

# Over-the-Counter Health & Wellness Products

2016 Catalog and Order Form

**Humana®**

# 2016 Over-the-Counter (OTC) Health and Wellness Product Order Form



Your current plan may have an over-the-counter benefit that would allow you to purchase over-the-counter (OTC) health and wellness products from Humana Pharmacy.



Call Humana Pharmacy at **1-855-211-8370** (TTY: **711**) if you have questions about how to use this benefit at Humana 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.



Keep this catalog somewhere important. You'll need this to look up the health and wellness products you want to order each month.



## How to order:

Place your order no later than the 20th of each month to ensure that Humana Pharmacy is able to process your order within the applicable benefit month. If your total order exceeds your benefit amount limit, please be sure to include a check, money order, or credit card information to pay the remaining amount due. Failure to submit payment in full will lead to a delay in shipment or a cancellation of items.



## You can place your order:

- **Online:** Go to **HumanaPharmacy.com/OTC**
- **Mail:** Fill out the OTC Health and Wellness Product Order Form and mail only the order form pages to:  
Humana Pharmacy  
PO 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.



\* This order form is for the 2016 benefit year. Please do not submit your first order until after January 1, 2016.

# 2016 Humana Health and Wellness Product Order Form



920



## 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

Please check box if this is a new address: ☐

         
       
   

## STEP 2 - PRODUCT SELECTION

During which month would you like to receive this order?

 

Please note: Orders can only be placed for the current or further month. Humana Pharmacy is not able to backdate an order for a previous month.

	Product Code	Product Name	Quantity to order*	Price
Example:	0 4 7	Aspirin 325mg	1	\$5
1	OTC <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	
2	OTC <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	
3	OTC <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	
4	OTC <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	
5	OTC <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	
6	OTC <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	
7	OTC <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	
8	OTC <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	
9	OTC <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	
10	OTC <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	

\*Write in the quantity of the product you would like to receive, not the package size listed in the catalog.

# 2016 Humana Health and Wellness Product Order Form



920A



Your total order amount \$ \_\_\_\_\_  
Humana monthly allowance \$ \_\_\_\_\_  
Total remaining amount due \$ \_\_\_\_\_

If your total order is less than your plan's monthly allowance, you DO NOT need to include payment and you will receive the items you ordered.

If your order exceeds your plan's monthly allowance, please include your check, money order, or enter your credit card information below to pay the remaining amount due. Failure to submit payment in full will lead to items being cancelled to bring your order total at or below your monthly benefit allowance. Any unused allowance does not roll over to the next month.

## STEP 3 PAYMENT INFORMATION (if applicable)

Please make checks payable to "Humana Pharmacy". Please do not send cash.

To pay by credit card, please complete the following:

Credit/Debit Card #

Exp. Date

Cardholder First Name

Cardholder Last Name

Cardholder Signature:

STEP 4 - To order by mail, send the completed Humana Health and Wellness Product Order Form page along with payment (if applicable) to:

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

Note: A monthly allowance amount is only available if your plan offers the over-the-counter (OTC) services as a benefit. Call Humana Pharmacy at **1-855-211-8370** (TTY: **711**) if you have questions about your order, or about how to use this benefit at Humana Pharmacy, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m. Eastern time.

Orders will be shipped to your home by UPS or the US Postal Service at no extra charge to you. Please allow 10 to 14 business days from the time Humana Pharmacy receives your order to shipment. You'll receive a generic comparable to the name-brand product. Please consult your doctor before using any over-the-counter (OTC) product. This product list is subject to change. If a product is unavailable or not in stock, it may be substituted for a similar product at no additional charge.

