

In addition to these Medicaid-covered products, you may also order additional products available through the plan's OTC benefit. If you need an order form, contact Member Services at the phone number on the back of this form.

The following items are not covered under the OTC benefit (non-eligible items): baby items, contraceptives, convenience items (non-medical items), cosmetics and food supplements.

Please consult with your doctor before using any OTC product. This product list is subject to change. OTC items may only be ordered for the plan member. It is prohibited to order OTC items for family members and friends.

Purchase of covered OTC products made under emergency circumstances may be eligible for reimbursement when the monthly benefit allowance is available to cover the purchase.

Submit a written request and copy of your receipts to: CarePlus Health Plans, Inc., P. O. Box 14165 Lexington, KY 40512-4165, Attention: Direct Member Reimbursement.

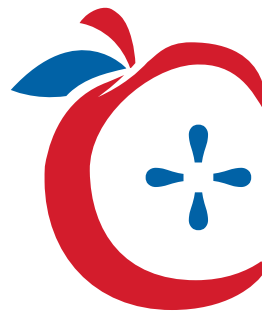
You must submit your claim to us in writing within 12 months of the date you received the item or drug. For more information, please go to MyCarePlus, your secure member portal, to review your Evidence of Coverage: [CarePlusHealthPlans.com/logon](https://www.CarePlusHealthPlans.com/logon).



CarePlus Member Services

800-794-5907 (TTY: 711)

If you have questions, please call our Member Services Department at **800-794-5907**. If you use a TTY, call 711. You can call us seven days a week, from 8 a.m. to 8 p.m. Please note that our automated phone system may answer your call during weekends and holidays. For 24-hour service, you can visit us at [CarePlusHealthPlans.com](https://www.CarePlusHealthPlans.com).



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**Over-the-Counter (OTC) Products
Mail-Order Form CareNeeds Plus
(HMO D-SNP), CareNeeds
Platinum (HMO D-SNP), and
CareNeeds Extra (HMO D-SNP)**



**Medicaid-covered OTC products for
CarePlus D-SNP members eligible
for Medicaid-covered services
(QMB+, SLMB+ or FBDE).**

CarePlus
HEALTH PLANS™

Eligible Items



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Complete this order form by selecting no more than one product from each category, per month, from the eligible items list. Place an "X" in the box next to the product you're selecting.

You can place your order by:



PHONE: You can call CenterWell Pharmacy™ at **800-526-1490** (TTY: 711), Monday through Friday, from 8 a.m. to 11 p.m. and Saturday from 8 a.m. to 6:30 p.m., Eastern time



MAIL: Fill out your order and mail to:
CenterWell Pharmacy
P.O. Box 1197 Cincinnati, OH 45201-1197

CenterWell Pharmacy will ship your order to your home by FedEx or the U.S. Postal Service at no extra charge to you.



FAX: You may also fax your order form to **888-778-8384**.

Please allow 10 to 14 business days from the time CenterWell Pharmacy receives your order to the time of delivery. Orders may be split into multiple shipments. If you don't receive your order within the estimated timeframe, please call **CenterWell Pharmacy at the number listed above**.

If a product is unavailable or not in stock, it may be substituted for a similar product at no charge.

*For dual-purpose items: purchase must be based upon appropriate conversations and recommendations from the member's personal healthcare provider. Other items on this order form are classified as eligible and may be ordered by the member without further action.

You will receive the generic equivalent of all items
limit one (1) per item, per category, per month

Item	Code	Description	Compare To	Size	Price
Allergy/Cough/Cold					
<input type="checkbox"/>	113	Cetirizine HCL 10mg	Zyrtec® 10mg	30 ct	\$0
<input type="checkbox"/>	111	Guaifenesin Expectorant 400mg	Guaifenesin Expectorant 400mg	30 ct	\$0
<input type="checkbox"/>	110	Loratadine 10mg, 30ct	Claritin®	30 ct	\$0
<input type="checkbox"/>	290	Loratadine Liquid 5mg/5ml	Children's Claritin®	4 fl oz	\$0
Dual-Purpose Items*: Vitamins/Minerals					
<input type="checkbox"/>	109	Calcium Citrate + Vitamin D3	Citracal® Caplets + D3	60 ct	\$0
<input type="checkbox"/>	298	Ferrous Sulfate 325mg	Feosol® 100	100 ct	\$0
Pain Relievers					
<input type="checkbox"/>	229	Enteric Coated Aspirin 325mg	Ecotrin®	100 ct	\$0
<input type="checkbox"/>	605	Acetaminophen Arthritis 650mg	Acetaminophen Arthritis 650mg	24 ct	\$0
Smoking Cessation					
<input type="checkbox"/>	315	Nicotine Transdermal 7mg Patch	Nicotine Transdermal Patch	7 ct	\$0
<input type="checkbox"/>	313	Nicotine Transdermal 14mg Patch	Nicotine Transdermal Patch	7 ct	\$0
<input type="checkbox"/>	314	Nicotine Transdermal 21mg Patch	Nicotine Transdermal Patch	7 ct	\$0
<input type="checkbox"/>	123	Stop Smoking Gum - 2mg	Nicorette® 2mg gum	50 ct	\$0
<input type="checkbox"/>	124	Stop Smoking Gum - 4mg	Nicorette® 4mg gum	50 ct	\$0
Women's Health					
<input type="checkbox"/>	041	Clotrimazole 1% Vaginal Cream	Gyne-Lotrimin® Cream 45gm	1.5 oz	\$0

Please provide the following information:

Name:

Phone:

Member ID: H

Date of Birth: / /

Address:

City:

State, ZIP Code: