

Kentucky Employee's Health Plan (KEHP)
Voucher for Over-the-Counter Nicotine Replacement Therapy



Kentucky Employees' Health Plan

PROGRAM SECTION – Check one tobacco cessation program below

- Freedom From Smoking Cessation Program
- Quit Now Kentucky Smoking Cessation Program
- Cooper Clayton Smoking Cessation Program

PARTICIPANT SECTION - To be completed by program Participant

Participant's Name (First, Last, MI)	Daytime Phone Number	Fax Number
Participant's Address	City, State, Zip	Participant's Date of Birth
Insurance Planholder's Name	Last 4 Digits of Planholder's SSN	Is Participant enrolled in KEHP? <input type="checkbox"/> Yes <input type="checkbox"/> No

COUNSELOR SECTION - To be completed by program Counselor

Counselor Name (Print – First Name and Last Name Initial) _____

Is Participant enrolled in and committed to the tobacco cessation program? Yes No

Participant's enrollment start date: _____ Participant's anticipated smoking cessation date: _____

Recommended NRT Product:

Patch Dosage: <input type="checkbox"/> 21 mg <input type="checkbox"/> 14 mg <input type="checkbox"/> 7 mg Quantity needed for 28 ___ 14 ___ day period	Lozenge Dosage: <input type="checkbox"/> 4 mg <input type="checkbox"/> 2 mg Quantity needed for 28 ___ 14 ___ day period	Gum Dosage: <input type="checkbox"/> 4 mg <input type="checkbox"/> 2 mg Quantity needed for 28 ___ 14 ___ day period
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I, the Counselor, confirm that the Participant is enrolled in and currently participating in and compliant with the tobacco cessation program.

Counselor Signature (First Name and Last Name Initial)

Counselor Comments: _____

STEPS for Obtaining Over-the-Counter Nicotine Replacement Therapy (OTC NRT)

This voucher is valid for a 28-day supply of OTC NRT without any cost to a KEHP Member/Participant until the date specified below.

1. Ask your physician or pharmacist if you have any questions before using NRT or if you have a pre-existing medical condition.
2. After receiving this voucher with a KEHP approval, take it to a pharmacy that accepts KEHP insurance, as administered by CVS/caremark.
3. Select the OTC patch, lozenge, or gum of the dosage indicated above.
4. Take the OTC product to the pharmacist. Your costs for obtaining OTC NRT with this completed voucher will be zero.
5. Present this voucher and your Anthem/KEHP insurance card to the pharmacist.
6. Use the NRT product as directed.
7. Continue participating in the tobacco cessation program in order to continue receiving OTC NRT without any cost to the Member/Participant. When a Member/Participant no longer participates in the tobacco cessation program, a prescription will be required to obtain OTC NRT without any cost.

Pharmacist: This Voucher, when approved by KEHP, entitles the Participant named above to a 28-day supply of the product indicated. This product is provided without any cost to the Member/Participant. Claims should be filed through CVS/caremark. If the KEHP approval is for two different strengths of an NRT, a separate claim must be filed for each. The Participant can only receive the total quantity of the product that is authorized by the program facilitator/counselor and approved by KEHP. Please use your store DEA number in the Prescriber ID field (411-DB) since a prescription is not required to process this claim.

CONTACT AND APPROVAL INFORMATION

Please contact the Department of Employee Insurance with any questions.
 Personnel Cabinet
 Department of Employee Insurance
 501 High Street, 2nd Floor
 Frankfort, KY 40601
 (888) 581-8834 or (502) 564-6534
 (502) 564-1085 (Fax)

KEHP Use Only

Approval Date _____

KEHP Authorized Signature _____

Approval Valid Until _____