$0
Vitamin B-100 Complex Tablet		\$0
Vitamin C Lozenge	60 mg	\$0
Vitamin C with Rose Hips - Time Release	Various	\$0
Vitamin D3 Drops	10 mcg/ml	\$0
Vitamin E Capsule	Various	\$0
Vitamin E Liquid	50.25 mg/1 ml	\$0
Vitamin for Hair Tablet		\$0
Miscellaneous Supplements		
<i>Suplementos misceláneos</i>		
Acetylcysteine Capsule	500 mg, 600 mg	\$0
Coenzyme Q10 Capsule	Various	\$0
Glutamine Powder		\$0

MISCELLANEOUS

MISCELÁNEOS

COVERED DRUG NAME & FORMULATION MEDICAMENTO Y FORMULACION CUBIERTOS	STRENGTH FUERZA	COST COSTO
Aerosol Drug Delivery Administración de Medicamentos en Aerosol		
Spacer / Aerosol-Holding Chamber		\$0
Anti-Infection Anti-infección		
Activated Charcoal Powder		\$0
Pyrantel Pamoate Suspension (Generic Reese's Pinworm Medicine)	144 mg/ml	\$0
Rubbing Alcohol	70 %	\$0
COVID-19 COVID-19		
COVID-19 at Home Antigen Test Kit	1 Pack	\$0
Diabetes Regulation Regulación de la Diabetes		
Glucose Gel	40 %	\$0
Urine Ketone and Glucose Test Strips (Generic Keto Diastix Test Strips)		\$0
Family Planning Planificación Familiar		
Condoms - Female		\$0
Condoms (Male) Latex Lubricated		\$0
Condoms (Male) Latex Non-Lubricated		\$0
Condoms (Male) Non-Latex Lubricated		\$0
Liquid Agents Agentes Líquidos		
ORA-Plus Liquid		\$0
Sinus Rinse Enjuague Sinusal		
Sodium Chloride-Sodium Bicarbonate Packet Kit (Generic Neti Pot Sinus Wash)		\$0

Frequently Asked Questions

What are over-the-counter drugs?

Over-the-counter (OTC) drugs refer to any drug or medicine that a person can buy at a pharmacy without a prescription from a provider. Neighborhood INTEGRITY members can get no-cost OTC drugs with a prescription from a provider.

Where can I get my prescriptions filled?

To locate a pharmacy near you, download the full 2025 Provider and Pharmacy Directory by visiting www.nhpri.org/INTEGRITY. If you need additional help finding a pharmacy, please contact us by calling 1-844-812-6896 (TTY 711), Monday – Friday, 8 a.m. to 8 p.m. If you call outside of normal business hours, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. The pharmacy network may change at any time. You will receive a notice when necessary.

Want to Learn More about Neighborhood INTEGRITY?

We are here to help! Call us.

The Neighborhood Sales Team can:

- Answer your questions about the plan including covered drugs.
 - Set up an appointment for one-on-one assistance to help you apply for Neighborhood INTEGRITY.
 - Check to see that your provider is in our network and more.
- ▶ **The Sales Team can be reached by calling 1-844-812-6896 (TTY 711), Monday – Friday, 8 a.m. to 8 p.m.**
- ▶ **To enroll, you can also call the Medicare-Medicaid Enrollment Line at 1-844-602-3469 (TTY 711), Monday – Friday, 8:30 a.m. to 6 p.m.**
- ▶ **For more information, visit www.nhpri.org/INTEGRITY.**

Preguntas Realizadas Frecuentemente

¿Qué son los medicamentos de venta libre?

Los medicamentos de venta libre (OTC, por sus siglas en inglés) se refieren a cualquier fármaco o medicamento que una persona puede comprar en una farmacia sin una receta de un proveedor. Los miembros de Neighborhood INTEGRITY pueden obtener muchos medicamentos de venta libre sin costo con una receta de un proveedor.

¿Dónde puedo surtir mis medicamentos?

Para ubicar una farmacia cerca de usted, descargue el Directorio Completo de Proveedores y Farmacias de 2025 visitando www.nhpri.org/INTEGRITY. Si necesita ayuda adicional para encontrar una farmacia, comuníquese con nosotros llamando al 1-844-812-6896 (TTY 711), lunes – viernes, 8 a.m. a 8 p.m. Si llama fuera del horario comercial normal, se le puede pedir que deje un mensaje. Su llamada será devuelta dentro del próximo día hábil. La llamada es gratuita. La red de farmacias puede cambiar en cualquier momento. Recibirá un aviso cuando sea necesario.

¿Quiere aprender más sobre Neighborhood INTEGRITY?

¡Estamos aquí para ayudar! Llámenos

El Equipo de Ventas de Neighborhood puede:

- Responder a sus preguntas sobre el plan, incluidos los medicamentos cubiertos.
 - Programar una cita para recibir asistencia personalizada que le ayude a solicitar Neighborhood INTEGRITY.
 - Verificar que su proveedor esté en nuestra red y más.
- ▶ **Puede comunicarse con el equipo de ventas llamando al 1-844-812-6896 (TTY 711), lunes – viernes, 8 a.m. a 8 p.m.**
 - ▶ **Para inscribirse, también puede llamar a la línea de inscripción de Medicare-Medicaid al 1-844-602-3469 (TTY 711), lunes – viernes, 8:30 a.m. a 6 p.m.**
 - ▶ **Para obtener más información, visite www.nhpri.org/INTEGRITY.**

Neighborhood Health Plan of Rhode Island is a health plan that contracts with both Medicare and Rhode Island Medicaid to provide benefits of both programs to enrollees.

This is not a complete list of benefits. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Neighborhood INTEGRITY Member Handbook.

Neighborhood Health Plan of Rhode Island es un plan de salud que tiene contrato con Medicare y Rhode Island Medicaid para brindar beneficios de ambos programas a los afiliados.

Esta no es una lista completa de beneficios. La información de beneficios es un breve resumen, no una descripción completa de los beneficios. Para obtener más información, comuníquese con el plan o lea el Manual para miembros de Neighborhood INTEGRITY.



CONTACT US

1-844-812-6896 (TTY 711)
www.nhpri.org/INTEGRITY

Monday – Friday, 8 a.m. to 8 p.m. On Saturdays, Sundays, and holidays, you may be asked to leave a message. Your call will be returned within the next business day.

CONTÁCTENOS

1-844-812-6896 (TTY 711)
www.nhpri.org/INTEGRITY

Lunes a viernes, 8 a.m. a 8 p.m. Los sábados, los domingos y los días festivos, se le pedirá que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil.