Y0040\_GNHJBPBEN 0815

# Over-the-Counter (OTC) Health and Wellness Product Catalog

**Note:** You will receive the generic equivalent of all items

## Antacid, Anti-Diarrheals, and Laxatives

Product code	Product name	Compare to	Package count	Price
075	Antacid/Anti-Gas Chew	Maalox® Plus 1	100	\$7.00
032	Antacid/Anti-Gas Liquid	Maalox®	360 ml	\$9.00
029	Anti-Diarrheal Tablets- Loperamide 2 mg	Imodium® A-D	12	\$4.75
031	Anti-Hemorrhoidal Ointment	Preparation H®	60 gm	\$7.00
227	Calcium Carbonate Antacid	Tums Extra Strength	96	\$5.25
203	Calcium Carbonate Antacid- Regular Strength	Tums Regular Strength	150	\$5.25
098	Extra Strength Gas Relief Tablets	Gas-X® Extra Strength	30	\$5.75
261	Famotidine 20 mg	Pepcid 20 mg	25	\$7.50
208	Fiber Laxative Tablets	FiberCon®	90	\$9.00
234	Glycerin Suppositories, Adult	Fleet® Glycerin Suppositories	25	\$5.25
216	Hemorrhoidal Suppositories	Preparation H® Suppositories	12	\$6.00
262	Lansoprazole 15 mg	Prevacid®	14	\$10.00
093	Laxative- Biscodyl 5 mg	Dulcolax®	25	\$5.00
033	Milk of Magnesia - Laxative/Antacid	Phillips® Milk of Magnesia	360 ml	\$5.25
263	Nexium® 24HR	Nexium® 24HR	14	\$13.00
112	Omeprazole	Prilosec OTC® 20 mg	14	\$11.00
115	Pink Bismuth- Chewable Tablets	Pepto-Bismol® Chewable Tablets	30	\$6.00
264	Polyethylene Glycol 3350	MiraLAX®	238 gm	\$10.50
258	Psyllium Fiber Laxative Capsules	Metamucil®	160	\$11.00
104	Ranitidine 75 mg Tablets- Antacid	Zantac®	30	\$7.00
233	Senna Laxative Tablets	Senokot®	100	\$10.00
101	Stool Softener Capsules	Colace®	100	\$7.00

## Cough, Cold and Allergy

Product code	Product name	Compare to	Package count	Price
292	Allergy Nasal Spray	Flonase®	.34 fl oz	\$14.00
113	Cetirizine HCL 10 mg	Zyrtec® 10 mg	30	\$12.00
290	Children's Allergy Liquid 5 mg	Children's Claritin®	4 oz	\$9.00
260	Cough and Cold High Blood Pressure Tablets	Coricidin® HBP Cough and Cold	16	\$5.25
237	Daytime PE Tablets	DayQuil™	16	\$6.00
111	Expectorant- Guaifenesin 400 mg	Mucus Relief 400 mg	30	\$11.00

291	Eye Itch Relief 0.025% Eye Drops	Zaditor®	.17 fl oz	\$14.00
249	Fexofenadine 180 mg 24 hour	Allegra® Allergy	30	\$17.00
028	Cough Formula Expectorant	Robitussin®	120 ml	\$5.00
210	Cough Suppressant (sugar free)	Robitussin® Sugar Free DM	118 ml	\$7.00
026	Cough suppressant/expectorant	Robitussin® DM	120 ml	\$6.00
096	Cough suppressant/nasal decongestant/expectorant	Robitussin® CF	120 ml	\$5.25
110	Loratadine 10 mg	Claritin®	30	\$10.00
043	Medicated Chest Rub	Vicks VapoRub®	99 gm	\$6.00
117	Menthol/Benzocaine Sore Throat Lozenges	Chloraseptic® Lozenges	18	\$5.50
293	Nasacort Allergy 24 hour- generic	Nasacort®	.57 fl oz	\$17.75
228	Nasal Decongestant PE Max Strength	Sudafed® PE Tablets	36	\$6.00
095	Nasal Decongestant Spray	Afrin®	30 ml	\$5.00
220	Phenol/Oral Anesthetic Sore Throat Spray	Chloraseptic®	180 ml	\$6.00
099	Saline Nasal Spray	Ocean® Saline Nasal Spray	45 ml	\$5.00
097	Sinus-Acetaminophen/ Phenylephrine HCl	Tylenol® Sinus	24	\$6.00

## Diabetes Management

Product code	Product name	Compare to	Package count	Price
265	Compression Stockings 15-20mmHg Regular Beige Size A (Ankle: 7" - 7 7/8"; Calf: 10" - 13")	JOBST®	1	\$15.00
266	Compression Stockings 15-20mmHg Regular Beige Size B (Ankle: 8" - 8 7/8"; Calf: 12" - 15")	JOBST®	1	\$15.00
267	Compression Stockings 15-20mmHg Regular Beige Size C (Ankle: 9" - 9 7/8"; Calf: 14" - 17")	JOBST®	1	\$15.00
268	Compression Stockings 15-20mmHg Regular Beige Size D (Ankle: 10" - 10 7/8"; Calf: 16" - 19")	JOBST®	1	\$15.00
269	Compression Stockings 15-20mmHg Regular Beige Size E (Ankle: 11" - 11 7/8"; Calf: 18" - 21")	JOBST®	1	\$15.00
270	Compression Stockings 15-20mmHg Regular Beige Size F (Ankle: 12" - 12 7/8"; Calf: 20" - 23")	JOBST®	1	\$15.00
271	Compression Stockings 15-20mmHg Regular Beige Size G (Ankle: 13" - 13 7/8"; Calf: 22" - 26")	JOBST®	1	\$15.00

272	Diabetic Skin Relief Foot Cream	Gold Bond® Diabetic Skin Relief Foot Cream	96 gm	\$9.00
305	Glucose Tablets	DEX4® Glucose Tablets	60	\$11.50
273	Reagent Strips for Urinalysis	Diastix® Reagent Strips for Urinalysis	50	\$11.00
274	Sharps Container	BD™ Home Sharps Container	1	\$5.75
275	Test Strips for Urinalysis	Ketone Test Strips for Urinalysis	50	\$11.00

## First Aid

Product code	Product name	Compare to	Package count	Price
035	Alcohol Prep Pads	Curad® Alcohol Swabs	100	\$6.00
226	Elastic bandage	Ace® Bandage	1	\$6.00
232	First Aid Tape	J&J®	1	\$4.50
044	Plastic Bandages	Band-Aids®	100	\$5.25
040	Triple Antibiotic Ointment	Neosporin®	30 gm	\$6.00
231	Triple Antibiotic Ointment Plus	Neosporin® + Pain Relief	30 gm	\$7.00

## Pain Relievers

Product code	Product name	Compare to	Package count	Price
294	Acetaminophen 325 mg	Tylenol® Regular Strength	100	\$7.00
002	Acetaminophen 500 mg	Tylenol® Extra Strength	100	\$6.00
020	Acetaminophen 80 mg chewable	Tylenol® Children's Chewable	30	\$5.00
047	Aspirin 325 mg	Bayer®	100	\$5.00
016	Aspirin Low Dose 81 mg EC	Bayer® Adult Low Strength EC	120	\$6.00
287	Chewable Aspirin 81 mg	Bayer®	108	\$5.50
213	Cold and Hot Patches	Icy Hot® Patch	5	\$7.00
215	Effervescent Pain Relief	Alka-Seltzer®	36	\$6.25
229	Enteric Aspirin 325 mg	Ecotrin®	100	\$6.00
125	Headache Formula- Aspirin/Acetaminophen/Caffeine	Excedrin®	100	\$7.00
019	Ibuprofen 200 mg	Advil®	50	\$5.00
094	Ibuprofen Suspension	Motrin®	120 ml	\$6.75
046	Muscle Rub	BenGay®	120 gm	\$7.00
283	Naproxen Sodium	Aleve®	100	\$9.00
230	Therapeutic Mineral Ice Gel	Mineral Ice®	227 gm	\$8.00
119	Topical Analgesic- Capsicum Cream 0.025%	Zostrix® Cream	60 gm	\$8.00

## Personal Care

Product code	Product name	Compare to	Package count	Price
257	7-Day Pill Box	7-Day Pill Box	1	\$7.00
256	Absorbent Underpads (Disposable Chux Pads) 23"x36"	Protection Plus® Disposable Underpads 23"x36"	20	\$20.00
253	Adult Incontinence Underwear Large	Protection Plus® Classic Protective Underwear Large 40"-56"	18	\$20.00
252	Adult Incontinence Underwear Medium	Protection Plus® Classic Protective Underwear Medium 28"-40"	20	\$20.00
251	Adult Incontinence Underwear Small	Protection Plus® Classic Protective Underwear Small 20"-28"	22	\$20.00
254	Adult Incontinence Underwear X-Large	Protection Plus® Classic Protective Underwear X-Large 56"-68"	14	\$20.00
255	Adult Incontinence Underwear XX-Large	Protection Plus® Classic Protective Underwear XX-Large 68"-80"	12	\$20.00
243	Bladder control pads (regular)	Poise® Moderate Pads	20	\$9.00
242	Blood Pressure Home Kit (manual pump w/stethoscope)**	Blood Pressure Home Kit (manual pump w/stethoscope)	1	\$17.00
036	Cotton Swabs	Q-Tips®	300	\$4.75
224	Dental Floss	Dental Floss	1	\$4.75
225	Denture Adhesive	Fixodent®	42 gm	\$6.00
307	Diaper Rash Ointment	Desitin Ointment	60 gm	\$4.50
247	Digital Bathroom Scale**	Digital Bathroom Scale	1	\$35.00
245	Digital Blood Pressure Monitor**	Digital Blood Pressure Monitor	1	\$50.00
118	Earwax Removal Drops	Debrox® Earwax Removal Drops	15 ml	\$8.00
235	Effervescent Denture Tabs	Efferdent®	40	\$5.25
244	Electric Heating Pad**	Sunbeam® Electric Heating Pad	1	\$40.00
276	Eye Drop Cup with Guide	Eye Drop Cup with Guide	1	\$6.00
219	Eye Drops- Redness Reliever	Visine® Original	15 ml	\$5.00
114	Lubricant Eye Drops (Sterile)	Luquifilm Tears®	15 ml	\$6.00
295	Oral Pain Relief- Benzocaine 20%	Orajel™	.41 fl oz	\$6.75
048	Oral Thermometer	B-D® Oral Thermometer	1	\$6.00
306	Sunblock SPF 30	Coppertone	240 ml	\$8.00
284	Toothbrush	Toothbrush	3	\$5.75
285	Toothpaste	Toothpaste	2	\$8.00
296	Wart Remover Liquid	Compound W®	.5 oz	\$8.50

\*\*For the items noted above: limit one per plan year. Prior to purchase, the enrollee must have appropriate conversations with the enrollee's personal provider and the enrollee's personal provider must orally recommend the OTC item.



## Skin Care

Product code	Product name	Compare to	Package count	Price
217	Allergy Cream- Itch and Pain Relief	Benadryl® Extra Strength Cream	30 gm	\$5.00
037	Calamine Lotion	Caladryl®	180 ml	\$5.25
038	Clotrimazole Cream 1%	Lotrimin AF®	15 gm	\$6.00
004	Hydrocortisone Cream 1%	Cortizone 10®	30 gm	\$5.00
241	Medicated Callus Remover	Dr. Scholl's®	6	\$5.00
286	Medicated Lip Balm	ChapStick®	3	\$5.00
277	Terbinafine Cream	Lamisil AT®	.53 oz	\$10.00
218	Tolnaftate 1% Antifungal	Tinactin® Cream	30 gm	\$8.00

## Smoking Cessation

Product code	Product name	Compare to	Package count	Price
123	Stop Smoking Gum- 2 mg	Nicorette® 2 mg gum	50	\$20.00
124	Stop Smoking Gum- 4 mg	Nicorette® 4 mg gum	50	\$20.00

## Vitamins, Minerals and Supplements\*

Product code	Product name	Compare to	Package count	Price
297	Antioxidant Tablets	Antioxidant Tablets 60	60	\$7.00
109	Calcium Citrate + Vitamin D	Citracal® Caplets + D	60	\$7.00
248	Chewable Calcium with Vitamin D	Caltrate® 600 + D Plus Minerals Chewable	60	\$9.00
902	Co-Enzyme Q-10 30 mg	Co-Enzyme Q-10 30 mg	30	\$10.00
063	Complete Senior Vitamins and Minerals	Centrum® Silver	60	\$10.00
011	Daily Multivitamin and Mineral	Centrum®	130	\$8.00
907	Eye Care Vitamins	Ocuvite® Lutein	36	\$9.00
298	Ferrous Sulfate 5 gr	Feosol® 100	100	\$8.50
240	Folic Acid 800 mg	Folic Acid 800 mg	100	\$5.00
299	Gummy Multi-Vitamin	VitaFusion™	120	\$10.00
300	Gummy Vitamin C 250 mg	VitaFusion™	100	\$10.00
301	Gummy Vitamin D 2000 IU	VitaFusion™	120	\$10.00
302	Magnesium Oxide 400 mg	Mag-Ox® 400 mg	120	\$10.00
278	Melatonin 5 mg	Melatonin 5 mg	100	\$6.50
107	One a Day Women's Multivitamin	One-A-Day Women's®	60	\$7.00
015	Oyster Calcium + Vitamin D	Os-Cal® 500+D	60	\$6.00
303	Potassium Gluconate 595 mg	Potassium Gluconate 595 mg	100	\$5.50
909	Timed Release Niacin 500 mg	Timed Release Niacin 500 mg	100	\$8.00



# Get your questions answered

Call Humana Pharmacy:

**1-855-211-8370** (for TTY, dial **711**)

Online

**Humana.com**

## Remember! Keep this catalog.

You'll need this catalog to look up the health and wellness products you want to order each month.

OTC items may only be purchased for the plan enrollee. It is prohibited to purchase 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.

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

Humana is a Medicare Advantage HMO, PPO, PFFS organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits and member cost-share may change on January 1 of each year.

Other pharmacies are available in our network.

This information is available for free in other languages. Please call Customer Care at the number on the back of your Humana member ID card.

Esta información está disponible gratuitamente en otros idiomas. Comuníquese con el Departamento de Atención al Cliente llamando al número en el dorso de su tarjeta de identificación de afiliado de Humana.

本資訊也有其他語言的免費版本可供選擇。請致電 Humana 會員卡背面的電話號碼與客口服務部聯絡。

# Humana<sup>®</sup>

Y0040\_GNHJBPBEN 0815