

Florida DSNP Over-the-Counter (OTC) Health and Wellness Product Order Form

Depending on your level of Medicaid eligibility as a member of Humana, you may be eligible to order the over-the-counter (OTC) products listed on the form on the next page from CenterWell Pharmacy® at no additional cost. These OTC products may be available to you in addition to the monthly OTC allowance available through your plan benefits. Purchase of covered OTC products made under emergency circumstances may be eligible for reimbursement when the monthly OTC allowance is available to cover the purchase.

Call CenterWell Pharmacy Customer Care at **800-526-1490 (TTY: 711)** if you have questions about your eligibility or how to use this benefit at CenterWell Pharmacy. Customer Care representatives are available Monday – Friday, 8 a.m. – 11 p.m. and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

How to order:

(if eligible)

Place your order no later than the 20th of each month to ensure that CenterWell Pharmacy is able to process your order within the applicable benefit month.

Please allow 5 to 7 business days from the time CenterWell Pharmacy receives your order to shipment.

You can place your order:

(if eligible)

Mail: Fill out the OTC Health and Wellness Product Order Form and mail only the order form pages to:

CenterWell Pharmacy
P.O. Box 1197
Cincinnati, OH 45201-1197

Fax: Fill out the OTC Health and Wellness Product Order Form and fax only the order form pages to:

1-800-379-7617

Note: The following items are not covered under this OTC benefit (non-eligible items): Alternative medicines (including botanicals, herbals, probiotics and nutraceuticals including 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).

* Dual-purpose items: Before ordering dual-purpose items, which are products that can be used for either a medical condition or for general health and well-being, it is your responsibility to have appropriate conversations with your personal provider; and, your personal provider must orally recommend the OTC item for a specific diagnosable condition. You may order other items on this order without consulting with your personal provider but prior consultation is always advised. It is prohibited to order OTC items for anyone, including family members and friends, other than the plan member. Please review your Evidence of Coverage document for further information.

† Sale of products containing nicotine are prohibited to members under the age of 21.

Humana is a Dual Eligible Special Needs [HMO SNP, PPO SNP] Plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in this Humana plan depends on contract renewal.

Sponsored by Humana Medical Plan, Inc. and the State of Florida, Agency For Health Care Administration.



STEP 1 - Complete your information below

Member ID (found on Humana ID card) - Date of Birth / / Gender Male Female

First Name Last Name MI

Street Number Street Name Apt/Suite #

City State ZIP Code -

Daytime Phone - - Evening Phone - -

STEP 2 - Complete product selection - check the box next to the product you want to order
Limit one (1) per item, per month

Item	Product code	Product name	Compare to	Package count	Price
Cough, Cold & Allergy					
<input type="checkbox"/>	113	Cetirizine HCL 10mg	Zyrtec® 10mg	30	\$0
<input type="checkbox"/>	111	Guaifenesin (Expectorant) 400mg	Guaifenesin (Expectorant) 400mg	30	\$0
<input type="checkbox"/>	110	Loratadine 10mg	Claritin®	30	\$0
<input type="checkbox"/>	290	Loratadine Liquid 5mg/5ml	Children's Claritin®	4 oz.	\$0
Pain Relievers					
<input type="checkbox"/>	605	Acetaminophen Arthritis 650mg, 24ct	Acetaminophen Arthritis 650mg	24	\$0
<input type="checkbox"/>	229	Enteric Coated Aspirin 325mg	Ecotrin®	100	\$0
Smoking Cessation					
<input type="checkbox"/>	315	Nicotine Transdermal Patch, 7mg, 7/Box†	Nicotine Transdermal Patch	7	\$0
<input type="checkbox"/>	313	Nicotine Transdermal Patch, 14mg, 7/Box†	Nicotine Transdermal Patch	7	\$0
<input type="checkbox"/>	314	Nicotine Transdermal Patch, 21mg, 7/Box Patch†	Nicotine Transdermal Patch	7	\$0
<input type="checkbox"/>	123	Stop Smoking Gum, 2mg†	Nicorette® 2mg gum	50	\$0
<input type="checkbox"/>	124	Stop Smoking Gum, 4mg†	Nicorette® 4mg gum	50	\$0
Vitamins, Minerals & Supplements					
<input type="checkbox"/>	109	Calcium Citrate plus Vitamin D3	Citrical® Caplets plus D3	60	\$0
<input type="checkbox"/>	298	Ferrous Sulfate 325mg	Feosol® 100	100	\$0
Women's Health					
<input type="checkbox"/>	041	Clotrimazole 1% Vaginal Cream	Gyne-Lotrimin®	1.5 oz.	\$0