Kentucky Employee's Health Plan (KEHP)
Freedom From Smoking Cessation Program
Voucher for Over-the-Counter Nicotine Replacement Therapy

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? ☐ Yes ☐ No

COUNSELOR SECTION - To be completed by Freedom From Smoking Counselor

Freedom From Smoking Counselor Name (Print – First Name and Last Name Initial)

Is Participant enrolled in and committed to the Freedom From Smoking Program? ☐ Yes ☐ No
Participant's enrollment start date:_____ Participant's anticipated smoking cessation date: _____

Recommended NRT Product:

Patch Dosage:	**Lozenge Dosage:**	**Gum Dosage:**
☐ 21 mg ☐ 14 mg ☐ 7 mg	☐ 4 mg ☐ 2 mg	☐ 4 mg ☐ 2 mg
Quantity needed for 28-day period _____	Quantity needed for 28-day period _____	Quantity needed for 28-day period _____

I, the Freedom From Smoking Counselor, confirm that the Participant is enrolled in and currently participating in and compliant with the Freedom From Smoking cessation program.

Freedom From Smoking 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 Humana/KEHP insurance card to the pharmacist.
6. Use the NRT product as directed.
7. Continue participating in the Freedom From Smoking counseling program in order to continue receiving OTC NRT without any cost to the Member/Participant. When a Member/Participant no longer participates in the Freedom From Smoking 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