

2025

List of Covered Drugs (Formulary)

Humana Gold
Plus Integrated
(Medicare-Medicaid Plan)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. THIS FORMULARY WAS UPDATED ON 08/01/2025. FOR MORE RECENT INFORMATION OR OTHER QUESTIONS, CONTACT US AT 1-800-787-3311 (TTY: 711), 8 A.M. to 8 P.M., MONDAY THROUGH FRIDAY, CENTRAL TIME OR VISIT HUMANA.COM.

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Humana Gold Plus Integrated (Medicare-Medicaid Plan) | 2025 List of Covered Drugs (Drug List or Formulary)

Introduction:

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs and items are covered by Humana Gold Plus Integrated. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Humana Gold Plus Integrated. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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You can find information on what the symbols and abbreviations on this table mean by referring to page 13. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated).



Humana Gold Plus Integrated (Medicare-Medicaid Plan) | 2025 List of Covered Drugs (Formulary)

A. Disclaimers

This is a list of drugs that members can get in Humana Gold Plus Integrated.

- Humana Gold Plus Integrated (Medicare-Medicaid) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to members.
- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- Attention: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-800-787-3311 (TTY: 711), Monday - Friday from 8 a.m. - 8 p.m. Central Time. The call is free.
- Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-787-3311 (TTY: 711), de lunes a viernes, de 8 a.m. a 8 p.m., hora del centro. La llamada es gratuita.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-800-787-3311 (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Central Time. The call is free.

You can make a standing request to get materials, now and in the future, in a language other than English or in an alternate format.

- Call Customer Care if you want to make or change a standing request at 1-800-787-3311 (TTY: 711). We're available Monday - Friday, from 8 a.m. - 8 p.m. Central time. The call is free.
- We will keep your preferred language other than English and/or alternate format for future mailings and communications.
- You will not need to make a separate request each time.

You can find information on what the symbols and abbreviations on this table mean by referring to page 13. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated).



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B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this List of Covered Drugs. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the "Drug List" for short.)

The drugs on the *List of Covered Drugs* that starts in C1, are the drugs covered by Humana Gold Plus Integrated. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

- Humana Gold Plus Integrated will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy, **and**
 - you fill the prescription at a Humana Gold Plus Integrated network pharmacy.
- Humana Gold Plus Integrated may have additional steps to access certain drugs (refer to question #B4 below).

You can also find an up-to-date list of drugs that we cover on our website at [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated) or call Customer Care at 1-800-787-3311 (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Central Time. The call is free.

B2. Does the Drug List ever change?

Yes, and Humana Gold Plus Integrated must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year. For example, we could:

- Decide to require or not require prior authorization (PA) or approval for a drug. (Prior approval is permission from Humana Gold Plus Integrated before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes along that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check Humana Gold Plus Integrated's up-to-date Drug List online at [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated). Updates to the Drug List are posted on the website monthly.
- You can also call Customer Care to check the current Drug List at 1-800-787-3311 (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Central Time. The call is free.

You can find information on what the symbols and abbreviations on this table mean by referring to page 13. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated).



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B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **Substitutions of certain new version of drugs.** We may immediately remove the drugs from the Drug List if we replace them with certain new versions of that drug, but your cost for the new drug will stay the same [insert if applicable, for example, if the plan's Drug List has differential cost-sharing for some generics: or will be lower]. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We can make these changes only if the drug we are adding:
 - Is a new generic version of a brand name drug, or
 - Is a certain new biosimilar version of original biological products on the Drug List (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to Section B14. You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective, or the drug's manufacturer takes a drug off the market, we may immediately take it off the Drug List. If you are taking the drug, we will send you a notice after we make the change.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the Drug List when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

We add a generic drug and replace a brand name drug currently on the Drug List, or

- we add a new biosimilar to replace an original biological product currently on the Drug List, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor **or** other prescriber. He or she can help you decide:

- If there is a similar drug on the Drug List you can take instead **or**
- Whether to ask for an exception from these changes. To learn more about exceptions, refer to question B10.

You can find information on what the symbols and abbreviations on this table mean by referring to page 13. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated).



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B4. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from Humana Gold Plus Integrated before you fill your prescription. If you don't get approval, Humana Gold Plus Integrated may not cover the drug.
- **Quantity limits:** Sometimes Humana Gold Plus Integrated limits the amount of a drug you can get.
- **Step therapy:** Sometimes Humana Gold Plus Integrated requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.
- **Indication-based coverage:** If Humana Gold Plus Integrated covers a drug only for some medical conditions, we clearly identify it on the Drug List along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning in section C1. You can also get more information by visiting our website at [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please refer to question B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limitations or if there are required actions to take to get the drug?

The table in section C1 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Humana Gold Plus Integrated changes their rules about some drugs (for example, PA or approval, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change PA, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about the drugs on the Drug List change.

You can find information on what the symbols and abbreviations on this table mean by referring to page 13. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated).



B7. How can I find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically by the drug's name, **or**
- You can search by medical condition.

To search **alphabetically**, go to the Alphabetical Listing section. You can find it by beginning on page 111.

To search **by medical condition**, find the section labeled "Drugs Grouped by medical condition" on page 142. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, heart-related conditions. That is where you will find drugs that treat heart conditions.

B8. What if the drug I want to take is not on the Drug List?

If you don't find your drug on the Drug List, call Customer Care at 1-800-787-3111 (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Central Time and ask about it. The call is free. If you learn that Humana Gold Plus Integrated will not cover the drug, you can do one of these things:

- Ask Customer Care for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
 - You can ask the health plan to make an exception to cover your drug. Please refer to question B11 for more information about exceptions.
-

B9. What if I am a new Humana Gold Plus Integrated member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Humana Gold Plus Integrated. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by Humana Gold Plus Integrated, **or**
- you are taking a drug that is part of a step therapy restriction.

If you live in a nursing home or other long-term care facility, and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Humana Gold Plus Integrated member.
- This is in addition to the temporary supply during the first 90 days you are a member of Humana Gold Plus Integrated.

You can find information on what the symbols and abbreviations on this table mean by referring to page 13. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated).



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If you change treatment settings

During the plan year, you may change treatment settings because of a change in the level of your care. For instance, you may:

- Move from a hospital or skilled nursing facility to a home setting
- Move from a home setting to a hospital or skilled nursing facility
- Move from one skilled nursing facility to another, so you need to use a new pharmacy
- Stop staying at a skilled nursing facility where Medicare Part A covered your prescription drugs, so you need to use Part D now
- Give up your Hospice status, so you need to use Medicare Parts A and B now
- Leave a long-term psychiatric hospital where your drugs were tailored to you

In such cases, we will cover up to **31 days** worth of a drug that Medicare Part D covers when you get the drug at a pharmacy.

If you change treatment settings more than once in the same month you may need to ask us to make an exception, **or** approve your drug in advance.

We will look at your request to see if you have a treatment plan, **and** changing it would harm your health.

If you need more time

We may extend your transition supply. This will let you keep getting your drug while we look at your appeal, **or** request for an exception.

After you get a transition supply of a Part D drug

We may need to do a medical review of the drug if:

- The drug is not on our approved list, **or**
- We need to approve it in advance because:
 - There are limits on the amount you can get
 - You need to try a less costly drug first, **or**
 - We need to know some facts about your health

If we need to know some facts about your health

Your doctor can give us these facts. This will help us work on your request to approve your drug in advance or make an exception if:

- Your drug is not on our approved list
- We need to approve your drug in advance, **or**
- You have tried other drugs to treat your health problem

To ask for an exception

Ask your doctor to send us a letter. The letter must say that you need this drug to treat your health problem because the drugs we **do** cover:

- Would not work as well to treat your health problem, **or**
- Would harm your health

The letter must explain why the limit we placed on your drug:

- Is not fitting given your health problem, **or**
- Would harm your health

In most cases, we must tell you our decision no more than **72 hours** after we get your doctor's letter. We will grant you a fast request if we find, or your doctor tells us, that waiting for a standard request could harm your life, health,

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or ability to function. With a fast request, we must tell you our decision no more than **24 hours** after we get your doctor's letter.

If we say no to your request for an exception

You can ask us if we cover another drug for your health problem if:

- Your drug is **not** on our approved list, **or**
- Your drug **is** on our list, but:
 - We need to approve your drug in advance
 - You need to try a less costly drug first, **or**
 - There are limits on the amount you can get

Ask your doctor if this drug is a good choice for you.

You can also ask us to review our decision. You must make this appeal no more than **60 days** after our first decision.

We can help

We can help you and your doctor:

- Ask for an exception
- Make an appeal
- Find another drug for your health problem
- Learn more about your Transition Policy

You and your doctor can also get forms to ask us to:

- Approve your drug in advance
- Make an exception

Just call the customer service number on the back of your Humana member ID card. Or go to our website, **[Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated)**.

Pharmacy and Therapeutics (P&T) committee

This committee watches over our Part D drug list and related rules. It made these rules for certain Part D drugs. The rules are meant to make sure the drugs:

- Are used per medical guidelines
- Have been proven safe and effective for the health problem they are treating
- Are prescribed per the maker's guidelines

B10. Can I ask for an exception to cover my drug?

Yes. You can ask Humana Gold Plus Integrated to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, Humana Gold Plus Integrated may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

You can find information on what the symbols and abbreviations on this table mean by referring to page 13. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit **[Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated)**.



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B11. How can I ask for an exception?

To ask for an exception, call Humana Clinical Pharmacy Review (HCPR) at 1-800-555-CLIN (2546) (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Central Time. Humana Clinical Pharmacy Review will work with you and your provider to help you ask for an exception. You can also read Chapter 9, of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After, we request a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours.

To ask for an exception

Ask your doctor to send us a letter. The letter must say that you need this drug to treat your health problem because the drugs we **do** cover:

- Would not work as well to treat your health problem, **or**
- Would harm your health

The letter must explain why the limit we placed on your drug:

- Is not fitting given your health problem, **or**
- Would harm your health

In most cases, we must tell you our decision no more than **72 hours** after we get your doctor's letter. We will grant you a fast request if we find, or your doctor tells us, that waiting for a standard request could harm your life, health, or ability to function. With a fast request, we must tell you our decision no more than **24 hours** after we get your doctor's letter.

You and your doctor can also get forms to ask us to:

- Approve your drug in advance
- Make an exception

Just call the customer service number on the back of your Humana member ID card. Or go to our website, **[Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated)**.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Humana Gold Plus Integrated covers both brand name drugs and generic drugs.

You can find information on what the symbols and abbreviations on this table mean by referring to page 13. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit **[Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated)**.



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B14. What are original biological products and how are they related to biosimilars?

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilars alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to Chapter 5 of the *Member Handbook*.

B15. What are OTC drugs?

OTC stands for "over-the-counter".

Humana Gold Plus Integrated covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Humana Gold Plus Integrated Drug List to find out what OTC drugs are covered.

B16. Does Humana Gold Plus Integrated cover non-drug OTC products?

Humana Gold Plus Integrated covers some non-drug OTC products when they are written as prescriptions by your provider.

You can read the Humana Gold Plus Integrated Drug List to see what non-drug OTC products are covered.

B17. What is my copay?

As a Humana Gold Plus Integrated member, you have no copays for prescription and OTC drugs as long as you follow Humana Gold Plus Integrated's rules.

B18. What are drug tiers?

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are generic drugs
- Tier 2 drugs are Brand name drugs
- Tier 3 drugs are Non-Medicare Rx Drugs
- Tier 4 drugs are Non-Medicare OTC drugs

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C. Overview of List of Covered Drugs

The following *list of covered drugs* gives you information about the drugs covered by Humana Gold Plus Integrated. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs in section D. The index alphabetically lists all drugs covered by Humana Gold Plus Integrated.

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., ABILIFY) and generic drugs are listed in lower-case italics (e.g., acarbose).

The information in the necessary actions, restrictions, or limits on use column tells you if Humana Gold Plus Integrated has any rules for covering your drug.

Note: The (*) next to a drug means the drug is not a "Part D drug." The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any extra help to pay for these drugs. For more information on Extra Help, please refer to the call-out box below.

Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the "Low-Income Subsidy," or "LIS."

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Customer Care at 1-800-787-3311 (TTY: 711), Monday - Friday, from 8 a.m. - 8 p.m. Central Time. The call is free. You can also read Chapter 9, of the Member Handbook to learn how to appeal a decision.

C1. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, heart-related conditions. That is where you will find drugs that treat heart conditions.

Here are the meanings of the codes used in the "Necessary actions, restrictions, or limits on use" column:

QL = Quantity Limit: only a specific quantity of a drug is allowed per a given period of days.

PA = Prior authorization (approval): you must have approval from the plan before you can get this drug.

ST = Step therapy: you must try another drug before you can get this one.

DL = Dispensing Limit: Drugs that may be limited to a 30 day supply.

BvsD = Medicare Part B or Part D review (approval): administration location of the drug is reviewed and must be approved before the plan will cover the cost of this drug.

(*) = Not a Part D Drug.

MO = Drug is typically available through mail-order.

LA = Limited Access; The health plan has authorized certain pharmacies to dispense this medicine, as it requires extra handling, doctor coordination or patient education. Please call the number on the back of your ID card for additional information.

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THIS FORMULARY WAS UPDATED ON 08/01/2025.

ANALGESICS - Drugs used to treat pain

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetaminophen-codeine 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml SOLUTION ^{DL}	\$0 (Tier 1)	QL(2700 per 30 days)
acetaminophen-codeine 300-15 mg TABLET ^{DL}	\$0 (Tier 1)	QL(390 per 30 days)
acetaminophen-codeine 300-30 mg TABLET ^{DL}	\$0 (Tier 1)	QL(360 per 30 days)
acetaminophen-codeine 300-60 mg TABLET ^{DL}	\$0 (Tier 1)	QL(180 per 30 days)
buprenorphine 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour PATCH, WEEKLY ^{DL}	\$0 (Tier 1)	PA,QL(4 per 28 days)
diclofenac potassium 50 mg TABLET ^{MO}	\$0 (Tier 1)	
diclofenac sodium 1 % GEL ^{MO}	\$0 (Tier 1)	QL(1000 per 30 days)
diclofenac sodium 1.5 % DROPS ^{MO}	\$0 (Tier 1)	PA,QL(300 per 30 days)
diclofenac sodium 100 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
diclofenac sodium 25 mg, 50 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	
diclofenac sodium 75 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	
endocet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg TABLET ^{DL}	\$0 (Tier 1)	QL(360 per 30 days)
etodolac 200 mg, 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	
etodolac 400 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour PATCH. 72 HR. ^{DL}	\$0 (Tier 1)	QL(20 per 30 days)
fentanyl citrate 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg LOZENGE ^{DL}	\$0 (Tier 1)	PA,QL(120 per 30 days)
fentanyl citrate (pf) 50 mcg/ml SOLUTION ^{DL}	\$0 (Tier 1)	BvsD,QL(720 per 30 days)
flurbiprofen 100 mg TABLET ^{MO}	\$0 (Tier 1)	
hydrocodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET ^{DL}	\$0 (Tier 1)	QL(390 per 30 days)
hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET ^{DL}	\$0 (Tier 1)	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml) SOLUTION ^{DL}	\$0 (Tier 1)	QL(2700 per 30 days)
hydrocodone-acetaminophen 2.5-325 mg TABLET ^{DL}	\$0 (Tier 1)	QL(360 per 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION ^{DL}	\$0 (Tier 1)	QL(5520 per 30 days)
hydrocodone-ibuprofen 7.5-200 mg TABLET ^{DL}	\$0 (Tier 1)	QL(150 per 30 days)
hydromorphone 2 mg, 4 mg TABLET ^{DL}	\$0 (Tier 1)	QL(360 per 30 days)
hydromorphone 8 mg TABLET ^{DL}	\$0 (Tier 1)	QL(240 per 30 days)
ibu 400 mg, 600 mg, 800 mg TABLET ^{MO}	\$0 (Tier 1)	
ibuprofen 100 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
ibuprofen 400 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ibuprofen 600 mg, 800 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>indomethacin 25 mg, 50 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>indomethacin 75 mg CAPSULE, ER^{MO}</i>	\$0 (Tier 1)	
<i>ketorolac 10 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (20 per 30 days)
<i>lurbipr 100 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>meloxicam 15 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>meloxicam 7.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>methadone 10 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>methadone 10 mg/5 ml SOLUTION^{DL}</i>	\$0 (Tier 1)	QL (1800 per 30 days)
<i>methadone 10 mg/ml CONCENTRATE^{DL}</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>methadone 10 mg/ml SOLUTION^{DL}</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>methadone 5 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL (480 per 30 days)
<i>methadone 5 mg/5 ml SOLUTION^{DL}</i>	\$0 (Tier 1)	QL (3600 per 30 days)
<i>morphine 10 mg/5 ml SOLUTION^{DL}</i>	\$0 (Tier 1)	QL (2700 per 30 days)
<i>morphine 100 mg TABLET ER^{DL}</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>morphine 15 mg, 30 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>morphine 15 mg, 30 mg, 60 mg TABLET ER^{DL}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>morphine 20 mg/5 ml (4 mg/ml) SOLUTION^{DL}</i>	\$0 (Tier 1)	QL (1350 per 30 days)
<i>morphine 200 mg TABLET ER^{DL}</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION^{DL}</i>	\$0 (Tier 1)	QL (540 per 30 days)
<i>nabumetone 500 mg, 750 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>naproxen 250 mg, 375 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>naproxen 375 mg TABLET, DR/EC^{MO}</i>	\$0 (Tier 1)	
<i>naproxen 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>naproxen sodium 275 mg, 550 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>oxycodone 10 mg, 15 mg, 5 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>oxycodone 20 mg, 30 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>oxycodone 20 mg/ml CONCENTRATE^{DL}</i>	\$0 (Tier 1)	QL (270 per 30 days)
<i>oxycodone 5 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>oxycodone 5 mg/5 ml SOLUTION^{DL}</i>	\$0 (Tier 1)	QL (5400 per 30 days)
<i>oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>oxycodone-acetaminophen 2.5-325 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>oxycodone-acetaminophen 5-325 mg/5 ml SOLUTION^{DL}</i>	\$0 (Tier 1)	QL (1800 per 30 days)
<i>piroxicam 10 mg, 20 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sulindac 150 mg, 200 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR.^{DL}</i>	\$0 (Tier 1)	ST,QL(30 per 30 days)
<i>tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE^{DL}</i>	\$0 (Tier 1)	ST,QL(30 per 30 days)
<i>tramadol 50 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(240 per 30 days)

ANESTHETICS - Drugs used to treat local pain

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lidocaine 5 % ADHESIVE PATCH, MEDICATED^{MO}</i>	\$0 (Tier 1)	PA,QL(90 per 30 days)
<i>lidocaine hcl 2 % JELLY IN APPLICATOR^{MO}</i>	\$0 (Tier 1)	
<i>lidocaine hcl 2 % SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>lidocaine viscous 2 % SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>lidocaine-prilocaine 2.5-2.5 % CREAM^{MO}</i>	\$0 (Tier 1)	

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - Drugs used to treat addiction and withdrawal symptoms

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acamprosate 333 mg TABLET, DR/EC^{MO}</i>	\$0 (Tier 1)	
<i>buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET^{MO}</i>	\$0 (Tier 1)	QL(90 per 30 days)
<i>buprenorphine-naloxone 12-3 mg FILM^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
<i>buprenorphine-naloxone 2-0.5 mg, 4-1 mg, 8-2 mg FILM^{MO}</i>	\$0 (Tier 1)	QL(90 per 30 days)
<i>buprenorphine-naloxone 2-0.5 mg, 8-2 mg SUBLINGUAL TABLET^{MO}</i>	\$0 (Tier 1)	QL(90 per 30 days)
<i>bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR.^{MO}</i>	\$0 (Tier 1)	QL(90 per 30 days)
<i>disulfiram 250 mg, 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>KLOXXADO 8 MG/ACTUATION SPRAY, NON-AEROSOL^{MO}</i>	\$0 (Tier 2)	QL(2 per 30 days)
<i>naloxone 0.4 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>naloxone 0.4 mg/ml, 1 mg/ml SYRINGE^{MO}</i>	\$0 (Tier 1)	
<i>naloxone 4 mg/actuation SPRAY, NON-AEROSOL^{MO}</i>	\$0 (Tier 1)	QL(2 per 30 days)
<i>naltrexone 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL^{MO}</i>	\$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPVEE 2.7 MG/ACTUATION SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 2)	QL (2 per 30 days)
varenicline tartrate 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	QL (53 per 28 days)
varenicline tartrate 0.5 mg, 1 mg TABLET ^{MO}	\$0 (Tier 1)	QL (56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON ^{DL}	\$0 (Tier 2)	QL (1 per 28 days)
ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG SUBLINGUAL TABLET ^{MO}	\$0 (Tier 2)	QL (90 per 30 days)
ZUBSOLV 11.4-2.9 MG SUBLINGUAL TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
ZUBSOLV 8.6-2.1 MG SUBLINGUAL TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)

ANTIBACTERIALS - Drugs used to treat infections caused by bacteria

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetic acid 2 % SOLUTION ^{MO}	\$0 (Tier 1)	
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION ^{MO}	\$0 (Tier 1)	
amoxicillin 125 mg, 250 mg CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
amoxicillin 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	
amoxicillin 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
amoxicillin 500 mg TABLET ^{MO}	\$0 (Tier 1)	
amoxicillin 875 mg TABLET ^{MO}	\$0 (Tier 1)	
amoxicillin-pot clavulanate 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET ^{MO}	\$0 (Tier 1)	
amoxicillin-pot clavulanate 875-125 mg TABLET ^{MO}	\$0 (Tier 1)	
ampicillin 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR NEBULIZATION ^{DL}	\$0 (Tier 2)	PA, QL (235.2 per 28 days)
azithromycin 1 gram PACKET ^{MO}	\$0 (Tier 1)	
azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
azithromycin 250 mg TABLET ^{MO}	\$0 (Tier 1)	
azithromycin 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
azithromycin 500 mg, 600 mg TABLET ^{MO}	\$0 (Tier 1)	
aztreonam 1 gram, 2 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
bacitracin 50,000 unit RECON SOLUTION ^{MO}	\$0 (Tier 1)	
BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) SYRINGE ^{MO}	\$0 (Tier 2)	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE ^{MO}	\$0 (Tier 2)	
cefaclor 250 mg, 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
cefadroxil 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION ^{MO}	\$0 (Tier 1)	
cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml, 3 gram/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
CEFAZOLIN IN DEXTROSE (ISO-OS) 3 GRAM/150 ML PIGGYBACK ^{MO}	\$0 (Tier 1)	
cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
cefdinir 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	
cefepime 1 gram, 2 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
cefixime 400 mg CAPSULE ^{MO}	\$0 (Tier 1)	
cefotetan 1 gram, 10 gram, 2 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
cefpodoxime 100 mg, 200 mg TABLET ^{MO}	\$0 (Tier 1)	
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
cefprozil 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
cefuroxime axetil 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
cephalexin 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	
cephalexin 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
chloramphenicol sod succinate 1 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ciprofloxacin hcl 100 mg, 250 mg, 750 mg TABLET ^{MO}	\$0 (Tier 1)	
ciprofloxacin hcl 500 mg TABLET ^{MO}	\$0 (Tier 1)	
ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
clarithromycin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
clarithromycin 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
clarithromycin 500 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
clindamycin hcl 150 mg, 300 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	
clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION ^{MO}	\$0 (Tier 1)	
clindamycin pediatric 75 mg/5 ml RECON SOLUTION ^{MO}	\$0 (Tier 1)	
clindamycin phosphate 150 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
clindamycin phosphate 2 % CREAM ^{MO}	\$0 (Tier 1)	
colistin (colistimethate na) 150 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
daptomycin 350 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
daptomycin 500 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	
daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK ^{MO}	\$0 (Tier 2)	
dicloxacillin 250 mg, 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
DIFICID 200-MG TABLET ^{DL}	\$0 (Tier 2)	
doxy-100 100 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
doxycycline hyclate 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	
doxycycline hyclate 100 mg TABLET ^{MO}	\$0 (Tier 1)	
doxycycline hyclate 20 mg TABLET ^{MO}	\$0 (Tier 1)	
doxycycline hyclate 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
doxycycline monohydrate 100 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
doxycycline monohydrate 100 mg, 50 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
ertapenem 1 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ERYTHROCIN 500 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
erythromycin 250 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	
erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	
erythromycin 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
erythromycin lactobionate 500 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	
fidaxomicin 200 mg TABLET ^{DL}	\$0 (Tier 1)	
gentamicin 0.1 % CREAM ^{MO}	\$0 (Tier 1)	
gentamicin 0.1 % OINTMENT ^{MO}	\$0 (Tier 1)	
gentamicin 40 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
gentamicin in nacl (iso-osm) 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
HUMATIN 250 MG CAPSULE ^{DL}	\$0 (Tier 1)	
imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION ^{MO}	\$0 (Tier 1)	
levofloxacin 250 mg, 750 mg TABLET ^{MO}	\$0 (Tier 1)	
levofloxacin 500 mg TABLET ^{MO}	\$0 (Tier 1)	
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
lincomycin 300 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	QL(1800 per 30 days)
linezolid 600 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
meropenem 1 gram, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
methenamine hippurate 1 gram TABLET ^{MO}	\$0 (Tier 1)	
metronidazole 0.75 % CREAM ^{MO}	\$0 (Tier 1)	
metronidazole 0.75 % LOTION ^{MO}	\$0 (Tier 1)	
metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 % GEL ^{MO}	\$0 (Tier 1)	
metronidazole 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
minocycline 100 mg, 50 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	
mondoxyme nl 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	
moxifloxacin 400 mg TABLET ^{MO}	\$0 (Tier 1)	
moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
nafcillin in dextrose iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK ^{DL}	\$0 (Tier 2)	
neomycin 500 mg TABLET ^{MO}	\$0 (Tier 1)	
nitrofurantoin macrocrystal 100 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ofloxacin 300 mg, 400 mg TABLET ^{MO}	\$0 (Tier 1)	
penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION ^{MO}	\$0 (Tier 1)	
penicillin g sodium 5 million unit RECON SOLUTION ^{MO}	\$0 (Tier 1)	
penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION ^{MO}	\$0 (Tier 1)	
penicillin v potassium 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
pfizerpen-g 20 million unit, 5 million unit RECON SOLUTION ^{MO}	\$0 (Tier 1)	
piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
polymyxin b sulfate 500,000 unit RECON SOLUTION ^{MO}	\$0 (Tier 1)	
PRIMSOL 50 MG/5 ML SOLUTION ^{MO}	\$0 (Tier 2)	
streptomycin 1 gram RECON SOLUTION ^{DL}	\$0 (Tier 1)	
sulfacetamide sodium 10 % OINTMENT ^{MO}	\$0 (Tier 1)	
sulfadiazine 500 mg TABLET ^{MO}	\$0 (Tier 1)	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
sulfamethoxazole-trimethoprim 400-80 mg TABLET ^{MO}	\$0 (Tier 1)	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
sulfamethoxazole-trimethoprim 800-160 mg TABLET ^{MO}	\$0 (Tier 1)	
TEFLARO 400 MG, 600 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	
tigecycline 50 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	
tinidazole 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION ^{DL}	\$0 (Tier 1)	BvsD
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
trimethoprim 100 mg TABLET ^{MO}	\$0 (Tier 1)	
vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 5 gram, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vancomycin 1.75 gram, 2 gram RECON SOLUTION ^{MO}	\$0 (Tier 2)	
vancomycin 125 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
vancomycin 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(240 per 30 days)

ANTICONVULSANTS - Drugs used to treat seizures

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
APTIOM 200 MG, 400 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
APTIOM 600 MG, 800 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(600 per 30 days)
BRIVIACT 50 MG/5 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
carbamazepine 100 mg, 200 mg CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR. ^{MO}	\$0 (Tier 1)	
carbamazepine 100 mg, 200 mg, 400 mg TABLET, ER 12 HR. ^{MO}	\$0 (Tier 1)	
carbamazepine 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
carbamazepine 200 mg TABLET ^{MO}	\$0 (Tier 1)	
clobazam 10 mg, 20 mg TABLET ^{DL}	\$0 (Tier 1)	PA
clobazam 2.5 mg/ml SUSPENSION ^{DL}	\$0 (Tier 1)	PA
DIACOMIT 250 MG, 500 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
DIACOMIT 250 MG, 500 MG POWDER IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT ^{DL}	\$0 (Tier 1)	
divalproex 125 mg CAPSULE, DR SPRINKLE ^{MO}	\$0 (Tier 1)	
divalproex 125 mg, 250 mg, 500 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	
divalproex 250 mg, 500 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
EPIDIOLEX 100 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
epitol 200 mg TABLET ^{MO}	\$0 (Tier 1)	
EPRONTIA 25 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	PA,QL(480 per 30 days)
eslicarbazepine 200 mg, 400 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
eslicarbazepine 600 mg, 800 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(60 per 30 days)
ethosuximide 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ethosuximide 250 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
felbamate 400 mg, 600 mg TABLET ^{MO}	\$0 (Tier 1)	
felbamate 600 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
FINTEPLA 2.2 MG/ML SOLUTION ^{DL,LA}	\$0 (Tier 2)	PA,QL(360 per 30 days)
fosphephenytoin 100 mg pe/2 ml, 500 mg pe/10 ml SOLUTION ^{MO}	\$0 (Tier 1)	
FYCOMPA 0.5 MG/ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(270 per 30 days)
gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION ^{MO}	\$0 (Tier 1)	QL(2250 per 30 days)
gabapentin 600 mg, 800 mg TABLET ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
lacosamide 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(1395 per 30 days)
lacosamide 100 mg, 150 mg, 200 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
lacosamide 200 mg/20 ml SOLUTION ^{DL}	\$0 (Tier 1)	
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg TABLET ^{MO}	\$0 (Tier 1)	
lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	
lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE ^{MO}	\$0 (Tier 1)	
levetiracetam 1,000 mg, 250 mg, 750 mg TABLET ^{MO}	\$0 (Tier 1)	
levetiracetam 100 mg/ml, 500 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
levetiracetam 250 mg TABLET FOR SUSPENSION ^{MO}	\$0 (Tier 2)	ST,QL(360 per 30 days)
levetiracetam 500 mg TABLET ^{MO}	\$0 (Tier 1)	
levetiracetam 500 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
levetiracetam 500 mg/5 ml (5 ml) SOLUTION ^{MO}	\$0 (Tier 1)	QL(900 per 30 days)
levetiracetam 750 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
levetiracetam in nacl (iso-os) 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
LIBERVANT 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG FILM ^{DL}	\$0 (Tier 2)	QL(10 per 30 days)
methsuximide 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL ^{DL}	\$0 (Tier 2)	QL(10 per 30 days)
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET ^{MO}	\$0 (Tier 1)	
oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION ^{MO}	\$0 (Tier 1)	
perampanel 10 mg, 12 mg, 4 mg, 6 mg, 8 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
perampanel 2 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(30 per 30 days)
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
phenobarbital 15 mg, 60 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR ^{MO}	\$0 (Tier 1)	QL(1500 per 30 days)
phenobarbital 30 mg TABLET ^{MO}	\$0 (Tier 1)	QL(300 per 30 days)
PHENYTEK 200 MG, 300 MG CAPSULE ^{MO}	\$0 (Tier 2)	
phenytoin 100 mg/4 ml, 125 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
phenytoin 50 mg CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
phenytoin sodium 50 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	
primidone 125 mg, 250 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
roweepra 500 mg TABLET ^{MO}	\$0 (Tier 1)	
roweepra xr 500 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
roweepra xr 750 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
rufinamide 200 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION ^{MO}	\$0 (Tier 1)	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(240 per 30 days)
SPRITAM 1,000 MG TABLET FOR SUSPENSION ^{MO}	\$0 (Tier 2)	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION ^{MO}	\$0 (Tier 2)	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION ^{MO}	\$0 (Tier 2)	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION ^{MO}	\$0 (Tier 2)	ST,QL(120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET ^{MO}	\$0 (Tier 1)	
subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	
subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	
subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	
SYMPAZAN 10 MG, 20 MG, 5 MG FILM ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET ^{MO}	\$0 (Tier 1)	
topiramate 100 mg, 200 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
topiramate 15 mg, 25 mg, 50 mg CAPSULE, SPRINKLE ^{MO}	\$0 (Tier 1)	
topiramate 25 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
topiramate 25 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	PA,QL(480 per 30 days)
valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
valproic acid 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION ^{MO}	\$0 (Tier 1)	
VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL ^{DL}	\$0 (Tier 2)	QL(10 per 30 days)
vigabatrin 500 mg POWDER IN PACKET ^{DL}	\$0 (Tier 1)	PA,QL(180 per 30 days)
vigabatrin 500 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(180 per 30 days)
vigadrone 500 mg POWDER IN PACKET ^{DL}	\$0 (Tier 1)	PA,QL(180 per 30 days)
vigadrone 500 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(180 per 30 days)
VIGAFYDE 100 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(600 per 25 days)
vigpoder 500 mg POWDER IN PACKET ^{DL}	\$0 (Tier 1)	PA,QL(180 per 30 days)
XCOPRI 100 MG, 25 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
XCOPRI MAINTENANCE PACK 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	PA,QL(28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) TABLET, DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
ZONISADE 100 MG/5 ML SUSPENSION ^{MO}	\$0 (Tier 2)	PA,QL(900 per 30 days)
zonisamide 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ZTALMY 50 MG/ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(1080 per 30 days)

ANTIDEMENTIA AGENTS - Drugs used to treat memory loss

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
donepezil 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
donepezil 10 mg, 5 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
donepezil 23 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
donepezil 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
galantamine 12 mg, 4 mg, 8 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
galantamine 4 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(200 per 30 days)
memantine 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR. ^{MO}	\$0 (Tier 1)	PA,QL(30 per 30 days)
memantine 2 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	PA,QL(360 per 30 days)
memantine 5-10 mg TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	PA,QL(98 per 30 days)
NAMZARIC 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG CAPSULE ER SPRINKLE 24 HR. ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE ER SPRINKLE 24 HR. ^{MO}	\$0 (Tier 2)	QL(28 per 28 days)
rivastigmine tartrate 1.5 mg, 3 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
rivastigmine tartrate 4.5 mg, 6 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)

ANTIDEPRESSANTS - Drugs used to treat depression

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	
amitriptyline 25 mg TABLET ^{MO}	\$0 (Tier 1)	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC ^{MO}	\$0 (Tier 2)	PA,QL(60 per 30 days)
bupropion hcl 100 mg TABLET, SR 12 HR. ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
bupropion hcl 100 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
bupropion hcl 150 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
bupropion hcl 150 mg TABLET, SR 12 HR. ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
bupropion hcl 200 mg TABLET, SR 12 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
bupropion hcl 300 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
citalopram 10 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
citalopram 10 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
citalopram 20 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	
desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR. ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
escitalopram oxalate 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL(45 per 30 days)
escitalopram oxalate 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
escitalopram oxalate 5 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(600 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 2)	PA,QL (30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 2)	PA,QL (28 per 28 days)
fluoxetine 10 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
fluoxetine 20 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
fluoxetine 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
fluvoxamine 100 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	
MARPLAN 10 MG TABLET ^{MO}	\$0 (Tier 2)	
mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
mirtazapine 15 mg, 30 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	
mirtazapine 45 mg TABLET ^{MO}	\$0 (Tier 1)	
nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	
nortriptyline 10 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
paroxetine hcl 10 mg, 20 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
paroxetine hcl 10 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
paroxetine hcl 30 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
perphenazine-amitriptyline 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg TABLET ^{MO}	\$0 (Tier 1)	
phenelzine 15 mg TABLET ^{MO}	\$0 (Tier 1)	
protriptyline 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
RALDESY 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	
sertraline 100 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
sertraline 20 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
sertraline 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
tranylcypromine 10 mg TABLET ^{MO}	\$0 (Tier 1)	
trazodone 100 mg, 150 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
trazodone 300 mg TABLET ^{MO}	\$0 (Tier 1)	
trimipramine 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET ^{MO}	\$0 (Tier 2)	ST,QL (30 per 30 days)
venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	
venlafaxine 150 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
venlafaxine 37.5 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
venlafaxine 75 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
vilazodone 10 mg, 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL (30 per 30 days)
ZURZUVAE 20 MG, 25 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (28 per 365 days)
ZURZUVAE 30 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (14 per 365 days)

ANTIEMETICS - Drugs used to treat nausea and vomiting

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK ^{MO}	\$0 (Tier 1)	BvsD
aprepitant 125 mg, 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD,QL (2 per 28 days)
aprepitant 80 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD,QL (4 per 28 days)
compro 25 mg SUPPOSITORY ^{MO}	\$0 (Tier 1)	
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD,QL (120 per 30 days)
granisetron hcl 1 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD,QL (28 per 28 days)
meclizine 12.5 mg TABLET ^{MO}	\$0 (Tier 1)	
meclizine 25 mg TABLET ^{MO}	\$0 (Tier 1)	
metoclopramide hcl 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
ondansetron 4 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	BvsD
ondansetron 8 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	BvsD
ondansetron hcl 2 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
ondansetron hcl 4 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
ondansetron hcl 4 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD,QL (450 per 30 days)
ondansetron hcl 8 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
ondansetron hcl (pf) 4 mg/2 ml SOLUTION ^{MO}	\$0 (Tier 1)	
ondansetron hcl (pf) 4 mg/2 ml SYRINGE ^{MO}	\$0 (Tier 1)	
prochlorperazine 25 mg SUPPOSITORY ^{MO}	\$0 (Tier 1)	
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
prochlorperazine maleate 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
promethazine 12.5 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
promethazine 25 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
scopolamine base 1 mg over 3 days PATCH, 3 DAY ^{MO}	\$0 (Tier 1)	QL(10 per 30 days)

ANTIFUNGALS - Drugs used to treat fungal infections

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ABELCET 5 MG/ML SUSPENSION ^{MO}	\$0 (Tier 2)	BvsD
amphotericin b 50 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	BvsD
caspofungin 50 mg, 70 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ciclodan 8 % SOLUTION ^{MO}	\$0 (Tier 1)	QL(13.2 per 30 days)
ciclopirox 0.77 % CREAM ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
ciclopirox 0.77 % GEL ^{MO}	\$0 (Tier 1)	QL(100 per 30 days)
ciclopirox 0.77 % SUSPENSION ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
ciclopirox 8 % SOLUTION ^{MO}	\$0 (Tier 1)	QL(13.2 per 30 days)
clotrimazole 1 % CREAM ^{MO}	\$0 (Tier 1)	
clotrimazole 1 % SOLUTION ^{MO}	\$0 (Tier 1)	
clotrimazole 10 mg TROCHE ^{MO}	\$0 (Tier 1)	
clotrimazole-betamethasone 1-0.05 % CREAM ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
clotrimazole-betamethasone 1-0.05 % LOTION ^{MO}	\$0 (Tier 1)	QL(90 per 28 days)
fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
fluconazole 100 mg, 200 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
fluconazole 150 mg TABLET ^{MO}	\$0 (Tier 1)	
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
flucytosine 250 mg, 500 mg CAPSULE ^{DL}	\$0 (Tier 1)	
griseofulvin microsize 125 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
griseofulvin microsize 500 mg TABLET ^{MO}	\$0 (Tier 1)	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET ^{MO}	\$0 (Tier 1)	
itraconazole 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
ketoconazole 2 % CREAM ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
ketoconazole 2 % SHAMPOO ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
ketoconazole 200 mg TABLET ^{MO}	\$0 (Tier 1)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>klayesta</i> 100,000 unit/gram POWDER ^{MO}	\$0 (Tier 1)	PA
MICAFUNGIN IN 0.9 % SODIUM CHL 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML PIGGYBACK ^{DL}	\$0 (Tier 2)	
<i>micafungin</i> in 0.9 % sodium chl 150 mg/150 ml PIGGYBACK ^{DL}	\$0 (Tier 2)	
<i>miconazole-3</i> 200 mg SUPPOSITORY ^{MO}	\$0 (Tier 1)	
<i>nyamyc</i> 100,000 unit/gram POWDER ^{MO}	\$0 (Tier 1)	PA
<i>nystatin</i> 100,000 unit/gram CREAM ^{MO}	\$0 (Tier 1)	
<i>nystatin</i> 100,000 unit/gram OINTMENT ^{MO}	\$0 (Tier 1)	
<i>nystatin</i> 100,000 unit/gram POWDER ^{MO}	\$0 (Tier 1)	PA
<i>nystatin</i> 100,000 unit/ml SUSPENSION ^{MO}	\$0 (Tier 1)	
<i>nystatin</i> 500,000 unit TABLET ^{MO}	\$0 (Tier 1)	
<i>nystatin-triamcinolone</i> 100,000-0.1 unit/g-% CREAM ^{MO}	\$0 (Tier 1)	
<i>nystatin-triamcinolone</i> 100,000-0.1 unit/gram-% OINTMENT ^{MO}	\$0 (Tier 1)	
<i>nystop</i> 100,000 unit/gram POWDER ^{MO}	\$0 (Tier 1)	PA
<i>posaconazole</i> 100 mg TABLET, DR/EC ^{DL}	\$0 (Tier 1)	PA
<i>posaconazole</i> 300 mg/16.7 ml SOLUTION ^{DL}	\$0 (Tier 1)	PA
<i>terbinafine hcl</i> 250 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>terconazole</i> 0.4 %, 0.8 % CREAM ^{MO}	\$0 (Tier 1)	
<i>terconazole</i> 80 mg SUPPOSITORY ^{MO}	\$0 (Tier 1)	
<i>voriconazole</i> 200 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	PA
<i>voriconazole</i> 200 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(120 per 30 days)
<i>voriconazole</i> 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	PA,QL(400 per 30 days)
<i>voriconazole-hpbcd</i> 200 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	PA

ANTIGOUT AGENTS - Drugs used to treat gout

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>allopurinol</i> 100 mg, 300 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>colchicine</i> 0.6 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
<i>febuxostat</i> 40 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	ST,QL(30 per 30 days)
<i>probenecid</i> 500 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>probenecid-colchicine 500-0.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	

ANTIMIGRAINE AGENTS - Drugs used to treat headaches

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL^{DL}</i>	\$0 (Tier 1)	PA,QL(8 per 30 days)
<i>EMGALITY PEN 120 MG/ML PEN INJECTOR^{MO}</i>	\$0 (Tier 2)	PA,QL(2 per 30 days)
<i>EMGALITY SYRINGE 120 MG/ML SYRINGE^{MO}</i>	\$0 (Tier 2)	PA,QL(2 per 30 days)
<i>EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE^{MO}</i>	\$0 (Tier 2)	PA,QL(3 per 30 days)
<i>ergotamine-caffeine 1-100 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(40 per 30 days)
<i>naratriptan 1 mg, 2.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(9 per 30 days)
<i>QULIPTA 10 MG, 30 MG, 60 MG TABLET^{MO}</i>	\$0 (Tier 2)	PA,QL(30 per 30 days)
<i>rizatriptan 10 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(12 per 30 days)
<i>rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING^{MO}</i>	\$0 (Tier 1)	QL(12 per 30 days)
<i>sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL^{MO}</i>	\$0 (Tier 1)	QL(12 per 30 days)
<i>sumatriptan succinate 100 mg, 25 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(9 per 30 days)
<i>sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml CARTRIDGE^{MO}</i>	\$0 (Tier 1)	QL(6 per 30 days)
<i>sumatriptan succinate 6 mg/0.5 ml PEN INJECTOR^{MO}</i>	\$0 (Tier 1)	QL(6 per 30 days)
<i>sumatriptan succinate 6 mg/0.5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	QL(6 per 30 days)
<i>UBRELVY 100 MG, 50 MG TABLET^{MO}</i>	\$0 (Tier 2)	PA,QL(16 per 30 days)

ANTIMYASTHENIC AGENTS - Drugs used to strengthen muscles

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pyridostigmine bromide 30 mg, 60 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>VYVGART 20 MG/ML SOLUTION^{DL}</i>	\$0 (Tier 2)	PA
<i>VYVGART HYTRULO 1,000 MG-10,000 UNIT/5 ML SYRINGE^{DL}</i>	\$0 (Tier 2)	PA,QL(20 per 28 days)
<i>VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML SOLUTION^{DL}</i>	\$0 (Tier 2)	PA,QL(22.4 per 28 days)

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ANTIMYCOBACTERIALS - Drugs used to treat some infections, such as tuberculosis

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dapsone 100 mg, 25 mg TABLET ^{MO}	\$0 (Tier 1)	
ethambutol 100 mg, 400 mg TABLET ^{MO}	\$0 (Tier 1)	
isoniazid 100 mg, 300 mg TABLET ^{MO}	\$0 (Tier 1)	
isoniazid 100 mg/ml, 50 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
PRIFTIN 150 MG TABLET ^{MO}	\$0 (Tier 2)	
pyrazinamide 500 mg TABLET ^{MO}	\$0 (Tier 1)	
rifabutin 150 mg CAPSULE ^{MO}	\$0 (Tier 1)	
rifampin 150 mg, 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	
rifampin 600 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
SIRTURO 100 MG, 20 MG TABLET ^{DL}	\$0 (Tier 2)	PA
TRECTOR 250 MG TABLET ^{MO}	\$0 (Tier 2)	

ANTINEOPLASTICS - Drugs used to treat cancer

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
abiraterone 250 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL (120 per 30 days)
abiraterone 500 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL (60 per 30 days)
abirtega 250 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL (120 per 30 days)
ADCETRIS 50 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ADRIAMYCIN 50 MG RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
AKEEGA 100-500 MG, 50-500 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
ALECENSA 150 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (240 per 30 days)
ALIQOPA 60 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (3 per 28 days)
ALUNBRIG 180 MG, 90 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
ALUNBRIG 30 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
anastrozole 1 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
ANKTIVA 400 MCG/0.4 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
ARRANON 250 MG/50 ML SOLUTION ^{DL}	\$0 (Tier 2)	
arsenic trioxide 1 mg/ml, 2 mg/ml SOLUTION ^{DL}	\$0 (Tier 1)	PA
ASPARLAS 750 UNIT/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
AUGTYRO 160 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AUGTYRO 40 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
AVMAPKI-FAKZYNJA 0.8-200 MG COMBO PACK ^{DL}	\$0 (Tier 2)	PA,QL(66 per 28 days)
AXTLE 100 MG, 500 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
<i>azacitidine 100 mg RECON SOLUTION</i> ^{DL}	\$0 (Tier 1)	PA
BALVERSA 3 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
BELEODAQ 500 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>bendamustine 100 mg, 25 mg RECON SOLUTION</i> ^{DL}	\$0 (Tier 2)	PA
BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>bexarotene 1 % GEL</i> ^{DL}	\$0 (Tier 1)	PA,QL(240 per 30 days)
<i>bexarotene 75 mg CAPSULE</i> ^{DL}	\$0 (Tier 1)	PA,QL(300 per 30 days)
<i>bicalutamide 50 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
BICNU 100 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
BIZENGRI 375 MG/18.75 ML (20 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(75 per 28 days)
<i>bleomycin 15 unit, 30 unit RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	BvsD
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>bortezomib 3.5 mg RECON SOLUTION</i> ^{DL}	\$0 (Tier 1)	PA
<i>bortezomib 3.5 mg RECON SOLUTION</i> ^{DL}	\$0 (Tier 2)	PA
BOSULIF 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
BOSULIF 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
BOSULIF 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(360 per 30 days)
BRAFTOVI 75 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
BRUKINSA 80 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
<i>busulfan 60 mg/10 ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
BUSULFEX 60 MG/10 ML SOLUTION ^{MO}	\$0 (Tier 2)	
CABOMETYX 20 MG, 40 MG, 60 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
CAPRELSA 100 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(30 per 30 days)
<i>carboplatin 10 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>carmustine 100 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cisplatin 1 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>cladribine 10 mg/10 ml SOLUTION^{DL}</i>	\$0 (Tier 1)	BvsD
<i>clofarabine 1 mg/ml SOLUTION^{DL}</i>	\$0 (Tier 1)	
CLOLAR 1 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	
COLUMVI 1 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
COSMEGEN 0.5 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	
COTELLIC 20 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(63 per 28 days)
<i>cyclophosphamide 1 gram, 2 gram, 500 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
CYCLOPHOSPHAMIDE 100 MG/ML, 200 MG/ML SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
<i>cyclophosphamide 200 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>cyclophosphamide 25 mg, 50 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	BvsD
<i>cyclophosphamide 25 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
CYRAMZA 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>cytarabine 20 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>cytarabine (pf) 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>dacarbazine 100 mg, 200 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>dactinomycin 0.5 mg RECON SOLUTION^{DL}</i>	\$0 (Tier 1)	
DANYELZA 4 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(120 per 28 days)
DANZITEN 71 MG, 95 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
DARZALEX 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL(60 per 30 days)
<i>dasatinib 140 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL(30 per 30 days)
<i>dasatinib 20 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL(90 per 30 days)
DATROWAY 100 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>daunorubicin 5 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
DAURISMO 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
<i>decitabine 50 mg RECON SOLUTION^{DL}</i>	\$0 (Tier 1)	PA
<i>dexrazoxane hcl 250 mg, 500 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	

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THIS FORMULARY WAS UPDATED ON 08/01/2025.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
docetaxel 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
doxorubicin 10 mg, 50 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
doxorubicin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
doxorubicin, peg-liposomal 2 mg/ml SUSPENSION ^{DL}	\$0 (Tier 1)	PA
ELAHERE 5 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
ELREXFIO 40 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
ELZONRIS 1,000 MCG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (10 per 21 days)
EMCYT 140 MG CAPSULE ^{DL}	\$0 (Tier 2)	
EMPLICITI 300 MG, 400 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
EMRELIS 100 MG, 20 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ENHERTU 100 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
epirubicin 200 mg/100 ml, 50 mg/25 ml SOLUTION ^{MO}	\$0 (Tier 1)	
EPKINLY 4 MG/0.8 ML, 48 MG/0.8 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
eribulin 1 mg/2 ml (0.5 mg/ml) SOLUTION ^{DL}	\$0 (Tier 1)	
ERIVEDGE 150 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (28 per 28 days)
ERLEADA 240 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
ERLEADA 60 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
erlotinib 100 mg, 150 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL (30 per 30 days)
erlotinib 25 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL (90 per 30 days)
ETOPOPHOS 100 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
etoposide 20 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
EULEXIN 125 MG CAPSULE ^{DL}	\$0 (Tier 1)	PA
everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL (30 per 30 days)
everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION ^{DL}	\$0 (Tier 1)	PA
EVOMELA 50 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	
exemestane 25 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
EXKIVITY 40 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
fludarabine 50 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
fludarabine 50 mg/2 ml SOLUTION ^{DL}	\$0 (Tier 1)	
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA
FOTIVDA 0.89 MG, 1.34 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(21 per 28 days)
FRUZAQLA 1 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(84 per 28 days)
FRUZAQLA 5 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(21 per 28 days)
FYARRO 100 MG SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	PA
GAVRETO 100 MG CAPSULE ^{DL,LA}	\$0 (Tier 2)	PA,QL(120 per 30 days)
GAZYVA 1,000 MG/40 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(120 per 28 days)
<i>gefitinib</i> 250 mg TABLET ^{DL}	\$0 (Tier 1)	PA
<i>gemcitabine</i> 1 gram, 2 gram, 200 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
<i>gemcitabine</i> 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
GILOTRIF 20 MG, 30 MG, 40 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(30 per 30 days)
GLEOSTINE 10 MG, 40 MG CAPSULE ^{MO}	\$0 (Tier 2)	PA
GLEOSTINE 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA
GOMEKLI 1 MG TABLET FOR SUSPENSION ^{DL}	\$0 (Tier 2)	PA
GOMEKLI 1 MG, 2 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA
GRAFAPEX 1 GRAM, 5 GRAM RECON SOLUTION ^{DL}	\$0 (Tier 2)	
HALAVEN 1 MG/2 ML (0.5 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	
<i>hydroxyurea</i> 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(21 per 28 days)
IBTROZI 200 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
ICLUSIG 10 MG, 30 MG, 45 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
<i>idarubicin</i> 1 mg/ml SOLUTION ^{DL}	\$0 (Tier 1)	
IDHIFA 100 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
<i>ifosfamide</i> 1 gram, 3 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
<i>ifosfamide</i> 1 gram/20 ml, 3 gram/60 ml SOLUTION ^{MO}	\$0 (Tier 1)	
<i>imatinib</i> 100 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(90 per 30 days)
<i>imatinib</i> 400 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
IMBRUVICA 420 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA
IMDELLTRA 1 MG, 10 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA

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IMFINZI 50 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
IMJUDO 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
IMKELDI 80 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(300 per 30 days)
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
INLYTA 1 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
INQOVI 35-100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
<i>irinotecan</i> 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml SOLUTION ^{MO}	\$0 (Tier 1)	
ISTODAX 10 MG/2 ML RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ITOVEBI 3 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
ITOVEBI 9 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
IVRA 90 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	
IWILFIN 192 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
IXEMPRA 15 MG, 45 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
JEMPERLI 50 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	PA,QL(20 per 42 days)
JEVTANA 10 MG/ML (FIRST DILUTION) SOLUTION ^{DL}	\$0 (Tier 2)	PA
KADCYLA 100 MG, 160 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
KANJINTI 150 MG, 420 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
KEYTRUDA 25 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
KIMMTRAK 100 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(91 per 28 days)
KOSELUGO 10 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KRAZATI 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
KYPROLIS 10 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
KYPROLIS 30 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(3 per 28 days)
KYPROLIS 60 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(12 per 28 days)
<i>lapatinib 250 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL(180 per 30 days)
LAZCLUZE 240 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
LAZCLUZE 80 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
<i>lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
<i>letrozole 2.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(30 per 30 days)
<i>leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>leucovorin calcium 10 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
LEUKERAN 2 MG TABLET ^{DL}	\$0 (Tier 2)	
<i>levoleucovorin calcium 10 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	PA
<i>levoleucovorin calcium 50 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	PA
LIBTAYO 50 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(7 per 21 days)
LONSURF 15-6.14 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(100 per 30 days)
LONSURF 20-8.19 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(80 per 30 days)
LOQTORZI 240 MG/6 ML (40 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA
LORBRENA 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
LUMAKRAS 120 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
LUMAKRAS 240 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
LUMAKRAS 320 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
LUNSUMIO 1 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
LYNOZYFIC 2 MG/ML, 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
LYNPARZA 100 MG, 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
LYSODREN 500 MG TABLET ^{DL}	\$0 (Tier 2)	
LYTGOBI 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(140 per 28 days)

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MARGENZA 25 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
MATULANE 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	
MEKINIST 0.05 MG/ML RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(1170 per 28 days)
MEKINIST 0.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
MEKINIST 2 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
<i>melphalan 2 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
<i>melphalan hcl 50 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>mercaptopurine 20 mg/ml SUSPENSION^{DL}</i>	\$0 (Tier 1)	
<i>mercaptopurine 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>mesna 400 mg TABLET^{DL}</i>	\$0 (Tier 1)	
MESNEX 400 MG TABLET ^{DL}	\$0 (Tier 2)	
<i>mitomycin 20 mg, 40 mg, 5 mg RECON SOLUTION^{DL}</i>	\$0 (Tier 1)	
<i>mitoxantrone 2 mg/ml CONCENTRATE^{MO}</i>	\$0 (Tier 1)	
MUTAMYCIN 20 MG, 40 MG, 5 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	
MVASI 25 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONC) RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>nelarabine 250 mg/50 ml SOLUTION^{DL}</i>	\$0 (Tier 1)	
NERLYNX 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
<i>nilotinib hcl 150 mg, 200 mg, 50 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	PA,QL(120 per 30 days)
<i>nilotinib tartrate 150 mg, 200 mg, 50 mg CAPSULE^{DL}</i>	\$0 (Tier 2)	PA,QL(120 per 30 days)
<i>nilutamide 150 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(3 per 28 days)
NUBEQA 300 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
ODOMZO 200 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
OGSIVEO 100 MG, 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
OGSIVEO 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
OJEMDA 25 MG/ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	PA,QL(96 per 28 days)
OJEMDA 400 MG/WEEK (100 MG X 4) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(16 per 28 days)
OJEMDA 500 MG/WEEK (100 MG X 5) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(20 per 28 days)
OJEMDA 600 MG/WEEK (100 MG X 6) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(24 per 28 days)
OJJAARA 100 MG, 150 MG, 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
ONCASPAR 750 UNIT/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
ONIVYDE 4.3 MG/ML DISPERSION ^{DL}	\$0 (Tier 2)	PA
ONUREG 200 MG, 300 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(14 per 28 days)

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OPDIVO 100 MG/10 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (48 per 28 days)
OPDIVO 40 MG/4 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (16 per 28 days)
OPDIVO QVANTIG 600 MG-10,000 UNIT/5 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (10 per 28 days)
OPDUALAG 240-80 MG/20 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (40 per 28 days)
ORGOVYX 120 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (32 per 30 days)
ORSERDU 345 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
ORSERDU 86 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (90 per 30 days)
oxaliplatin 100 mg, 50 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
oxaliplatin 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
paclitaxel 6 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
paclitaxel protein-bound 100 mg SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	PA
PADCEV 20 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (21 per 28 days)
PADCEV 30 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (15 per 28 days)
PANRETIN 0.1 % GEL ^{DL}	\$0 (Tier 2)	PA
paraplatin 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
pazopanib 200 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL (120 per 30 days)
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (28 per 28 days)
pemetrexed 1 gram, 100 mg, 500 mg RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
pemetrexed 25 mg/ml SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (120 per 21 days)
pemetrexed disodium 1,000 mg, 100 mg, 500 mg, 750 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	PA
pemetrexed disodium 25 mg/ml SOLUTION ^{DL}	\$0 (Tier 2)	PA
PEMRYDI RTU 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA
PIQRAY 200 MG/DAY (200 MG X 1) TABLET ^{DL}	\$0 (Tier 2)	PA,QL (28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET ^{DL}	\$0 (Tier 2)	PA,QL (56 per 28 days)
POLIVY 140 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (2 per 21 days)
POLIVY 30 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (8 per 21 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (100 per 21 days)
POTELIGEO 4 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
pralatrexate 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION ^{DL}	\$0 (Tier 2)	PA

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PURIXAN 20 MG/ML SUSPENSION ^{DL}	\$0 (Tier 2)	
QINLOCK 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
RETEVMO 120 MG, 160 MG, 80 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
RETEVMO 40 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
RETEVMO 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
RETEVMO 80 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
REVUFORJ 110 MG, 160 MG, 25 MG TABLET ^{DL}	\$0 (Tier 2)	PA
REZLIDHIA 150 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>romidepsin 10 mg/2 ml RECON SOLUTION^{DL}</i>	\$0 (Tier 1)	PA
ROMIDEPSIN 5 MG/ML SOLUTION ^{DL}	\$0 (Tier 1)	PA
ROMVIMZA 14 MG, 20 MG, 30 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA
ROZLYTREK 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL(360 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
RUXIENCE 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
RYBREVANT 50 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(784 per 365 days)
RYDAPT 25 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(224 per 28 days)
RYLAZE 10 MG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
RYTELO 188 MG, 47 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
SARCLISA 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
SCEMBLIX 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
SCEMBLIX 20 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION ^{DL}	\$0 (Tier 2)	
<i>sorafenib 200 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL(120 per 30 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
STIVARGA 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(84 per 28 days)
<i>sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	PA,QL(28 per 28 days)
SYNRIBO 3.5 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
TABLOID 40 MG TABLET ^{MO}	\$0 (Tier 2)	
TABRECTA 150 MG, 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(112 per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TAFINLAR 10 MG TABLET FOR SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(840 per 28 days)
TAFINLAR 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
TAGRISSE 40 MG, 80 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
TALVEY 2 MG/ML, 40 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
<i>tamoxifen 10 mg, 20 mg TABLET^{MO}</i>	\$0 (Tier 1)	
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
TAZVERIK 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(15 per 21 days)
TECVAYLI 10 MG/ML, 90 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>temsirolimus 30 mg/3 ml (10 mg/ml) (first) RECON SOLUTION^{DL}</i>	\$0 (Tier 1)	PA,QL(8 per 28 days)
TEPMETKO 225 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
TEVIMBRA 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(20 per 21 days)
THALOMID 100 MG, 200 MG, 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
THALOMID 150 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
<i>thiotepa 100 mg RECON SOLUTION^{DL}</i>	\$0 (Tier 1)	
<i>thiotepa 15 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
TIBSOVO 250 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
TIVDAK 40 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(5 per 21 days)
<i>topotecan 4 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>topotecan 4 mg/4 ml (1 mg/ml) SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>toremifene 60 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(30 per 30 days)
<i>torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL(30 per 30 days)
TRAZIMERA 150 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
TRAZIMERA 420 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>tretinoin (antineoplastic) 10 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	
TRISENOX 2 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
TRODELVY 180 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
TRUQAP 160 MG, 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(64 per 28 days)
TUKYSA 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(300 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TURALIO 125 MG CAPSULE ^{DL,LA}	\$0 (Tier 2)	PA,QL(120 per 30 days)
UNITUXIN 3.5 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
VALCHLOR 0.016 % GEL ^{DL}	\$0 (Tier 2)	PA,QL(60 per 28 days)
VANFLYTA 17.7 MG, 26.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA
VENCLEXTA 10 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL(42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
vinblastine 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
vincasar pfs 1 mg/ml, 2 mg/2 ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
vincristine 1 mg/ml, 2 mg/2 ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
vinorelbine 10 mg/ml, 50 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
VITRAKVI 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
VONJO 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
VORANIGO 10 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
VORANIGO 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
VYLOY 100 MG, 300 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
VYXEOS 44-100 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
XALKORI 150 MG PELLETT ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
XALKORI 20 MG PELLETT ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
XALKORI 50 MG PELLETT ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
XOSPATA 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
XPOVIO 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (10 MG X 4) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(16 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(4 per 28 days)
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(24 per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(32 per 28 days)
XTANDI 40 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA
YONDELIS 1 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZANOSAR 1 GRAM RECON SOLUTION ^{MO}	\$0 (Tier 2)	
ZEJULA 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
ZEJULA 100 MG, 200 MG, 300 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
ZEPZELCA 4 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZIIHERA 300 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZIRABEV 25 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZOLINZA 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
ZYKADIA 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(150 per 30 days)
ZYNLONTA 10 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZYNYZ 500 MG/20 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(20 per 28 days)

ANTIPARASITICS - Drugs used to treat parasite infections

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
albendazole 200 mg TABLET ^{MO}	\$0 (Tier 1)	
atovaquone 750 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET ^{MO}	\$0 (Tier 1)	
chloroquine phosphate 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
COARTEM 20-120 MG TABLET ^{MO}	\$0 (Tier 2)	QL(24 per 30 days)
hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET ^{MO}	\$0 (Tier 1)	
hydroxychloroquine 200 mg TABLET ^{MO}	\$0 (Tier 1)	
ivermectin 3 mg, 6 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LAMPIT 120 MG, 30 MG TABLET ^{MO}	\$0 (Tier 2)	
mefloquine 250 mg TABLET ^{MO}	\$0 (Tier 1)	
nitazoxanide 500 mg TABLET ^{DL}	\$0 (Tier 1)	
pentamidine 300 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
pentamidine 300 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
praziquantel 600 mg TABLET ^{MO}	\$0 (Tier 1)	
primaquine 26.3 mg (15 mg base) TABLET ^{MO}	\$0 (Tier 1)	
pyrimethamine 25 mg TABLET ^{DL}	\$0 (Tier 1)	QL(90 per 30 days)
quinine sulfate 324 mg CAPSULE ^{MO}	\$0 (Tier 1)	PA,QL(42 per 7 days)

ANTIPARKINSON AGENTS - Drugs used to treat Parkinson's disease

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amantadine hcl 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	
amantadine hcl 50 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
benztropine 0.5 mg, 1 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	
benztropine 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
bromocriptine 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET ^{MO}	\$0 (Tier 1)	
carbidopa-levodopa 25-100 mg TABLET ^{MO}	\$0 (Tier 1)	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER ^{MO}	\$0 (Tier 1)	
carbidopa-levodopa-entacapone 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg TABLET ^{MO}	\$0 (Tier 1)	
entacapone 200 mg TABLET ^{MO}	\$0 (Tier 1)	QL(300 per 30 days)
INBRIJA 42 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(300 per 30 days)
INBRIJA 42 MG CAPSULE, W/INHALATION DEVICE ^{DL}	\$0 (Tier 2)	PA,QL(300 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET ^{MO}	\$0 (Tier 1)	
rasagiline 0.5 mg, 1 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
selegiline hcl 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>selegiline hcl 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>trihexyphenidyl 0.4 mg/ml ELIXIR^{MO}</i>	\$0 (Tier 1)	
<i>trihexyphenidyl 2 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	

ANTIPSYCHOTICS - Drugs used to treat mood and psychological conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ABILIFY ASIMTUFIN 720 MG/2.4 ML SUSPENSION, ER, SYRINGE^{MO}</i>	\$0 (Tier 2)	QL(2.4 per 56 days)
<i>ABILIFY ASIMTUFIN 960 MG/3.2 ML SUSPENSION, ER, SYRINGE^{MO}</i>	\$0 (Tier 2)	QL(3.2 per 56 days)
<i>ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON^{DL}</i>	\$0 (Tier 2)	QL(1 per 28 days)
<i>ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE^{DL}</i>	\$0 (Tier 2)	QL(1 per 28 days)
<i>aripiprazole 1 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	QL(750 per 30 days)
<i>aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
<i>aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE^{MO}</i>	\$0 (Tier 2)	QL(3.9 per 56 days)
<i>ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE^{DL}</i>	\$0 (Tier 2)	QL(1.6 per 28 days)
<i>ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE^{DL}</i>	\$0 (Tier 2)	QL(2.4 per 28 days)
<i>ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE^{DL}</i>	\$0 (Tier 2)	QL(3.2 per 28 days)
<i>ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE^{DL}</i>	\$0 (Tier 2)	QL(2.4 per 42 days)
<i>asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL(60 per 30 days)
<i>CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE^{DL}</i>	\$0 (Tier 2)	PA,QL(30 per 30 days)
<i>chlorpromazine 10 mg, 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
<i>chlorpromazine 100 mg, 200 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE^{MO}</i>	\$0 (Tier 1)	
<i>chlorpromazine 25 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>clozapine 100 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(270 per 30 days)
<i>clozapine 100 mg TABLET, DISINTEGRATING^{MO}</i>	\$0 (Tier 1)	PA,QL(270 per 30 days)
<i>clozapine 12.5 mg TABLET, DISINTEGRATING^{MO}</i>	\$0 (Tier 1)	PA
<i>clozapine 150 mg TABLET, DISINTEGRATING^{MO}</i>	\$0 (Tier 1)	PA,QL(180 per 30 days)
<i>clozapine 200 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(135 per 30 days)
<i>clozapine 200 mg TABLET, DISINTEGRATING^{MO}</i>	\$0 (Tier 1)	PA,QL(135 per 30 days)
<i>clozapine 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(1080 per 30 days)
<i>clozapine 25 mg TABLET, DISINTEGRATING^{MO}</i>	\$0 (Tier 1)	PA,QL(1080 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clozapine 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
FANAPT TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	PA,QL(56 per 28 days)
FANAPT TITRATION PACK B 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	PA,QL(56 per 28 days)
FANAPT TITRATION PACK C 1 MG(4)-2 MG(2) -6 MG (2) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	PA,QL(56 per 28 days)
<i>fluphenazine decanoate 25 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>fluphenazine hcl 2.5 mg/5 ml ELIXIR^{MO}</i>	\$0 (Tier 1)	
<i>fluphenazine hcl 2.5 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>fluphenazine hcl 5 mg/ml CONCENTRATE^{MO}</i>	\$0 (Tier 1)	
<i>haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>haloperidol lactate 2 mg/ml CONCENTRATE^{MO}</i>	\$0 (Tier 1)	
<i>haloperidol lactate 5 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>haloperidol lactate 5 mg/ml SYRINGE^{MO}</i>	\$0 (Tier 1)	
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(2.63 per 90 days)
<i>loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(30 per 30 days)
<i>lurasidone 80 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
LYBALVI 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
<i>molindone 10 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL(240 per 30 days)
<i>molindone 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL(270 per 30 days)
<i>molindone 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL(360 per 30 days)
NUPLAZID 10 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NUPLAZID 34 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
olanzapine 10 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	
olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
OPIPZA 10 MG FILM ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
OPIPZA 2 MG FILM ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
OPIPZA 5 MG FILM ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
paliperidone 6 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET ^{MO}	\$0 (Tier 1)	
pimozide 1 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	
quetiapine 100 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
quetiapine 150 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
quetiapine 200 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
quetiapine 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
quetiapine 300 mg, 400 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON ^{MO}	\$0 (Tier 2)	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON ^{DL}	\$0 (Tier 2)	QL(2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	ST,QL(60 per 30 days)
risperidone 0.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
risperidone 0.5 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	ST,QL(120 per 30 days)
risperidone 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR. ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
VERSACLOZ 50 MG/ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(540 per 30 days)
VRAYLAR 1.5 MG (1)- 3 MG (6) CAPSULE, DOSE PACK ^{MO}	\$0 (Tier 2)	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 2)	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	QL(1 per 28 days)

ANTISPASTICITY AGENTS - Drugs used to relax muscle spasms

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
baclofen 10 mg TABLET ^{MO}	\$0 (Tier 1)	
baclofen 20 mg TABLET ^{MO}	\$0 (Tier 1)	
baclofen 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
dantrolene 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
tizanidine 2 mg, 4 mg TABLET ^{MO}	\$0 (Tier 1)	

ANTIVIRALS - Drugs used to treat infections caused by viruses

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
abacavir 20 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(960 per 30 days)
abacavir 300 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
abacavir-lamivudine 600-300 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
acyclovir 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
acyclovir 400 mg, 800 mg TABLET ^{MO}	\$0 (Tier 1)	
acyclovir 5 % OINTMENT ^{MO}	\$0 (Tier 1)	PA,QL(30 per 30 days)
acyclovir sodium 50 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
adefovir 10 mg TABLET ^{MO}	\$0 (Tier 1)	
APTIVUS 250 MG CAPSULE ^{DL}	\$0 (Tier 2)	QL(120 per 30 days)
atazanavir 150 mg, 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
atazanavir 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	QL(630 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CABENUVA 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML SUSPENSION, ER ^{DL}	\$0 (Tier 2)	QL(50 per 365 days)
CIMDUO 300-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
COMPLERA 200-25-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
darunavir 600 mg TABLET ^{DL}	\$0 (Tier 1)	QL(60 per 30 days)
darunavir 800 mg TABLET ^{DL}	\$0 (Tier 1)	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
DESCOVY 120-15 MG, 200-25 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
didanosine 250 mg, 400 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
DOVATO 50-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
EDURANT 25 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
EDURANT PED 2.5 MG TABLET FOR SUSPENSION ^{DL}	\$0 (Tier 2)	QL(180 per 30 days)
efavirenz 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
efavirenz 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(480 per 30 days)
efavirenz 600 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
efavirenz-emtricitabin-tenofovir 600-200-300 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
efavirenz-lamivudine-tenofovir disoproxil fumarate 400-300-300 mg, 600-300-300 mg TABLET ^{DL}	\$0 (Tier 1)	QL(30 per 30 days)
emtricitabine-raltegravir-tenofovir disoproxil fumarate 200-25-300 mg TABLET ^{DL}	\$0 (Tier 1)	QL(30 per 30 days)
emtricitabine 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	QL(680 per 28 days)
entecavir 0.5 mg, 1 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
EPCLUSA 150-37.5 MG PELLETS IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
EPCLUSA 200-50 MG PELLETS IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
EPCLUSA 200-50 MG, 400-100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
etravirine 100 mg TABLET ^{DL}	\$0 (Tier 1)	QL(120 per 30 days)
etravirine 200 mg TABLET ^{DL}	\$0 (Tier 1)	QL(60 per 30 days)
EVOTAZ 300-150 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
fosamprenavir 700 mg TABLET ^{DL}	\$0 (Tier 1)	QL(120 per 30 days)
FUZEON 90 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	QL(60 per 30 days)
GENVOYA 150-150-200-10 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
INTELENCE 25 MG TABLET ^{MO}	\$0 (Tier 2)	QL(120 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ISENTRESS 100 MG CHEWABLE TABLET ^{DL}	\$0 (Tier 2)	QL (180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET ^{MO}	\$0 (Tier 2)	QL (300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET ^{MO}	\$0 (Tier 2)	QL (180 per 30 days)
ISENTRESS 400 MG TABLET ^{DL}	\$0 (Tier 2)	QL (120 per 30 days)
ISENTRESS HD 600 MG TABLET ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
JULUCA 50-25 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
KALETRA 400-100 MG/5 ML SOLUTION ^{DL}	\$0 (Tier 2)	
lamivudine 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL (900 per 30 days)
lamivudine 100 mg TABLET ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
lamivudine 150 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
lamivudine 300 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
lamivudine-zidovudine 150-300 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
LEXIVA 50 MG/ML SUSPENSION ^{MO}	\$0 (Tier 2)	QL (1575 per 28 days)
LIVTENCITY 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA, QL (120 per 30 days)
lopinavir-ritonavir 100-25 mg TABLET ^{MO}	\$0 (Tier 1)	QL (300 per 30 days)
lopinavir-ritonavir 200-50 mg TABLET ^{MO}	\$0 (Tier 1)	QL (150 per 30 days)
lopinavir-ritonavir 400-100 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
maraviroc 150 mg TABLET ^{DL}	\$0 (Tier 1)	QL (240 per 30 days)
maraviroc 300 mg TABLET ^{DL}	\$0 (Tier 1)	QL (120 per 30 days)
nevirapine 100 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
nevirapine 200 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
nevirapine 400 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
nevirapine 50 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	QL (1200 per 30 days)
NORVIR 100 MG CAPSULE ^{MO}	\$0 (Tier 2)	QL (360 per 30 days)
NORVIR 100 MG POWDER IN PACKET ^{MO}	\$0 (Tier 2)	QL (360 per 30 days)
ODEFSEY 200-25-25 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
oseltamivir 30 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (224 per 365 days)
oseltamivir 45 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	QL (1440 per 365 days)
PAXLOVID 150 MG (10)- 100 MG (10) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	QL (40 per 10 days)
PAXLOVID 150 MG (6)- 100 MG (5) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	QL (22 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	QL (60 per 10 days)
PIFELTRO 100 MG TABLET ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
PREVYMIS 120 MG, 20 MG PELLETS IN PACKET ^{DL}	\$0 (Tier 2)	PA, QL (120 per 30 days)
PREVYMIS 240 MG TABLET ^{DL}	\$0 (Tier 2)	PA, QL (28 per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREVYMIS 480 MG TABLET ^{DL}	\$0 (Tier 2)	PA
PREZCOBIX 800-150 MG-MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
PREZISTA 100 MG/ML SUSPENSION ^{DL}	\$0 (Tier 2)	QL (360 per 30 days)
PREZISTA 150 MG TABLET ^{DL}	\$0 (Tier 2)	QL (240 per 30 days)
PREZISTA 75 MG TABLET ^{MO}	\$0 (Tier 2)	QL (480 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL (60 per 180 days)
RETROVIR 10 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	
REYATAZ 50 MG POWDER IN PACKET ^{MO}	\$0 (Tier 2)	
<i>ribavirin 200 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>ribavirin 200 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>rimantadine 100 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>ritonavir 100 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (360 per 30 days)
RUKOBIA 600 MG TABLET, ER 12 HR. ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
SELZENTRY 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	QL (1800 per 30 days)
SELZENTRY 25 MG TABLET ^{MO}	\$0 (Tier 2)	QL (240 per 30 days)
SELZENTRY 75 MG TABLET ^{DL}	\$0 (Tier 2)	QL (120 per 30 days)
<i>stavudine 15 mg, 20 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>stavudine 30 mg, 40 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
STRIBILD 150-150-200-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
SUNLENCA 300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	QL (9 per 365 days)
SYMTUZA 800-150-200-10 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
<i>tenofovir disoproxil fumarate 300 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
TIVICAY 10 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION ^{DL}	\$0 (Tier 2)	QL (180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION ^{MO}	\$0 (Tier 2)	QL (180 per 30 days)
TRIZIVIR 300-150-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	
TYBOST 150 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
<i>valacyclovir 1 gram, 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>valganciclovir 450 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>valganciclovir 50 mg/ml RECON SOLUTION^{DL}</i>	\$0 (Tier 1)	QL (1056 per 30 days)
VEMLIDY 25 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VIRACEPT 250 MG TABLET ^{DL}	\$0 (Tier 2)	QL (300 per 30 days)
VIRACEPT 625 MG TABLET ^{DL}	\$0 (Tier 2)	QL (120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER ^{DL}	\$0 (Tier 2)	QL (240 per 30 days)
VOCABRIA 30 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
VOSEVI 400-100-100 MG TABLET ^{DL}	\$0 (Tier 2)	PA, QL (28 per 28 days)
zidovudine 10 mg/ml SYRUP ^{MO}	\$0 (Tier 1)	QL (1680 per 28 days)
zidovudine 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
zidovudine 300 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
ZIRGAN 0.15 % GEL ^{MO}	\$0 (Tier 2)	QL (5 per 30 days)

ANXIOLYTICS - Drugs used to treat anxiety

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET ^{DL}	\$0 (Tier 1)	QL (120 per 30 days)
alprazolam 2 mg TABLET ^{DL}	\$0 (Tier 1)	QL (150 per 30 days)
buspirone 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
buspirone 15 mg, 30 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING ^{DL}	\$0 (Tier 1)	
clonazepam 0.5 mg, 1 mg TABLET ^{DL}	\$0 (Tier 1)	
clonazepam 2 mg TABLET ^{DL}	\$0 (Tier 1)	
clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET ^{DL}	\$0 (Tier 1)	
diazepam 10 mg TABLET ^{DL}	\$0 (Tier 1)	QL (120 per 30 days)
diazepam 2 mg TABLET ^{DL}	\$0 (Tier 1)	QL (90 per 30 days)
diazepam 5 mg TABLET ^{DL}	\$0 (Tier 1)	QL (90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION ^{DL}	\$0 (Tier 1)	QL (1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE ^{DL}	\$0 (Tier 1)	QL (240 per 30 days)
diazepam intensol 5 mg/ml CONCENTRATE ^{DL}	\$0 (Tier 1)	QL (240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	
doxepin 10 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
hydroxyzine hcl 10 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydroxyzine hcl 10 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
hydroxyzine hcl 25 mg TABLET ^{MO}	\$0 (Tier 1)	
lorazepam 0.5 mg, 1 mg TABLET ^{DL}	\$0 (Tier 1)	QL (90 per 30 days)
lorazepam 2 mg TABLET ^{DL}	\$0 (Tier 1)	QL (150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE ^{DL}	\$0 (Tier 1)	QL (150 per 30 days)
lorazepam intensol 2 mg/ml CONCENTRATE ^{DL}	\$0 (Tier 1)	QL (150 per 30 days)

BIPOLAR AGENTS - Drugs used to stabilize mood

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE ^{MO}	\$0 (Tier 1)	
lithium carbonate 300 mg TABLET ^{MO}	\$0 (Tier 1)	
lithium carbonate 300 mg, 450 mg TABLET ER ^{MO}	\$0 (Tier 1)	
lithium citrate 8 meq/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	

BLOOD GLUCOSE REGULATORS - Drugs used to control blood sugar levels

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acarbose 100 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 2)	
diazoxide 50 mg/ml SUSPENSION ^{DL}	\$0 (Tier 1)	
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE ^{MO}	\$0 (Tier 2)	
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
glimepiride 1 mg TABLET ^{MO}	\$0 (Tier 1)	
glimepiride 2 mg, 4 mg TABLET ^{MO}	\$0 (Tier 1)	
glipizide 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
glipizide 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
glipizide 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
glyburide 1.25 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET ^{MO}	\$0 (Tier 1)	
glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET ^{MO}	\$0 (Tier 1)	
GLYXAMBI 10-5 MG, 25-5 MG TABLET ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
HUMALOG JUNIOR KWIKPEN U-100 100 UNIT/ML INSULIN PEN, HALF-UNIT ^{MO}	\$0 (Tier 2)	
HUMALOG KWIKPEN INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
HUMALOG MIX 50-50 INSULN U-100 100 UNIT/ML (50-50) SUSPENSION ^{MO}	\$0 (Tier 2)	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50) INSULIN PEN ^{MO}	\$0 (Tier 2)	
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML (75-25) INSULIN PEN ^{MO}	\$0 (Tier 2)	
HUMALOG MIX 75-25(U-100)INSULN 100 UNIT/ML (75-25) SUSPENSION ^{MO}	\$0 (Tier 2)	
HUMALOG U-100 INSULIN 100 UNIT/ML CARTRIDGE ^{MO}	\$0 (Tier 2)	
HUMALOG U-100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION ^{MO}	\$0 (Tier 2)	
HUMULIN 70/30 U-100 KWIKPEN 100 UNIT/ML (70-30) INSULIN PEN ^{MO}	\$0 (Tier 2)	
HUMULIN N NPH INSULIN KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
HUMULIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION ^{MO}	\$0 (Tier 2)	
HUMULIN R REGULAR U-100 INSULN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
INSULIN LISPRO 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
INVOKAMET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
INVOKAMET XR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
JANUMET 50-1,000 MG, 50-500 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
JANUMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
JANUMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JARDIANCE 10 MG, 25 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
JENTADUETO 2.5-1,000 MG, 2.5-500 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
JENTADUETO 2.5-850 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
JENTADUETO XR 2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
JENTADUETO XR 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML INSULIN PEN ^{MO}	\$0 (Tier 2)	
LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
LYUMJEV U-100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
metformin 1,000 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
metformin 500 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
metformin 750 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
metformin 850 mg TABLET ^{MO}	\$0 (Tier 1)	
MOUNJARO 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL (2 per 28 days)
nateglinide 120 mg, 60 mg TABLET ^{MO}	\$0 (Tier 1)	
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN ^{MO}	\$0 (Tier 2)	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION ^{MO}	\$0 (Tier 2)	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION ^{MO}	\$0 (Tier 2)	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML (70-30) SOLUTION ^{MO}	\$0 (Tier 2)	
NOVOLOG MIX 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN ^{MO}	\$0 (Tier 2)	
NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE ^{MO}	\$0 (Tier 2)	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL (3 per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pioglitazone 15 mg, 45 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>pioglitazone 30 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>repaglinide 0.5 mg, 1 mg, 2 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
RYBELSUS 14 MG, 3 MG, 7 MG TABLET ^{MO}	\$0 (Tier 2)	PA, QL (30 per 30 days)
<i>saxagliptin 2.5 mg, 5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN ^{MO}	\$0 (Tier 2)	QL (15 per 24 days)
SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
TRADJENTA 5 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML PEN INJECTOR ^{MO}	\$0 (Tier 2)	PA, QL (2 per 28 days)
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE ^{MO}	\$0 (Tier 2)	

BLOOD PRODUCTS AND MODIFIERS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>anagrelide 0.5 mg, 1 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR.</i> ^{MO}	\$0 (Tier 1)	ST, QL (60 per 30 days)
BRILINTA 60 MG, 90 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cilostazol 100 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>clopidogrel 300 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>clopidogrel 75 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>ELIQUIS 2.5 MG TABLET^{MO}</i>	\$0 (Tier 2)	QL (60 per 30 days)
<i>ELIQUIS 5 MG TABLET^{MO}</i>	\$0 (Tier 2)	QL (74 per 30 days)
<i>ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK^{MO}</i>	\$0 (Tier 2)	QL (74 per 30 days)
<i>enoxaparin 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml SYRINGE^{MO}</i>	\$0 (Tier 1)	
<i>enoxaparin 300 mg/3 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>heparin, porcine (pf) 5,000 unit/0.5 ml SYRINGE^{MO}</i>	\$0 (Tier 1)	
<i>jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>NIVESTYM 300 MCG/0.5 ML SYRINGE^{DL}</i>	\$0 (Tier 2)	PA,QL (7 per 30 days)
<i>NIVESTYM 300 MCG/ML SOLUTION^{DL}</i>	\$0 (Tier 2)	PA,QL (14 per 30 days)
<i>NIVESTYM 480 MCG/0.8 ML SYRINGE^{DL}</i>	\$0 (Tier 2)	PA,QL (11.2 per 30 days)
<i>NIVESTYM 480 MCG/1.6 ML SOLUTION^{DL}</i>	\$0 (Tier 2)	PA,QL (22.4 per 30 days)
<i>prasugrel hcl 10 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>PROMACTA 12.5 MG POWDER IN PACKET^{DL}</i>	\$0 (Tier 2)	PA,QL (360 per 30 days)
<i>PROMACTA 12.5 MG, 25 MG TABLET^{DL}</i>	\$0 (Tier 2)	PA,QL (30 per 30 days)
<i>PROMACTA 25 MG POWDER IN PACKET^{DL}</i>	\$0 (Tier 2)	PA,QL (180 per 30 days)
<i>PROMACTA 50 MG TABLET^{DL}</i>	\$0 (Tier 2)	PA,QL (90 per 30 days)
<i>PROMACTA 75 MG TABLET^{DL}</i>	\$0 (Tier 2)	PA,QL (60 per 30 days)
<i>RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION^{MO}</i>	\$0 (Tier 2)	PA,QL (14 per 30 days)
<i>RETACRIT 40,000 UNIT/ML SOLUTION^{DL}</i>	\$0 (Tier 2)	PA,QL (14 per 30 days)
<i>rivaroxaban 1 mg/ml SUSPENSION FOR RECONSTITUTION^{MO}</i>	\$0 (Tier 1)	ST,QL (600 per 30 days)
<i>rivaroxaban 2.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>ticagrelor 60 mg, 90 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>tranexamic acid 650 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 5 days)
<i>UDENYCA 6 MG/0.6 ML SYRINGE^{DL}</i>	\$0 (Tier 2)	PA,QL (1.2 per 28 days)
<i>UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR^{DL}</i>	\$0 (Tier 2)	PA,QL (1.2 per 28 days)
<i>UDENYCA ONBODY 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR^{DL}</i>	\$0 (Tier 2)	PA,QL (1.2 per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	
warfarin 5 mg TABLET ^{MO}	\$0 (Tier 1)	
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 2)	ST,QL (600 per 30 days)
XARELTO 10 MG, 20 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	QL (51 per 30 days)
ZARXIO 300 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (11.2 per 30 days)

CARDIOVASCULAR AGENTS - Drugs used to treat heart-related conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acebutolol 200 mg, 400 mg CAPSULE ^{MO}	\$0 (Tier 1)	
acetazolamide 125 mg, 250 mg TABLET ^{MO}	\$0 (Tier 1)	
acetazolamide 500 mg CAPSULE, ER ^{MO}	\$0 (Tier 1)	
aliskiren 150 mg, 300 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
amiloride 5 mg TABLET ^{MO}	\$0 (Tier 1)	
amiloride-hydrochlorothiazide 5-50 mg TABLET ^{MO}	\$0 (Tier 1)	
amiodarone 100 mg, 400 mg TABLET ^{MO}	\$0 (Tier 1)	
amiodarone 150 mg/3 ml SYRINGE ^{MO}	\$0 (Tier 1)	
amiodarone 200 mg TABLET ^{MO}	\$0 (Tier 1)	
amiodarone 50 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
amlodipine 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
atenolol 100 mg TABLET ^{MO}	\$0 (Tier 1)	
atenolol 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET ^{MO}	\$0 (Tier 1)	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>bisoprolol fumarate 10 mg, 2.5 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>bumetanide 0.25 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>bumetanide 0.5 mg, 2 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>bumetanide 1 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>candesartan 16 mg, 4 mg, 8 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>candesartan 32 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>cartia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>cartia xt 300 mg CAPSULE, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>chlorothiazide sodium 500 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>chlorthalidone 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>chlorthalidone 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>cholestyramine (with sugar) 4 gram POWDER^{MO}</i>	\$0 (Tier 1)	
<i>cholestyramine (with sugar) 4 gram POWDER IN PACKET^{MO}</i>	\$0 (Tier 1)	
<i>cholestyramine light 4 gram POWDER^{MO}</i>	\$0 (Tier 1)	
<i>cholestyramine light 4 gram POWDER IN PACKET^{MO}</i>	\$0 (Tier 1)	
<i>clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY^{MO}</i>	\$0 (Tier 1)	QL (4 per 28 days)
<i>clonidine hcl 0.1 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>clonidine hcl 0.2 mg, 0.3 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>colestipol 1 gram TABLET^{MO}</i>	\$0 (Tier 1)	
<i>colestipol 5 gram GRANULES^{MO}</i>	\$0 (Tier 1)	QL (1000 per 30 days)
<i>colestipol 5 gram PACKET^{MO}</i>	\$0 (Tier 1)	
<i>digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>digoxin 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>diltiazem hcl 100 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET ^{MO}	\$0 (Tier 1)	
diltiazem hcl 120 mg, 60 mg, 90 mg CAPSULE, ER 12 HR. ^{MO}	\$0 (Tier 1)	
diltiazem hcl 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
DIURIL 250 MG/5 ML SUSPENSION ^{MO}	\$0 (Tier 2)	
dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE ^{MO}	\$0 (Tier 1)	
doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET ^{MO}	\$0 (Tier 1)	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	
ENTRESTO 24-26 MG, 49-51 MG, 97-103 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
ENTRESTO SPRINKLE 15-16 MG, 6-6 MG PELLETT ^{MO}	\$0 (Tier 2)	QL (240 per 30 days)
ezetimibe 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
fenofibrate 160 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
fenofibrate 54 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
fenofibrate micronized 134 mg, 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
fenofibrate micronized 67 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
fenofibrate nanocrystallized 145 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
fenofibrate nanocrystallized 48 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
flecainide 100 mg, 150 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
fluvastatin 20 mg, 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	ST,QL (60 per 30 days)
fluvastatin 80 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	ST,QL (30 per 30 days)
fosinopril 10 mg, 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
furosemide 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
furosemide 80 mg TABLET ^{MO}	\$0 (Tier 1)	
gemfibrozil 600 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
guanfacine 1 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	
hydralazine 10 mg, 100 mg TABLET ^{MO}	\$0 (Tier 1)	
hydralazine 20 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
hydralazine 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
hydrochlorothiazide 12.5 mg CAPSULE ^{MO}	\$0 (Tier 1)	
hydrochlorothiazide 12.5 mg, 25 mg TABLET ^{MO}	\$0 (Tier 1)	
hydrochlorothiazide 50 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
indapamide 1.25 mg, 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	
irbesartan 150 mg, 300 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
irbesartan-hydrochlorothiazide 150-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
isosorbide mononitrate 10 mg, 20 mg TABLET ^{MO}	\$0 (Tier 1)	
isosorbide mononitrate 120 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
isosorbide-hydralazine 20-37.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
KERENDIA 10 MG, 20 MG TABLET ^{MO}	\$0 (Tier 2)	PA, QL (30 per 30 days)
KERENDIA 40 MG TABLET ^{MO}	\$0 (Tier 2)	PA, QL (30 per 30 days)
labetalol 100 mg, 200 mg, 300 mg, 400 mg TABLET ^{MO}	\$0 (Tier 1)	
labetalol 5 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
lisinopril 30 mg TABLET ^{MO}	\$0 (Tier 1)	
lisinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET ^{MO}	\$0 (Tier 1)	
losartan 100 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
methyl dopa 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
methyl dopa-hydrochlorothiazide 250-15 mg, 250-25 mg TABLET ^{MO}	\$0 (Tier 1)	
metolazone 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
metoprolol succinate 200 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET ^{MO}	\$0 (Tier 1)	
metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
metoprolol tartrate 37.5 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	
metoprolol tartrate 5 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
metyrosine 250 mg CAPSULE ^{DL}	\$0 (Tier 1)	
midodrine 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
minoxidil 10 mg, 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	
moexipril 15 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MULTAQ 400 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
nebivolol 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
nebivolol 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
nebivolol 20 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
niacin 500 mg TABLET ^{MO}	\$0 (Tier 1)	
niacor 500 mg TABLET ^{MO}	\$0 (Tier 1)	
nifedipine 30 mg, 60 mg, 90 mg TABLET ER ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
nimodipine 30 mg CAPSULE ^{MO}	\$0 (Tier 1)	
nimodipine 60 mg/20 ml SOLUTION ^{DL}	\$0 (Tier 1)	QL (2838 per 28 days)
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr PATCH, 24 HR. ^{MO}	\$0 (Tier 1)	
nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	
nitroglycerin 0.4 mg SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	
nitroglycerin 50 mg/10 ml (5 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET ^{MO}	\$0 (Tier 2)	
olmesartan 20 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
olmesartan 40 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
olmesartan 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
omega-3 acid ethyl esters 1 gram CAPSULE ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
PACERONE 100 MG, 400 MG TABLET ^{MO}	\$0 (Tier 1)	
pacerone 200 mg TABLET ^{MO}	\$0 (Tier 1)	
pentoxifylline 400 mg TABLET ER ^{MO}	\$0 (Tier 1)	
perindopril erbumine 2 mg, 4 mg, 8 mg TABLET ^{MO}	\$0 (Tier 1)	
pravastatin 10 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
pravastatin 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
prazosin 1 mg, 2 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	
prevalite 4 gram POWDER ^{MO}	\$0 (Tier 1)	
prevalite 4 gram POWDER IN PACKET ^{MO}	\$0 (Tier 1)	
procainamide 100 mg/ml, 500 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
propafenone 150 mg, 225 mg, 300 mg TABLET ^{MO}	\$0 (Tier 1)	
propafenone 225 mg, 325 mg, 425 mg CAPSULE, ER 12 HR. ^{MO}	\$0 (Tier 1)	
propranolol 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	
propranolol-hydrochlorothiazid 40-25 mg, 80-25 mg TABLET ^{MO}	\$0 (Tier 1)	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET ^{MO}	\$0 (Tier 1)	
quinidine sulfate 200 mg, 300 mg TABLET ^{MO}	\$0 (Tier 1)	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR. ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL(3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML PEN INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE ^{MO}	\$0 (Tier 2)	PA,QL(3 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
simvastatin 10 mg, 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
simvastatin 5 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
sorine 120 mg, 160 mg, 240 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
sotalol af 120 mg, 160 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
spironolacton-hydrochlorothiaz 25-25 mg TABLET ^{MO}	\$0 (Tier 1)	
spironolactone 100 mg TABLET ^{MO}	\$0 (Tier 1)	
spironolactone 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
taztia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
taztia xt 300 mg, 360 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
telmisartan 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
telmisartan 80 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	
tiadylt er 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
tiadylt er 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
torseamide 10 mg, 100 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
torseamide 20 mg TABLET ^{MO}	\$0 (Tier 1)	
trandolapril 1 mg, 2 mg, 4 mg TABLET ^{MO}	\$0 (Tier 1)	
triamterene-hydrochlorothiazid 37.5-25 mg CAPSULE ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
triamterene-hydrochlorothiazid 37.5-25 mg TABLET ^{MO}	\$0 (Tier 1)	
triamterene-hydrochlorothiazid 75-50 mg TABLET ^{MO}	\$0 (Tier 1)	
valsartan 160 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
valsartan 320 mg, 40 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
valsartan-hydrochlorothiazide 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE ^{MO}	\$0 (Tier 2)	QL (240 per 30 days)
VASCEPA 1 GRAM CAPSULE ^{MO}	\$0 (Tier 2)	QL (120 per 30 days)
verapamil 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg CAPSULE ER PELLETS 24 HR. ^{MO}	\$0 (Tier 1)	
verapamil 120 mg, 180 mg, 240 mg TABLET ER ^{MO}	\$0 (Tier 1)	
verapamil 120 mg, 40 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
verapamil 2.5 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
VERQUVO 10 MG, 2.5 MG, 5 MG TABLET ^{MO}	\$0 (Tier 2)	PA, QL (30 per 30 days)
ZYPITAMAG 2 MG, 4 MG TABLET ^{MO}	\$0 (Tier 2)	ST, QL (30 per 30 days)

CENTRAL NERVOUS SYSTEM AGENTS - Drugs used to treat brain, spinal, and nerve conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
atomoxetine 100 mg, 60 mg, 80 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET ^{DL}	\$0 (Tier 2)	PA, QL (120 per 30 days)
AUSTEDO 6 MG TABLET ^{DL}	\$0 (Tier 2)	PA, QL (60 per 30 days)
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA, QL (90 per 30 days)
AUSTEDO XR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA, QL (30 per 30 days)
AUSTEDO XR 24 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA, QL (60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) 12-18-24-30 MG TABLET, ER 24 HR., DOSE PACK ^{DL}	\$0 (Tier 2)	PA, QL (28 per 28 days)
AUSTEDO XR TITRATION KT(WK1-4) 6 MG (14)-12 MG (14)-24 MG (14) TABLET, ER 24 HR., DOSE PACK ^{DL}	\$0 (Tier 2)	PA, QL (42 per 28 days)
BETASERON 0.3 MG KIT ^{DL}	\$0 (Tier 2)	PA, QL (15 per 30 days)
COPAXONE 20 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA, QL (30 per 30 days)
COPAXONE 40 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA, QL (12 per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dalfampridine 10 mg TABLET, ER 12 HR. ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
dextroamphetamine sulfate 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
dextroamphetamine sulfate 15 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
dextroamphetamine sulfate 30 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(150 per 30 days)
dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
dextroamphetamine-amphetamine 30 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	PA,QL(14 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE ^{MO}	\$0 (Tier 2)	PA,QL(60 per 30 days)
duloxetine 20 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
duloxetine 60 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
fingolimod 0.5 mg CAPSULE ^{MO}	\$0 (Tier 1)	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
glatiramer 20 mg/ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
glatiramer 40 mg/ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL(12 per 28 days)
glatopa 20 mg/ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
glatopa 40 mg/ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL(12 per 28 days)
guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(1.2 per 28 days)
methylphenidate hcl 10 mg TABLET ER ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
methylphenidate hcl 20 mg TABLET ER ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
NUJEXTA 20-10 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
pregabalin 20 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(900 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pregabalin 200 mg, 25 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>pregabalin 225 mg, 300 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>RADICAVA ORS 105 MG/5 ML SUSPENSION^{DL}</i>	\$0 (Tier 2)	PA, QL (70 per 28 days)
<i>RADICAVA ORS STARTER KIT SUSP 105 MG/5 ML SUSPENSION^{DL}</i>	\$0 (Tier 2)	PA, QL (70 per 28 days)
<i>riluzole 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>teriflunomide 14 mg, 7 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA, QL (30 per 30 days)
<i>tetrabenazine 12.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA, QL (240 per 30 days)
<i>tetrabenazine 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA, QL (120 per 30 days)
<i>VUMERITY 231 MG CAPSULE, DR/EC^{DL}</i>	\$0 (Tier 2)	PA, QL (120 per 30 days)

DENTAL & ORAL AGENTS - Drugs used to treat conditions involving the mouth and teeth

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>chlorhexidine gluconate 0.12 % MOUTHWASH^{MO}</i>	\$0 (Tier 1)	
<i>periogard 0.12 % MOUTHWASH^{MO}</i>	\$0 (Tier 1)	
<i>pilocarpine hcl 5 mg, 7.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide 0.1 % PASTE^{MO}</i>	\$0 (Tier 1)	

DERMATOLOGICAL AGENTS - Drugs used to treat skin conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>acitretin 10 mg, 17.5 mg, 25 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	PA
<i>adapalene 0.3 % GEL^{MO}</i>	\$0 (Tier 1)	QL (45 per 30 days)
<i>adapalene 0.3 % GEL WITH PUMP^{MO}</i>	\$0 (Tier 1)	QL (45 per 30 days)
<i>ammonium lactate 12 % CREAM^{MO}</i>	\$0 (Tier 1)	
<i>ammonium lactate 12 % LOTION^{MO}</i>	\$0 (Tier 1)	
<i>amnesteem 10 mg, 20 mg, 30 mg, 40 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>betamethasone dipropionate 0.05 % CREAM^{MO}</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>betamethasone dipropionate 0.05 % LOTION^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone dipropionate 0.05 % OINTMENT^{MO}</i>	\$0 (Tier 1)	QL (90 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>betamethasone valerate 0.1 % CREAM</i> ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
<i>betamethasone valerate 0.1 % LOTION</i> ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone valerate 0.1 % OINTMENT</i> ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
<i>betamethasone, augmented 0.05 % CREAM</i> ^{MO}	\$0 (Tier 1)	QL (100 per 30 days)
<i>betamethasone, augmented 0.05 % GEL</i> ^{MO}	\$0 (Tier 1)	QL (100 per 30 days)
<i>betamethasone, augmented 0.05 % LOTION</i> ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone, augmented 0.05 % OINTMENT</i> ^{MO}	\$0 (Tier 1)	QL (100 per 30 days)
<i>calcipotriene 0.005 % CREAM</i> ^{MO}	\$0 (Tier 1)	PA, QL (120 per 30 days)
<i>calcipotriene 0.005 % SOLUTION</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>claravis 10 mg, 20 mg, 30 mg, 40 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>clindamycin phosphate 1 % GEL</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>clindamycin phosphate 1 % SOLUTION</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>clindamycin phosphate 1 % SWAB</i> ^{MO}	\$0 (Tier 1)	
<i>clindamycin-benzoyl peroxide 1-5 % GEL</i> ^{MO}	\$0 (Tier 1)	QL (50 per 30 days)
<i>clindamycin-benzoyl peroxide 1.2 % (1 % base) -5 % GEL</i> ^{MO}	\$0 (Tier 1)	QL (45 per 30 days)
<i>clobetasol 0.05 % CREAM</i> ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
<i>clobetasol 0.05 % FOAM</i> ^{MO}	\$0 (Tier 1)	QL (100 per 28 days)
<i>clobetasol 0.05 % GEL</i> ^{MO}	\$0 (Tier 1)	QL (120 per 28 days)
<i>clobetasol 0.05 % LOTION</i> ^{MO}	\$0 (Tier 1)	QL (240 per 28 days)
<i>clobetasol 0.05 % OINTMENT</i> ^{MO}	\$0 (Tier 1)	QL (120 per 28 days)
<i>clobetasol 0.05 % SHAMPOO</i> ^{MO}	\$0 (Tier 1)	QL (240 per 30 days)
<i>clobetasol 0.05 % SOLUTION</i> ^{MO}	\$0 (Tier 1)	QL (100 per 30 days)
<i>clobetasol-emollient 0.05 % CREAM</i> ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
<i>ery pads 2 % SWAB</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>erythromycin with ethanol 2 % SOLUTION</i> ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
<i>fluocinolone 0.01 % SOLUTION</i> ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
<i>fluocinolone 0.025 % CREAM</i> ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
<i>fluocinolone 0.025 % OINTMENT</i> ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
<i>fluocinolone and shower cap 0.01 % OIL</i> ^{MO}	\$0 (Tier 1)	QL (118.28 per 30 days)
<i>fluorouracil 2 % SOLUTION</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>fluorouracil 5 % CREAM</i> ^{MO}	\$0 (Tier 1)	
<i>fluorouracil 5 % SOLUTION</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>fluticasone propionate 0.005 % OINTMENT</i> ^{MO}	\$0 (Tier 1)	QL (240 per 30 days)
<i>fluticasone propionate 0.05 % CREAM</i> ^{MO}	\$0 (Tier 1)	QL (240 per 30 days)
<i>hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR</i> ^{MO}	\$0 (Tier 1)	QL (28.4 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydrocortisone 1 %, 2.5 % CREAM ^{MO}	\$0 (Tier 1)	QL (240 per 30 days)
hydrocortisone 1 %, 2.5 % OINTMENT ^{MO}	\$0 (Tier 1)	QL (240 per 30 days)
hydrocortisone 10 mg, 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
hydrocortisone 2.5 % LOTION ^{MO}	\$0 (Tier 1)	QL (236 per 30 days)
HYFTOR 0.2 % GEL ^{DL}	\$0 (Tier 2)	PA
imiquimod 5 % CREAM IN PACKET ^{MO}	\$0 (Tier 1)	QL (12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg, 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	
lindane 1 % SHAMPOO ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
LOCOID LIPOCREAM 0.1 % CREAM ^{MO}	\$0 (Tier 1)	QL (240 per 30 days)
malathion 0.5 % LOTION ^{MO}	\$0 (Tier 1)	
mometasone 0.1 % CREAM ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
mometasone 0.1 % OINTMENT ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
mometasone 0.1 % SOLUTION ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
mupirocin 2 % OINTMENT ^{MO}	\$0 (Tier 1)	
permethrin 5 % CREAM ^{MO}	\$0 (Tier 1)	
pimecrolimus 1 % CREAM ^{MO}	\$0 (Tier 1)	PA, QL (100 per 30 days)
podofilox 0.5 % SOLUTION ^{MO}	\$0 (Tier 1)	QL (7 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
SANTYL 250 UNIT/GRAM OINTMENT ^{MO}	\$0 (Tier 2)	PA, QL (180 per 30 days)
silver sulfadiazine 1 % CREAM ^{MO}	\$0 (Tier 1)	
SSD 1 % CREAM ^{MO}	\$0 (Tier 1)	
tacrolimus 0.03 %, 0.1 % OINTMENT ^{MO}	\$0 (Tier 1)	QL (200 per 30 days)
tazarotene 0.1 % CREAM ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
tretinoin 0.01 %, 0.025 %, 0.05 % GEL ^{MO}	\$0 (Tier 1)	PA, QL (45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM ^{MO}	\$0 (Tier 1)	PA, QL (45 per 30 days)
zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	

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ELECTROLYTES/MINERALS/METALS/VITAMINS - Drugs used to treat vitamin deficiencies

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP ^{MO}	\$0 (Tier 1)	
c-nate dha 28 mg iron-1 mg -200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
carglumic acid 200 mg TABLET, DISPERSIBLE ^{DL}	\$0 (Tier 1)	PA
CHEMET 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINOLIPID 20 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK ^{MO}	\$0 (Tier 1)	
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
d5 % (d-glucose)-0.9 % sodchlr PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
deferasirox 180 mg, 360 mg, 90 mg TABLET ^{MO}	\$0 (Tier 1)	PA
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
dextrose 5 % in water (d5w) 5 % PIGGYBACK ^{MO}	\$0 (Tier 1)	
dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
electrolyte-148 PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
electrolyte-48 in d5w PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
electrolyte-a PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
INTRALIPID 20 %, 30 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
ISOLYTE-S PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
KABIVEN 3.31-10.8-3.9 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
kionex (with sorbitol) 15-20 gram/60 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
KLOR-CON 10 10 MEQ TABLET ER ^{MO}	\$0 (Tier 1)	
KLOR-CON 8 8 MEQ TABLET ER ^{MO}	\$0 (Tier 1)	
klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	\$0 (Tier 1)	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS ^{MO}	\$0 (Tier 1)	
klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	\$0 (Tier 1)	
lactated ringers PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
levocarnitine 330 mg TABLET ^{MO}	\$0 (Tier 1)	
levocarnitine (with sugar) 100 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
LOKELMA 10 GRAM, 5 GRAM POWDER IN PACKET ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
m-natal plus 27 mg iron- 1 mg TABLET ^{MO}	\$0 (Tier 1)	
magnesium sulfate 500 mg/ml (50 %) SOLUTION ^{MO}	\$0 (Tier 1)	
magnesium sulfate 500 mg/ml (50 %) SYRINGE ^{MO}	\$0 (Tier 1)	
magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
neo-vital rx 27 mg iron- 1 mg TABLET ^{MO}	\$0 (Tier 1)	
NEONATAL COMPLETE 29-1 MG TABLET ^{MO}	\$0 (Tier 1)	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET ^{MO}	\$0 (Tier 1)	
NEONATAL-DHA 29-1-200-500 MG COMBO PACK ^{MO}	\$0 (Tier 1)	
NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
NUTRILIPID 20 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
penicillamine 250 mg TABLET ^{DL}	\$0 (Tier 1)	
PERIKABIVEN 2.36-7.5-3.5 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD

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THIS FORMULARY WAS UPDATED ON 08/01/2025.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PLASMA-LYTE 148 PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
PLASMA-LYTE A PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride 10 meq CAPSULE, ER ^{MO}	\$0 (Tier 1)	
potassium chloride 10 meq, 20 meq TABLET ER ^{MO}	\$0 (Tier 1)	
potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	\$0 (Tier 1)	
potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	\$0 (Tier 1)	
potassium chloride 15 meq, 8 meq TABLET ER ^{MO}	\$0 (Tier 1)	
potassium chloride 2 meq/ml SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride 20 meq/15 ml, 40 meq/15 ml LIQUID ^{MO}	\$0 (Tier 1)	
potassium chloride 8 meq CAPSULE, ER ^{MO}	\$0 (Tier 1)	
potassium chloride in 0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride in 5 % dex 10 meq/l, 20 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride in lr-d5 20 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride in water 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
potassium chloride-0.45 % nacl 20 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride-d5-0.2%nacl 20 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride-d5-0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER ^{MO}	\$0 (Tier 1)	
pr natal 400 29-1-400 mg COMBO PACK ^{MO}	\$0 (Tier 1)	
pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP ^{MO}	\$0 (Tier 1)	
pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK ^{MO}	\$0 (Tier 1)	
pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP ^{MO}	\$0 (Tier 1)	
PREMASOL 10 % 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
PRENATABS FA 29-1 MG TABLET ^{MO}	\$0 (Tier 1)	
prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET ^{MO}	\$0 (Tier 1)	
prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET ^{MO}	\$0 (Tier 1)	
PRENATE ELITE 26 MG IRON- 1 MG TABLET ^{MO}	\$0 (Tier 1)	
ringer's PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
SMOFLIPID 20 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
sodium bicarbonate 8.4 % (1 meq/ml) SYRINGE ^{MO}	\$0 (Tier 1)	
sodium chloride 2.5 meq/ml SOLUTION ^{MO}	\$0 (Tier 1)	
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
sodium chloride 0.9 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
sodium chloride 0.9 % PIGGYBACK ^{MO}	\$0 (Tier 1)	
sodium chloride 0.9 % SOLUTION ^{MO}	\$0 (Tier 1)	
sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
sodium polystyrene sulfonate 15 gram POWDER ^{MO}	\$0 (Tier 1)	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION ^{MO}	\$0 (Tier 1)	
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION ^{MO}	\$0 (Tier 2)	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
trientine 250 mg CAPSULE ^{DL}	\$0 (Tier 1)	QL(240 per 30 days)
trientine 500 mg CAPSULE ^{DL}	\$0 (Tier 1)	QL(120 per 30 days)
trinatal rx 1.60 mg iron-1 mg TABLET ^{MO}	\$0 (Tier 1)	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
wesnata dha complete 29 mg iron- 1 mg-200 mg COMBO PACK ^{MO}	\$0 (Tier 1)	
wesnata dha 28 mg iron-1 mg -200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
westab plus 27 mg iron- 1 mg TABLET ^{MO}	\$0 (Tier 1)	

GASTROINTESTINAL AGENTS - Drugs used to treat stomach and intestinal conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alosetron 0.5 mg, 1 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET ^{MO}	\$0 (Tier 1)	
cimetidine hcl 300 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
constulose 10 gram/15 ml SOLUTION ^{MO}	\$0 (Tier 1)	
dicyclomine 10 mg CAPSULE ^{MO}	\$0 (Tier 1)	
dicyclomine 10 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
dicyclomine 20 mg TABLET ^{MO}	\$0 (Tier 1)	
diphenoxylate-atropine 2.5-0.025 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
enulose 10 gram/15 ml SOLUTION ^{MO}	\$0 (Tier 1)	
esomeprazole magnesium 20 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
esomeprazole magnesium 40 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
famotidine 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
famotidine 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
famotidine (pf) 20 mg/2 ml SOLUTION ^{MO}	\$0 (Tier 1)	
famotidine (pf)-nacl (iso-os) 20 mg/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
gavilyte-n 420 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
generlac 10 gram/15 ml SOLUTION ^{MO}	\$0 (Tier 1)	
glycopyrrolate 0.2 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
glycopyrrolate 1 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	
lactulose 10 gram/15 ml SOLUTION ^{MO}	\$0 (Tier 1)	
lansoprazole 15 mg, 30 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
loperamide 2 mg CAPSULE ^{MO}	\$0 (Tier 1)	
lubiprostone 24 mcg, 8 mcg CAPSULE ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
misoprostol 100 mcg, 200 mcg TABLET ^{MO}	\$0 (Tier 1)	
MOVANTI ^K 12.5 MG, 25 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
nizatidine 150 mg, 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	
omeprazole 10 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
omeprazole 20 mg, 40 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
pantoprazole 20 mg, 40 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
pantoprazole 40 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
pantoprazole in 0.9% sod chlor 40 mg/100 ml (0.4 mg/ml), 40 mg/50 ml (0.8 mg/ml), 80 mg/100 ml (0.8 mg/ml) PIGGYBACK ^{MO}	\$0 (Tier 2)	
PANTOPRAZOLE IN 0.9% SOD CHLOR 40 MG/50 ML (0.8 MG/ML) PIGGYBACK ^{MO}	\$0 (Tier 2)	
peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
peg-electrolyte soln 420 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
sucralfate 1 gram TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sucralfate 100 mg/ml SUSPENSION</i> ^{MO}	\$0 (Tier 1)	
SUFLAVE 178.7-7.3-0.5 GRAM RECON SOLUTION ^{MO}	\$0 (Tier 2)	
SUTAB 1.479-0.188- 0.225 GRAM TABLET ^{MO}	\$0 (Tier 2)	
TALICIA 10-250-12.5 MG CAPSULE, IR/DR, BIPHASIC ^{MO}	\$0 (Tier 2)	
<i>ursodiol 250 mg, 500 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>ursodiol 300 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
VOWST CAPSULE ^{DL}	\$0 (Tier 2)	PA
XIFAXAN 200 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(84 per 28 days)

GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>betaine 1 gram/scoop POWDER</i> ^{DL}	\$0 (Tier 1)	
CREON 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT CAPSULE, DR/EC ^{MO}	\$0 (Tier 2)	
CYSTAGON 150 MG, 50 MG CAPSULE ^{MO}	\$0 (Tier 2)	
ELELYSO 200 UNIT RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE</i> ^{DL}	\$0 (Tier 1)	
<i>sapropterin 100 mg POWDER IN PACKET</i> ^{DL}	\$0 (Tier 1)	PA
<i>sodium phenylbutyrate 0.94 gram/gram POWDER</i> ^{DL}	\$0 (Tier 1)	
<i>sodium phenylbutyrate 500 mg TABLET</i> ^{DL}	\$0 (Tier 2)	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 80 MG/0.8 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
STRENSIQ 40 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
VYNDAMAX 61 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
WELIREG 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
ZEMAIRA 1,000 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZEMAIRA 4,000 MG, 5,000 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA

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GENITOURINARY AGENTS - Drugs used to treat conditions such as bladder or prostate problems

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alfuzosin 10 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
darifenacin 15 mg, 7.5 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
dutasteride 0.5 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE ^{MO}	\$0 (Tier 2)	QL (90 per 30 days)
fesoterodine 4 mg, 8 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
finasteride 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON ^{MO}	\$0 (Tier 2)	QL (300 per 30 days)
oxybutynin chloride 10 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
oxybutynin chloride 15 mg, 5 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
oxybutynin chloride 5 mg TABLET ^{MO}	\$0 (Tier 1)	
oxybutynin chloride 5 mg/5 ml SYRUP ^{MO}	\$0 (Tier 1)	
silodosin 4 mg, 8 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
solifenacin 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
tadalafil 5 mg TABLET ^{MO}	\$0 (Tier 1)	PA
tamsulosin 0.4 mg CAPSULE ^{MO}	\$0 (Tier 1)	
tolterodine 1 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
tropium 20 mg TABLET ^{MO}	\$0 (Tier 1)	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - Drugs used to treat inflammation

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET ^{MO}	\$0 (Tier 1)	
dexamethasone 0.5 mg/5 ml ELIXIR ^{MO}	\$0 (Tier 1)	
dexamethasone 0.5 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
dexamethasone intensol 1 mg/ml DROPS ^{MO}	\$0 (Tier 1)	
dexamethasone sodium phos (pf) 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
dexamethasone sodium phos (pf) 10 mg/ml SYRINGE ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dexamethasone sodium phosphate 10 mg/ml, 4 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate 4 mg/ml SYRINGE</i> ^{MO}	\$0 (Tier 1)	
<i>fludrocortisone 0.1 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET</i> ^{MO}	\$0 (Tier 1)	BvsD
<i>methylprednisolone 4 mg TABLET, DOSE PACK</i> ^{MO}	\$0 (Tier 1)	
<i>methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION</i> ^{MO}	\$0 (Tier 1)	
<i>methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>prednisolone 15 mg/5 ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>prednisone 1 mg, 2.5 mg, 50 mg TABLET</i> ^{MO}	\$0 (Tier 1)	BvsD
<i>prednisone 10 mg, 20 mg, 5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	BvsD
<i>prednisone 10 mg, 5 mg TABLET, DOSE PACK</i> ^{MO}	\$0 (Tier 1)	
<i>prednisone 5 mg/5 ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	BvsD
<i>prednisone intensol 5 mg/ml CONCENTRATE</i> ^{MO}	\$0 (Tier 1)	BvsD
SOLU-MEDROL 2 GRAM RECON SOLUTION ^{MO}	\$0 (Tier 2)	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION ^{MO}	\$0 (Tier 2)	
<i>triamcinolone acetonide 0.025 %, 0.1 % LOTION</i> ^{MO}	\$0 (Tier 1)	
<i>triamcinolone acetonide 0.025 %, 0.1 %, 0.5 % OINTMENT</i> ^{MO}	\$0 (Tier 1)	
<i>triamcinolone acetonide 0.025 %, 0.5 % CREAM</i> ^{MO}	\$0 (Tier 1)	
<i>triamcinolone acetonide 0.1 % CREAM</i> ^{MO}	\$0 (Tier 1)	
<i>triderm 0.1 %, 0.5 % CREAM</i> ^{MO}	\$0 (Tier 1)	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - Drugs used to treat low levels of pituitary hormones

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION ^{MO}	\$0 (Tier 2)	PA
<i>desmopressin 0.1 mg, 0.2 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
EGRIFTA SV 2 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INCRELEX 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE ^{DL}	\$0 (Tier 2)	PA
OMNITROPE 5.8 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - Drugs used for sex hormone imbalances

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>abigale</i> 1-0.5 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>abigale lo</i> 0.5-0.1 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>afirmelle</i> 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>altavera</i> (28) 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>alyacen</i> 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>alyacen</i> 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>amabelz</i> 0.5-0.1 mg, 1-0.5 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>apri</i> 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>aranelle</i> (28) 0.5/1/0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>abra</i> 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>abra eq</i> 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>aurovela</i> 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>aurovela</i> 1/20 (21) 1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>aurovela</i> 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
<i>aurovela</i> fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>aurovela</i> fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>aviane</i> 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>ayuna</i> 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>azurette</i> (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
<i>blisovi</i> 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
<i>blisovi</i> fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>blisovi</i> fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>camila</i> 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>camrese lo</i> 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL(91 per 90 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>chateal eq (28) 0.15-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY ^{MO}	\$0 (Tier 2)	QL(8 per 28 days)
<i>cryselle (28) 0.3-30 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>cyred 0.15-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>cyred eq 0.15-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>danazol 100 mg, 200 mg, 50 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>dasetta 1/35 (28) 1-35 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>deblitane 0.35 mg TABLET^{MO}</i>	\$0 (Tier 1)	
DEPO-ESTRADIOL 5 MG/ML OIL ^{MO}	\$0 (Tier 1)	QL(5 per 30 days)
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(0.65 per 90 days)
<i>desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET^{MO}</i>	\$0 (Tier 1)	
<i>dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY^{MO}</i>	\$0 (Tier 1)	QL(8 per 28 days)
<i>drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
DUAVEE 0.45-20 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(30 per 30 days)
<i>elinest 0.3-30 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>eluryng 0.12-0.015 mg/24 hr RING^{MO}</i>	\$0 (Tier 1)	QL(1 per 28 days)
<i>emzahh 0.35 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>enilloring 0.12-0.015 mg/24 hr RING^{MO}</i>	\$0 (Tier 1)	QL(1 per 28 days)
<i>enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET^{MO}</i>	\$0 (Tier 1)	
<i>enskyce 0.15-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>errin 0.35 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>estarylla 0.25-0.035 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>estradiol 0.01 % (0.1 mg/gram) CREAM^{MO}</i>	\$0 (Tier 1)	
<i>estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, WEEKLY^{MO}</i>	\$0 (Tier 1)	QL(4 per 28 days)
<i>estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY^{MO}</i>	\$0 (Tier 1)	QL(8 per 28 days)
<i>estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL^{MO}</i>	\$0 (Tier 1)	
<i>estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24 hr RING^{MO}</i>	\$0 (Tier 1)	QL(1 per 28 days)
<i>falmina (28) 0.1-20 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
feirza 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 2)	
gallifrey 5 mg TABLET ^{MO}	\$0 (Tier 1)	
hailey 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
haloette 0.12-0.015 mg/24 hr RING ^{MO}	\$0 (Tier 1)	QL(1 per 28 days)
heather 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
iclevia 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL(91 per 90 days)
incassia 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
introvale 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL(91 per 90 days)
isibloom 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
jasmiel (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	
jencycla 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
juleber 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
junel 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
junel 1/20 (21) 1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
kalliga 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
kelnor 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
kelnor 1/50 (28) 1-50 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
kurvelo (28) 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
l norgest/e.estradiol-e.estrad 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL(91 per 90 days)
larin 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
larin 1/20 (21) 1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
leena 28 0.5/1/0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lessina</i> 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>levonest</i> (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	\$0 (Tier 1)	
<i>levonorg-eth estrad triphasic</i> 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estrad</i> 0.1-20 mg-mcg, 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estrad</i> 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL(91 per 90 days)
<i>levora-28</i> 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>lo-zumandimine</i> (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	
LOESTRIN 1.5/30 (21) 1.5-30 MG-MCG TABLET ^{MO}	\$0 (Tier 1)	
LOESTRIN 1/20 (21) 1-20 MG-MCG TABLET ^{MO}	\$0 (Tier 1)	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET ^{MO}	\$0 (Tier 1)	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>lojaimiess</i> 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL(91 per 90 days)
<i>loryna</i> (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>low-ogestrel</i> (28) 0.3-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>lutra</i> (28) 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>lyleq</i> 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>lyllana</i> 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY ^{MO}	\$0 (Tier 1)	QL(8 per 28 days)
<i>lyza</i> 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>marlissa</i> (28) 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>medroxyprogesterone</i> 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>medroxyprogesterone</i> 150 mg/ml SUSPENSION ^{MO}	\$0 (Tier 1)	QL(1 per 90 days)
<i>medroxyprogesterone</i> 150 mg/ml SYRINGE ^{MO}	\$0 (Tier 1)	QL(1 per 90 days)
<i>megestrol</i> 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>megestrol</i> 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml) SUSPENSION ^{MO}	\$0 (Tier 1)	
<i>meleya</i> 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET ^{MO}	\$0 (Tier 1)	
<i>microgestin</i> 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>microgestin</i> 1/20 (21) 1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>microgestin 24 fe</i> 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
<i>microgestin fe</i> 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>microgestin fe</i> 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mili</i> 0.25-0.035 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>mono-lynyah</i> 0.25-0.035 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>necon</i> 0.5/35 (28) 0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
NEXPLANON 68 MG IMPLANT ^{DL}	\$0 (Tier 2)	
<i>nikki</i> (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	
NORA-BE 0.35 MG TABLET ^{MO}	\$0 (Tier 1)	
<i>nora-be</i> 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>norelgestromin-ethin.estradiol</i> 150-35 mcg/24 hr PATCH, WEEKLY ^{MO}	\$0 (Tier 1)	QL(3 per 28 days)
<i>noreth-ethinyl estradiol-iron</i> 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
<i>norethindrone (contraceptive)</i> 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>norethindrone ac-eth estradiol</i> 1-20 mg-mcg, 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>norethindrone acetate</i> 5 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>norethindrone-e.estradiol-iron</i> 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>norgestimate-ethinyl estradiol</i> 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>nortrel</i> 0.5/35 (28) 0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>nortrel</i> 1/35 (21) 1-35 mg-mcg (21) TABLET ^{MO}	\$0 (Tier 1)	
<i>nortrel</i> 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>nortrel</i> 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>nylia</i> 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>nylia</i> 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>nymyo</i> 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>ocella</i> 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>orquidea</i> 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
OSPHENA 60 MG TABLET ^{MO}	\$0 (Tier 2)	PA
<i>pimtrex</i> (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
<i>portia</i> 28 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET ^{MO}	\$0 (Tier 2)	
PREMARIN 0.625 MG/GRAM CREAM ^{MO}	\$0 (Tier 2)	
<i>progesterone</i> 50 mg/ml OIL ^{MO}	\$0 (Tier 1)	
<i>progesterone micronized</i> 100 mg, 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
<i>raloxifene</i> 60 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
reclipsen (28) 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL (91 per 90 days)
sharobel 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
sprintec (28) 0.25-0.035 mg TABLET ^{MO}	\$0 (Tier 1)	
sronyx 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
syeda 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET ^{MO}	\$0 (Tier 1)	PA,QL (37.5 per 30 days)
testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET ^{MO}	\$0 (Tier 1)	PA,QL (150 per 30 days)
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP ^{MO}	\$0 (Tier 1)	PA,QL (150 per 30 days)
testosterone cypionate 100 mg/ml, 200 mg/ml OIL ^{MO}	\$0 (Tier 1)	PA
testosterone enanthate 200 mg/ml OIL ^{MO}	\$0 (Tier 1)	PA,QL (25 per 90 days)
tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET ^{MO}	\$0 (Tier 1)	
tri-estarylla 0.18/0.215/0.25 mg-0.035mg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET ^{MO}	\$0 (Tier 1)	
tri-linyah 0.18/0.215/0.25 mg-0.035mg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-lo-estarylla 0.18/0.215/0.25 mg-0.025 mg TABLET ^{MO}	\$0 (Tier 1)	
tri-lo-marzia 0.18/0.215/0.25 mg-0.025 mg TABLET ^{MO}	\$0 (Tier 1)	
tri-lo-mili 0.18/0.215/0.25 mg-0.025 mg TABLET ^{MO}	\$0 (Tier 1)	
tri-lo-sprintec 0.18/0.215/0.25 mg-0.025 mg TABLET ^{MO}	\$0 (Tier 1)	
tri-mili 0.18/0.215/0.25 mg-0.035mg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-sprintec (28) 0.18/0.215/0.25 mg-0.035mg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-vylibra 0.18/0.215/0.25 mg-0.035mg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-vylibra lo 0.18/0.215/0.25 mg-0.025 mg TABLET ^{MO}	\$0 (Tier 1)	
trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	\$0 (Tier 1)	
tulana 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
turqoz (28) 0.3-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
valtya 1-50 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
vestura (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	

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THIS FORMULARY WAS UPDATED ON 08/01/2025.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vienva 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
viorele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
vylibra 0.25-0.035 mg TABLET ^{MO}	\$0 (Tier 1)	
wera (28) 0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
xarah fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET ^{MO}	\$0 (Tier 1)	
xelria fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
xulane 150-35 mcg/24 hr PATCH, WEEKLY ^{MO}	\$0 (Tier 1)	QL(3 per 28 days)
zafemy 150-35 mcg/24 hr PATCH, WEEKLY ^{MO}	\$0 (Tier 1)	QL(3 per 28 days)
zarah 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
zovia 1-35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
zumandimine (28) 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - Drugs used for thyroid hormone replacement

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET ^{MO}	\$0 (Tier 2)	
EUTHYROX 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	\$0 (Tier 1)	
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	\$0 (Tier 2)	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET ^{MO}	\$0 (Tier 1)	
levothyroxine 175 mcg, 200 mcg, 300 mcg TABLET ^{MO}	\$0 (Tier 1)	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	\$0 (Tier 2)	
liothyronine 10 mcg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
liothyronine 25 mcg, 5 mcg, 50 mcg TABLET ^{MO}	\$0 (Tier 1)	
np thyroid 120 mg, 15 mg, 30 mg, 60 mg, 90 mg TABLET ^{MO}	\$0 (Tier 2)	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	\$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TIROSINT-SOL 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML SOLUTION ^{MO}	\$0 (Tier 2)	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	\$0 (Tier 2)	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cabergoline 0.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
ELIGARD (3 MONTH) 22.5 MG SYRINGE ^{MO}	\$0 (Tier 2)	PA
FIRMAGON 120 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	PA
<i>lanreotide 120 mg/0.5 ml SYRINGE^{DL}</i>	\$0 (Tier 1)	PA,QL(0.5 per 28 days)
<i>lanreotide 60 mg/0.2 ml SYRINGE^{DL}</i>	\$0 (Tier 1)	PA,QL(0.2 per 28 days)
<i>lanreotide 90 mg/0.3 ml SYRINGE^{DL}</i>	\$0 (Tier 1)	PA,QL(0.3 per 28 days)
<i>leuprolide 1 mg/0.2 ml KIT^{MO}</i>	\$0 (Tier 1)	
<i>leuprolide (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION^{MO}</i>	\$0 (Tier 2)	PA,QL(1 per 90 days)
LUPRON DEPOT 3.75 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) KIT ^{DL}	\$0 (Tier 2)	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 45 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 168 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG, 30 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 90 days)
LUTRATE DEPOT (3 MONTH) 22.5 MG SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 2)	PA,QL(1 per 90 days)
<i>octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	PA
<i>octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE^{MO}</i>	\$0 (Tier 1)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
octreotide,microspheres 10 mg, 20 mg, 30 mg SUSPENSION, ER, RECON ^{DL}	\$0 (Tier 1)	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON ^{DL}	\$0 (Tier 2)	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
SOMAVERT 25 MG, 30 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 2)	PA

HORMONAL AGENTS, SUPPRESSANT (THYROID) - Drugs used to treat an overactive thyroid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
methimazole 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
propylthiouracil 50 mg TABLET ^{MO}	\$0 (Tier 1)	

IMMUNOLOGICAL AGENTS - Drugs used to treat immune system conditions and vaccines

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ABRYVO (PF) 120 MCG/0.5 ML RECON SOLUTION ^{DL}	\$0 (Tier 1)	
ACTHIB (PF) 10 MCG/0.5 ML RECON SOLUTION ^{DL}	\$0 (Tier 1)	
ACTIMMUNE 100 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
ADALIMUMAB-ADAZ 10 MG/0.1 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(0.2 per 28 days)
ADALIMUMAB-ADAZ 20 MG/0.2 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(1.2 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 80 MG/0.8 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(4.8 per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ADALIMUMAB-ADBM 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL(2 per 28 days)
ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
ARCALYST 220 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
<i>azathioprine 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
BENLYSTA 120 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML AUTO-INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
BENLYSTA 400 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
BESREMI 500 MCG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(2 per 28 days)
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SUSPENSION ^{DL}	\$0 (Tier 1)	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE ^{DL}	\$0 (Tier 1)	
COSENTYX 150 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
COSENTYX 75 MG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
<i>cyclosporine 100 mg, 25 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	BvsD
<i>cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	BvsD
<i>cyclosporine modified 100 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION ^{DL}	\$0 (Tier 1)	
DENGVAIXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)

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DUPIXENT SYRINGE 100 MG/0.67 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (1.34 per 28 days)
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML SUSPENSION ^{DL}	\$0 (Tier 1)	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE ^{DL}	\$0 (Tier 1)	BvsD
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	BvsD
ENVARUSUS XR 0.75 MG, 1 MG TABLET, ER 24 HR. ^{MO}	\$0 (Tier 2)	PA
ENVARUSUS XR 4 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA
<i>everolimus (immunosuppressive) 0.25 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD,QL (60 per 30 days)
<i>everolimus (immunosuppressive) 0.5 mg TABLET^{DL}</i>	\$0 (Tier 1)	BvsD,QL (120 per 30 days)
<i>everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET^{DL}</i>	\$0 (Tier 1)	BvsD,QL (60 per 30 days)
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION ^{DL}	\$0 (Tier 2)	PA
GAMUNEX-C 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION ^{DL}	\$0 (Tier 2)	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	
GARDASIL 9 (PF) 0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	BvsD
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION ^{DL}	\$0 (Tier 1)	
HUMIRA 40 MG/0.8 ML SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA PEN CROHNS-UC-HS START 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL (2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC 80 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG/0.8 ML-40 MG/0.4 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
<i>icatibant 30 mg/3 ml SYRINGE^{DL}</i>	\$0 (Tier 1)	PA,QL (18 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION ^{DL}	\$0 (Tier 1)	BvsD
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE ^{DL}	\$0 (Tier 1)	
IPOL 40-8-32 UNIT/0.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	
IXCHIQ (PF) 1,000 TCID50/0.5 ML RECON SOLUTION ^{DL}	\$0 (Tier 1)	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
JYLAMVO 2 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 SUSPENSION ^{DL}	\$0 (Tier 1)	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
<i>leflunomide 10 mg, 20 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION ^{DL}	\$0 (Tier 1)	
MENACTRA (PF) 4 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 1)	
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 1)	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT ^{DL}	\$0 (Tier 1)	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 1)	
<i>methotrexate sodium 2.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
<i>methotrexate sodium 25 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>methotrexate sodium (pf) 1 gram RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>methotrexate sodium (pf) 25 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
MRESVIA (PF) 50 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
<i>mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>mycophenolate mofetil 250 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	BvsD
<i>mycophenolate mofetil 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
<i>mycophenolate mofetil (hcl) 500 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC^{MO}</i>	\$0 (Tier 1)	BvsD
OTULFI 45 MG/0.5 ML SYRINGE ^{MO}	\$0 (Tier 2)	PA,QL(1.5 per 84 days)
OTULFI 90 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(3 per 84 days)
PEDIARIX (PF) 10 MCG-25LF-25 MCG-10LF/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 1)	
PEGASYS 180 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(4 per 28 days)
PENBRAYA (PF) 5-120 MCG/0.5 ML KIT ^{DL}	\$0 (Tier 1)	
PENMENVY MEN A-B-C-W-Y (PF) 0.5 ML KIT ^{DL}	\$0 (Tier 1)	
PENTACEL (PF) 15LF-20MCG-5LF- 62 DU/0.5 ML KIT ^{DL}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET ^{MO}	\$0 (Tier 2)	BvsD
PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION ^{DL}	\$0 (Tier 1)	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE ^{DL}	\$0 (Tier 1)	
RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	BvsD
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA,QL(168 per 365 days)
RINVOQ LQ 1 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(360 per 30 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	
ROTARIX 10EXP6 CCID50/ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
ROTATEQ VACCINE 2 ML SOLUTION ^{DL}	\$0 (Tier 1)	
<i>sajazir 30 mg/3 ml SYRINGE^{DL}</i>	\$0 (Tier 1)	PA,QL(18 per 30 days)
SANDIMMUNE 100 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
<i>sirolimus 0.5 mg, 1 mg, 2 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
<i>sirolimus 1 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
SKYRIZI 150 MG/ML PEN INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL(2 per 84 days)
SKYRIZI 150 MG/ML SYRINGE ^{MO}	\$0 (Tier 2)	PA,QL(2 per 84 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(16.8 per 365 days)
STELARA 45 MG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(3 per 84 days)
<i>tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	BvsD
TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION ^{DL}	\$0 (Tier 1)	
TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
TREMFYA 100 MG/ML AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL(3 per 84 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TREMFYA 100 MG/ML SYRINGE ^{MO}	\$0 (Tier 2)	PA,QL (3 per 84 days)
TREMFYA 200 MG/2 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (4 per 28 days)
TREMFYA 200 MG/20 ML (10 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (120 per 365 days)
TREMFYA PEN 100 MG/ML PEN INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL (3 per 84 days)
TREMFYA PEN 200 MG/2 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL (4 per 28 days)
TREMFYA PEN INDUCTION PK-CROHN 200 MG/2 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL (4 per 28 days)
TRUMENBA 120 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE ^{DL}	\$0 (Tier 1)	
TYPHIM VI 25 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 1)	
TYPHIM VI 25 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML SUSPENSION ^{DL}	\$0 (Tier 1)	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML SYRINGE ^{DL}	\$0 (Tier 1)	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
VAXCHORA VACCINE 4X10EXP8 TO 2X 10EXP9 CF UNIT SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
VIMKUNYA 40 MCG/0.8 ML SYRINGE ^{DL}	\$0 (Tier 1)	
VIVOTIF 2 BILLION UNIT CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	
XATMEP 2.5 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	PA
XOLAIR 150 MG/ML, 300 MG/2 ML AUTO-INJECTOR ^{DL,LA}	\$0 (Tier 2)	PA,QL (8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML SYRINGE ^{DL,LA}	\$0 (Tier 2)	PA,QL (8 per 28 days)
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR ^{DL,LA}	\$0 (Tier 2)	PA,QL (4 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE ^{DL,LA}	\$0 (Tier 2)	PA,QL (4 per 28 days)
YESINTEK 45 MG/0.5 ML SOLUTION ^{MO}	\$0 (Tier 2)	PA,QL (1.5 per 84 days)
YESINTEK 45 MG/0.5 ML SYRINGE ^{MO}	\$0 (Tier 2)	PA,QL (1.5 per 84 days)
YESINTEK 90 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (3 per 84 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	

INFLAMMATORY BOWEL DISEASE AGENTS - Drugs used to treat stomach and intestinal inflammation

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
balsalazide 750 mg CAPSULE ^{MO}	\$0 (Tier 1)	
budesonide 3 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
budesonide 9 mg TABLET, DR/ER ^{DL}	\$0 (Tier 1)	PA, QL (30 per 30 days)
hydrocortisone 100 mg/60 ml ENEMA ^{MO}	\$0 (Tier 1)	
mesalamine 0.375 gram CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
mesalamine 1,000 mg SUPPOSITORY ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
mesalamine 4 gram/60 ml ENEMA ^{MO}	\$0 (Tier 1)	QL (1800 per 30 days)
sulfasalazine 500 mg TABLET ^{MO}	\$0 (Tier 1)	
sulfasalazine 500 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	

METABOLIC BONE DISEASE AGENTS - Drugs used to treat bone weakening

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alendronate 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
alendronate 35 mg TABLET ^{MO}	\$0 (Tier 1)	QL (4 per 28 days)
alendronate 70 mg TABLET ^{MO}	\$0 (Tier 1)	QL (4 per 28 days)
calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL (3.7 per 28 days)
calcitriol 0.25 mcg, 0.5 mcg CAPSULE ^{MO}	\$0 (Tier 1)	
calcitriol 1 mcg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
cinacalcet 30 mg, 60 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
cinacalcet 90 mg TABLET ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE ^{MO}	\$0 (Tier 1)	
doxercalciferol 4 mcg/2 ml SOLUTION ^{MO}	\$0 (Tier 1)	
FORTEO 20 MCG/DOSE (560MCG/2.24ML) PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA, QL (2.4 per 28 days)
ibandronate 150 mg TABLET ^{MO}	\$0 (Tier 1)	QL (1 per 28 days)
pamidronate 30 mg/10 ml (3 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	QL (30 per 21 days)
pamidronate 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	QL (10 per 21 days)
paricalcitol 1 mcg, 2 mcg, 4 mcg CAPSULE ^{MO}	\$0 (Tier 1)	
paricalcitol 2 mcg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL (24 per 30 days)
paricalcitol 5 mcg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL (48 per 28 days)
PROLIA 60 MG/ML SYRINGE ^{MO}	\$0 (Tier 2)	QL (1 per 180 days)
risedronate 35 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	QL (4 per 28 days)
TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA, QL (1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA, QL (1.7 per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	QL (300 per 21 days)
zoledronic acid 4 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
zoledronic acid 4 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	QL (15 per 21 days)
zoledronic acid-mannitol-water 4 mg/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	QL (300 per 21 days)
zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	PA, QL (100 per 365 days)

MISCELLANEOUS THERAPEUTIC AGENTS - Other drugs that do not fit into another category

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetylcysteine 200 mg/ml (20 %) SOLUTION ^{MO}	\$0 (Tier 1)	
ADSTILADRIN 3X10EXP11 VP/ML SUSPENSION ^{MO}	\$0 (Tier 2)	PA
ALCOHOL PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
ALCOHOL SWABS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
ALCOHOL WIPES PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
AUTOJECT 2 INJECTION DEVICE INSULIN PEN ^{MO}	\$0 (Tier 1)	
AUTOPEN 1 TO 21 UNITS INSULIN PEN ^{MO}	\$0 (Tier 1)	
AUTOPEN 2 TO 42 UNITS INSULIN PEN ^{MO}	\$0 (Tier 1)	
AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE ^{MO}	\$0 (Tier 1)	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE ^{MO}	\$0 (Tier 1)	
BD ALCOHOL SWABS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE ^{MO}	\$0 (Tier 1)	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE ^{MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE ^{MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE ^{MO}	\$0 (Tier 1)	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE ^{MO}	\$0 (Tier 1)	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE ^{MO}	\$0 (Tier 1)	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE ^{MO}	\$0 (Tier 1)	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE ^{MO}	\$0 (Tier 1)	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE ^{MO}	\$0 (Tier 1)	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE ^{MO}	\$0 (Tier 1)	
BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE ^{MO}	\$0 (Tier 1)	
BD VEO INSULIN SYRINGE UF 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" SYRINGE ^{MO}	\$0 (Tier 1)	
BORDERED GAUZE 2 X 2 " BANDAGE ^{MO}	\$0 (Tier 1)	
<i>butalbital-acetaminophen-caff 50-325-40 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL(180 per 30 days)
<i>butalbital-acetaminophen-caff 50-325-40 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(180 per 30 days)
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
COBENFY 100-20 MG, 125-30 MG, 50-20 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG CAPSULE, DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
CURITY ALCOHOL SWABS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
CURITY GAUZE 2 X 2 " BANDAGE ^{MO}	\$0 (Tier 1)	
DERMACEA 2 X 2 " BANDAGE ^{MO}	\$0 (Tier 1)	
DROPLET INSULIN SYR(HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" SYRINGE ^{MO}	\$0 (Tier 1)	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 SYRINGE ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DROPLET INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" SYRINGE ^{MO}	\$0 (Tier 1)	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE ^{MO}	\$0 (Tier 1)	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE ^{MO}	\$0 (Tier 1)	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE ^{MO}	\$0 (Tier 2)	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
GAUZE BANDAGE 2 X 2 " BANDAGE ^{MO}	\$0 (Tier 1)	
GAUZE PAD 2 X 2 " BANDAGE ^{MO}	\$0 (Tier 1)	
INCONTROL ALCOHOL PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
INSULIN SYRINGE-NEEDLE U-100 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
INSULIN U-500 SYRINGE-NEEDLE 1/2 ML 31 GAUGE X 15/64" SYRINGE ^{MO}	\$0 (Tier 1)	
IV PREP WIPES PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
<i>lactated ringers</i> SOLUTION ^{MO}	\$0 (Tier 1)	
<i>mifepristone 300 mg</i> TABLET ^{DL}	\$0 (Tier 1)	PA,QL(120 per 30 days)
MIRENA 21 MCG/24HR (UP TO 8 YRS) 52 MG IUD ^{MO}	\$0 (Tier 2)	
NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
<i>nitroglycerin 0.4 % (w/w)</i> OINTMENT ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
NOVOPEN ECHO INSULIN PEN ^{MO}	\$0 (Tier 1)	
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
PRO COMFORT ALCOHOL PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ringer's SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>sodium chloride 0.9 % SOLUTION</i> ^{MO}	\$0 (Tier 1)	
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
ULTILET ALCOHOL SWAB PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
ULTRA-FINE INS SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" SYRINGE ^{MO}	\$0 (Tier 1)	
ULTRA-FINE INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64" SYRINGE ^{MO}	\$0 (Tier 1)	
ULTRA-FINE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" NEEDLE ^{MO}	\$0 (Tier 1)	
<i>water for irrigation, sterile SOLUTION</i> ^{MO}	\$0 (Tier 1)	
WEBCOL PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
XDEMZY 0.25 % DROPS ^{MO}	\$0 (Tier 2)	PA, QL (10 per 42 days)
ZEVALIN (Y-90) 3.2 MG/2 ML KIT ^{DL}	\$0 (Tier 2)	PA

OPHTHALMIC AGENTS - Drugs used to treat conditions involving the eye

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALCAINE 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
<i>apraclonidine 0.5 % DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>atropine 1 % DROPS</i> ^{MO}	\$0 (Tier 1)	
ATROPINE SULFATE (PF) 1 % DROPPERETTE ^{MO}	\$0 (Tier 1)	
<i>azelastine 0.05 % DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>bacitracin 500 unit/gram OINTMENT</i> ^{MO}	\$0 (Tier 1)	
<i>bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT</i> ^{MO}	\$0 (Tier 1)	
<i>betaxolol 0.5 % DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>brimonidine 0.2 % DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>carteolol 1 % DROPS</i> ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ciprofloxacin hcl 0.3 % DROPS</i> ^{MO}	\$0 (Tier 1)	
COMBIGAN 0.2-0.5 % DROPS ^{MO}	\$0 (Tier 2)	QL (5 per 25 days)
<i>cromolyn 4 % DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>cyclosporine 0.05 % DROPPERETTE</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
CYSTARAN 0.44 % DROPS ^{DL}	\$0 (Tier 2)	PA, QL (60 per 28 days)
<i>dexamethasone sodium phosphate 0.1 % DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>diclofenac sodium 0.1 % DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>dorzolamide 2 % DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>dorzolamide-timolol 22.3-6.8 mg/ml DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>erythromycin 5 mg/gram (0.5 %) OINTMENT</i> ^{MO}	\$0 (Tier 1)	QL (3.5 per 28 days)
EYSUVIS 0.25 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 2)	QL (16.6 per 30 days)
<i>fluorometholone 0.1 % DROPS, SUSPENSION</i> ^{MO}	\$0 (Tier 1)	
<i>flurbiprofen sodium 0.03 % DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>gentamicin 0.3 % DROPS</i> ^{MO}	\$0 (Tier 1)	
ILEVRO 0.3 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 2)	QL (3 per 30 days)
<i>ketorolac 0.4 %, 0.5 % DROPS</i> ^{MO}	\$0 (Tier 1)	QL (10 per 30 days)
<i>latanoprost 0.005 % DROPS</i> ^{MO}	\$0 (Tier 1)	QL (5 per 25 days)
<i>levobunolol 0.5 % DROPS</i> ^{MO}	\$0 (Tier 1)	
LUMIGAN 0.01 % DROPS ^{MO}	\$0 (Tier 2)	QL (2.5 per 25 days)
<i>methazolamide 25 mg, 50 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>moxifloxacin 0.5 % DROPS</i> ^{MO}	\$0 (Tier 1)	
NATACYN 5 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 2)	
<i>neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT</i> ^{MO}	\$0 (Tier 1)	
<i>neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT</i> ^{MO}	\$0 (Tier 1)	
<i>neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT</i> ^{MO}	\$0 (Tier 1)	
<i>neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION</i> ^{MO}	\$0 (Tier 1)	
<i>neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION</i> ^{MO}	\$0 (Tier 1)	
<i>ofloxacin 0.3 % DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>olopatadine 0.1 %, 0.2 % DROPS</i> ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pilocarpine hcl 1 %, 2 %, 4 % DROPS^{MO}</i>	\$0 (Tier 1)	
<i>polycin 500-10,000 unit/gram OINTMENT^{MO}</i>	\$0 (Tier 1)	
<i>polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS^{MO}</i>	\$0 (Tier 1)	
<i>prednisolone acetate 1 % DROPS, SUSPENSION^{MO}</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate 1 % DROPS^{MO}</i>	\$0 (Tier 1)	
<i>proparacaine 0.5 % DROPS^{MO}</i>	\$0 (Tier 1)	
<i>RHOPRESSA 0.02 % DROPS^{MO}</i>	\$0 (Tier 2)	ST,QL(2.5 per 25 days)
<i>ROCKLATAN 0.02-0.005 % DROPS^{MO}</i>	\$0 (Tier 2)	ST,QL(2.5 per 25 days)
<i>SIMBRINZA 1-0.2 % DROPS, SUSPENSION^{MO}</i>	\$0 (Tier 2)	QL(16 per 30 days)
<i>sulfacetamide sodium 10 % DROPS^{MO}</i>	\$0 (Tier 1)	
<i>sulfacetamide-prednisolone 10%-0.23 % (0.25 %) DROPS^{MO}</i>	\$0 (Tier 1)	
<i>timolol maleate 0.25 % DROPS^{MO}</i>	\$0 (Tier 1)	
<i>timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>timolol maleate 0.5 % DROPS^{MO}</i>	\$0 (Tier 1)	
<i>tobramycin 0.3 % DROPS^{MO}</i>	\$0 (Tier 1)	
<i>tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION^{MO}</i>	\$0 (Tier 1)	
<i>travoprost 0.004 % DROPS^{MO}</i>	\$0 (Tier 1)	QL(2.5 per 25 days)
<i>trifluridine 1 % DROPS^{MO}</i>	\$0 (Tier 1)	

OTIC AGENTS - Drugs used to treat conditions involving the ear

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluocinolone acetonide oil 0.01 % DROPS^{MO}</i>	\$0 (Tier 1)	
<i>hydrocortisone-acetic acid 1-2 % DROPS^{MO}</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION^{MO}</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>ofloxacin 0.3 % DROPS^{MO}</i>	\$0 (Tier 1)	

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RESPIRATORY TRACT/PULMONARY AGENTS - Drugs used to treat lung problems, such as asthma and COPD

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET^{DL,LA}</i>	\$0 (Tier 2)	PA,QL(90 per 30 days)
<i>ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER^{MO}</i>	\$0 (Tier 2)	QL(12 per 30 days)
<i>AIRSUPRA 90-80 MCG/ACTUATION HFA AEROSOL INHALER^{MO}</i>	\$0 (Tier 2)	QL(32.1 per 30 days)
<i>albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml, 5 mg/ml SOLUTION FOR NEBULIZATION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>albuterol sulfate 2 mg, 4 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>albuterol sulfate 2 mg/5 ml SYRUP^{MO}</i>	\$0 (Tier 1)	
<i>albuterol sulfate 2.5 mg /3 ml (0.083 %) SOLUTION FOR NEBULIZATION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER^{MO}</i>	\$0 (Tier 1)	QL(36 per 30 days)
<i>alyq 20 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL(60 per 30 days)
<i>ambrisentan 10 mg, 5 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL(30 per 30 days)
<i>aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION^{MO}</i>	\$0 (Tier 1)	BvsD,QL(120 per 30 days)
<i>ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE^{MO}</i>	\$0 (Tier 2)	QL(30 per 30 days)
<i>ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER^{MO}</i>	\$0 (Tier 2)	PA,QL(25.8 per 30 days)
<i>AUVI-Q 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML AUTO-INJECTOR^{MO}</i>	\$0 (Tier 2)	QL(4 per 30 days)
<i>azelastine 137 mcg (0.1 %) SPRAY, NON-AEROSOL^{MO}</i>	\$0 (Tier 1)	QL(30 per 25 days)
<i>BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE BLISTER WITH DEVICE^{MO}</i>	\$0 (Tier 2)	QL(60 per 30 days)
<i>BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER^{MO}</i>	\$0 (Tier 2)	QL(10.7 per 30 days)
<i>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml SUSPENSION FOR NEBULIZATION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION^{DL}</i>	\$0 (Tier 2)	PA,QL(84 per 28 days)
<i>cetirizine 1 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	QL(300 per 30 days)
<i>COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST^{MO}</i>	\$0 (Tier 2)	QL(4 per 20 days)
<i>cromolyn 100 mg/5 ml CONCENTRATE^{MO}</i>	\$0 (Tier 1)	
<i>cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>diphenhydramine hcl 50 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR^{MO}</i>	\$0 (Tier 1)	QL(4 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EASENRA PEN 30 MG/ML AUTO-INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(1 per 28 days)
flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(50 per 30 days)
fluticasone propion-salmeterol 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
fluticasone propion-salmeterol 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation AEROSOL POWDER BREATH ACTIV. ^{MO}	\$0 (Tier 2)	QL(1 per 30 days)
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION ^{MO}	\$0 (Tier 1)	QL(16 per 30 days)
hydroxyzine pamoate 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ipratropium bromide 0.02 % SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(45 per 30 days)
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION ^{MO}	\$0 (Tier 1)	BvsD
KALYDECO 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
levocetirizine 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
montelukast 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
montelukast 4 mg GRANULES IN PACKET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
montelukast 4 mg, 5 mg CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
NUCALA 100 MG/ML AUTO-INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(0.4 per 28 days)
OFEV 100 MG, 150 MG CAPSULE ^{DL,LA}	\$0 (Tier 2)	PA,QL(60 per 30 days)
OPSUMIT 10 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
OPSYNVI 10-20 MG, 10-40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
pirfenidone 267 mg CAPSULE ^{DL}	\$0 (Tier 1)	PA,QL(270 per 30 days)
pirfenidone 267 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(270 per 30 days)
pirfenidone 534 mg, 801 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(90 per 30 days)
PULMOZYME 1 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	BvsD
roflumilast 250 mcg TABLET ^{MO}	\$0 (Tier 1)	QL(28 per 365 days)
roflumilast 500 mcg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
sildenafil (pulm.hypertension) 20 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(90 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST ^{MO}	\$0 (Tier 2)	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST ^{MO}	\$0 (Tier 2)	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST ^{MO}	\$0 (Tier 2)	QL (4 per 30 days)
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL (30.6 per 30 days)
<i>tadalafil (pulm. hypertension) 20 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA, QL (60 per 30 days)
<i>theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR.^{MO}</i>	\$0 (Tier 1)	
<i>theophylline 400 mg, 600 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
TRIKAFTA 100-50-75 MG (D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL ^{DL}	\$0 (Tier 2)	PA, QL (84 per 28 days)
TRIKAFTA 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) GRANULES IN PACKET, SEQUENTIAL ^{DL}	\$0 (Tier 2)	PA, QL (56 per 28 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL (36 per 30 days)
<i>wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE^{MO}</i>	\$0 (Tier 2)	QL (60 per 30 days)
<i>zafirlukast 10 mg, 20 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)

SKELETAL MUSCLE RELAXANTS - Drugs used to relax muscles

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carisoprodol 350 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>cyclobenzaprine 10 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>methocarbamol 500 mg, 750 mg TABLET^{MO}</i>	\$0 (Tier 1)	

SLEEP DISORDER AGENTS - Drugs used to treat sleep conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BELSOMRA 10 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
BELSOMRA 5 MG TABLET ^{MO}	\$0 (Tier 2)	QL (120 per 30 days)
<i>eszopiclone 1 mg, 2 mg, 3 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>modafinil 100 mg, 200 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA, QL (60 per 30 days)
<i>sodium oxybate 500 mg/ml SOLUTION^{DL}</i>	\$0 (Tier 2)	PA, QL (540 per 30 days)
<i>tasimelteon 20 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	PA, QL (30 per 30 days)
<i>temazepam 15 mg, 30 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>zaleplon 10 mg, 5 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>zolpidem 10 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>zolpidem 12.5 mg, 6.25 mg TABLET, ER MULTIPHASE^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)

Non-Part D Rx Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>DRISDOL 1,250 MCG (50,000 UNIT) CAPSULE(*)</i>	\$0 (Tier 3)	
<i>ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE(*)</i>	\$0 (Tier 3)	
<i>ORACIT 490-640 MG/5 ML SOLUTION(*)</i>	\$0 (Tier 3)	
<i>phytonadione (vitamin k1) 5 mg TABLET(*)</i>	\$0 (Tier 3)	
<i>promethazine-codeine 6.25-10 mg/5 ml SYRUP(*)</i>	\$0 (Tier 3)	
<i>pyridoxine (vitamin b6) 100 mg/ml SOLUTION(*)</i>	\$0 (Tier 3)	
<i>SODIUM BICARBONATE (BULK) POWDER(*)</i>	\$0 (Tier 3)	
<i>thiamine hcl (vitamin b1) 100 mg/ml SOLUTION(*)</i>	\$0 (Tier 3)	
<i>vitamin d2 1,250 mcg (50,000 unit) CAPSULE(*)</i>	\$0 (Tier 3)	
<i>vitamin k1 10 mg/ml SOLUTION(*)</i>	\$0 (Tier 3)	

Over the Counter Drugs - Over the Counter Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>3-day vaginal 2 % CREAM</i>	\$0 (Tier 4)	
<i>acetaminophen 120 mg SUPPOSITORY</i>	\$0 (Tier 4)	
<i>acetaminophen 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml SOLUTION</i>	\$0 (Tier 4)	
<i>acetaminophen 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml SUSPENSION</i>	\$0 (Tier 4)	
<i>acetaminophen 160 mg/5 ml LIQUID</i>	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetaminophen 325 mg, 500 mg TABLET	\$0 (Tier 4)	
acid gone antacid 95-358 mg/15 ml SUSPENSION	\$0 (Tier 4)	
acid gone antacid e.strength 160-105 mg CHEWABLE TABLET	\$0 (Tier 4)	
acid reducer (famotidine) 10 mg TABLET	\$0 (Tier 4)	
adult aspirin regimen 81 mg TABLET, DR/EC	\$0 (Tier 4)	
adult tussin chest congestion 100 mg/5 ml LIQUID	\$0 (Tier 4)	
all day allergy (cetirizine) 1 mg/ml SOLUTION	\$0 (Tier 4)	QL(300 per 30 days)
all day allergy (cetirizine) 10 mg CAPSULE	\$0 (Tier 4)	
all day allergy (cetirizine) 10 mg TABLET	\$0 (Tier 4)	
all day pain relief 220 mg TABLET	\$0 (Tier 4)	
all day relief 220 mg TABLET	\$0 (Tier 4)	
aller-g-time 25 mg TABLET	\$0 (Tier 4)	
allergy (diphenhydramine) 25 mg CAPSULE	\$0 (Tier 4)	
allergy (diphenhydramine) 25 mg TABLET	\$0 (Tier 4)	
allergy relief (cetirizine) 10 mg, 5 mg TABLET	\$0 (Tier 4)	
allergy relief (loratadine) 10 mg TABLET	\$0 (Tier 4)	
allergy relief (loratadine) 5 mg/5 ml SOLUTION	\$0 (Tier 4)	
allergy relief(diphenhydramin) 12.5 mg/5 ml LIQUID	\$0 (Tier 4)	
allergy relief(diphenhydramin) 25 mg CAPSULE	\$0 (Tier 4)	
allergy relief(diphenhydramin) 25 mg CHEWABLE TABLET	\$0 (Tier 4)	
allergy relief(diphenhydramin) 25 mg TABLET	\$0 (Tier 4)	
almacone-2 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
altamist 0.65 % AEROSOL SPRAY	\$0 (Tier 4)	
alum-mag hydroxide-simeth 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
aluminum hydroxide gel 320 mg/5 ml SUSPENSION	\$0 (Tier 4)	
antacid (calcium carbonate) 200 mg calcium (500 mg) CHEWABLE TABLET	\$0 (Tier 4)	
antacid anti-gas 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
antacid ext (mag carb-al hyd) 160-105 mg CHEWABLE TABLET	\$0 (Tier 4)	
antacid ext str (calcium carb) 300 mg (750 mg) CHEWABLE TABLET	\$0 (Tier 4)	
antacid extra-strength 300 mg (750 mg) CHEWABLE TABLET	\$0 (Tier 4)	
antacid regular strength 200-200-20 mg/5 ml SUSPENSION	\$0 (Tier 4)	
antacid-antigas 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
anti-diarrheal (loperamide) 1 mg/7.5 mL LIQUID	\$0 (Tier 4)	
anti-diarrheal (loperamide) 2 mg CAPSULE	\$0 (Tier 4)	
anti-diarrheal (loperamide) 2 mg TABLET	\$0 (Tier 4)	
anti-nausea SOLUTION	\$0 (Tier 4)	
aspirin 325 mg TABLET	\$0 (Tier 4)	
aspirin 325 mg, 81 mg TABLET, DR/EC	\$0 (Tier 4)	
aspirin 81 mg CHEWABLE TABLET	\$0 (Tier 4)	
aspirin, buffered-calcium carb-mag 325 mg TABLET	\$0 (Tier 4)	
AYR SALINE 0.65 % AEROSOL SPRAY	\$0 (Tier 4)	
b complex-vitamin c-folic acid 400 mcg TABLET ER	\$0 (Tier 4)	
BABY AYR SALINE 0.65 % DROPS	\$0 (Tier 4)	
banophen 25 mg TABLET	\$0 (Tier 4)	
banophen 25 mg, 50 mg CAPSULE	\$0 (Tier 4)	
bisacodyl 10 mg SUPPOSITORY	\$0 (Tier 4)	
bisacodyl 5 mg TABLET, DR/EC	\$0 (Tier 4)	
bismuth subsalicylate 262 mg CHEWABLE TABLET	\$0 (Tier 4)	
cal-gest antacid 200 mg calcium (500 mg) CHEWABLE TABLET	\$0 (Tier 4)	
calcidol 200 mcg/ml (8,000 unit/ml) DROPS	\$0 (Tier 4)	
calcium antacid 200 mg calcium (500 mg), 300 mg (750 mg) CHEWABLE TABLET	\$0 (Tier 4)	
calcium carbonate 500 mg/5 ml (1,250 mg/5 ml) SUSPENSION	\$0 (Tier 4)	
cetirizine 1 mg/ml SOLUTION	\$0 (Tier 4)	QL (300 per 30 days)
cetirizine 10 mg, 5 mg CHEWABLE TABLET	\$0 (Tier 4)	
cetirizine 10 mg, 5 mg TABLET	\$0 (Tier 4)	
cetirizine 5 mg/5 ml SOLUTION	\$0 (Tier 4)	
CHEST CONGESTION RELIEF 100 MG/5 ML LIQUID	\$0 (Tier 4)	
chest congestion relief dm 10-100 mg/5 ml SYRUP	\$0 (Tier 4)	
child allergy relief (cetirizine) 1 mg/ml SOLUTION	\$0 (Tier 4)	QL (300 per 30 days)
child's all day allergy (cetir) 1 mg/ml SOLUTION	\$0 (Tier 4)	QL (300 per 30 days)
children's acetaminophen 160 mg/5 mL LIQUID	\$0 (Tier 4)	
children's acetaminophen 160 mg/5 ml, 160 mg/5 ml (5 ml) SUSPENSION	\$0 (Tier 4)	
children's allergy (diphenhyd) 12.5 mg CHEWABLE TABLET	\$0 (Tier 4)	
children's allergy (diphenhyd) 12.5 mg/5 mL LIQUID	\$0 (Tier 4)	
children's allergy relief (lor) 5 mg CHEWABLE TABLET	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
children's allergy relief(lor) 5 mg/5 ml SOLUTION	\$0 (Tier 4)	
children's aspirin 81 mg CHEWABLE TABLET	\$0 (Tier 4)	
children's cetirizine 1 mg/ml SOLUTION	\$0 (Tier 4)	QL(300 per 30 days)
children's cetirizine 10 mg, 5 mg CHEWABLE TABLET	\$0 (Tier 4)	
children's loratadine 5 mg CHEWABLE TABLET	\$0 (Tier 4)	
children's mapap 80 mg CHEWABLE TABLET	\$0 (Tier 4)	
children's pain reliever 160 mg/5 ml SUSPENSION	\$0 (Tier 4)	
children's pain-fever relief 160 mg/5 ml SUSPENSION	\$0 (Tier 4)	
children's saline nasal spray 0.65 % AEROSOL SPRAY	\$0 (Tier 4)	
chocolate laxative 15 mg CHEWABLE TABLET	\$0 (Tier 4)	
clearlax 17 gram POWDER IN PACKET	\$0 (Tier 4)	
clearlax 17 gram/dose POWDER	\$0 (Tier 4)	
clotrimazole 1 % CREAM	\$0 (Tier 4)	
clotrimazole-3 2 % CREAM	\$0 (Tier 4)	
COLACE 100 MG CAPSULE	\$0 (Tier 4)	
COLACE 2-IN-1 8.6-50 MG TABLET	\$0 (Tier 4)	
COLACE CLEAR 50 MG CAPSULE	\$0 (Tier 4)	
curae 1.5 mg TABLET	\$0 (Tier 4)	
deep sea nasal 0.65 % AEROSOL SPRAY	\$0 (Tier 4)	
dextromethorphan-guaifenesin 10-100 mg/5 ml LIQUID	\$0 (Tier 4)	
dextromethorphan-guaifenesin 10-100 mg/5 ml SYRUP	\$0 (Tier 4)	
dextrose 40 % GEL	\$0 (Tier 4)	
dialyvite 800 0.8 mg TABLET	\$0 (Tier 4)	
diphenhydramine 12.5 mg/5 ml LIQUID	\$0 (Tier 4)	
diphenhydramine hcl 12.5 mg/5 ml LIQUID	\$0 (Tier 4)	
diphenhydramine hcl 25 mg TABLET	\$0 (Tier 4)	
diphenhydramine hcl 50 mg CAPSULE	\$0 (Tier 4)	
docusate calcium 240 mg CAPSULE	\$0 (Tier 4)	
docusate sodium 100 mg, 250 mg CAPSULE	\$0 (Tier 4)	
docusate sodium 283 mg/5 ml ENEMA	\$0 (Tier 4)	
docusate sodium 50 mg/5 ml LIQUID	\$0 (Tier 4)	
DOCUSOL KIDS 100 MG/5 ML ENEMA	\$0 (Tier 4)	
dok 100 mg TABLET	\$0 (Tier 4)	
drimate 50 mg TABLET	\$0 (Tier 4)	
econtra one-step 1.5 mg TABLET	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ed-apap 160 mg/5 mL LIQUID	\$0 (Tier 4)	
enema 19-7 gram/118 mL ENEMA	\$0 (Tier 4)	
enema disposable 19-7 gram/118 mL ENEMA	\$0 (Tier 4)	
ENEMEEZ 283 MG/5 ML ENEMA	\$0 (Tier 4)	
ENEMEEZ KIDS 100 MG/5 ML ENEMA	\$0 (Tier 4)	
ENEMEEZ PLUS 283-20 MG/5 ML ENEMA	\$0 (Tier 4)	
ergocalciferol (vitamin d2) 200 mcg/ml (8,000 unit/ml) DROPS	\$0 (Tier 4)	
famotidine 10 mg TABLET	\$0 (Tier 4)	
FEVERALL 120 MG, 325 MG, 80 MG SUPPOSITORY	\$0 (Tier 4)	
fiber (calcium polycarbophil) 625 mg TABLET	\$0 (Tier 4)	
fiber laxative (ca polycarbo) 625 mg TABLET	\$0 (Tier 4)	
fiber laxative(methylcellulos) 500 mg TABLET	\$0 (Tier 4)	
FIBER THERAPY (M-CELL/SUGAR) 2 GRAM/19 GRAM POWDER	\$0 (Tier 4)	
fiber therapy (m-cellulose) 500 mg TABLET	\$0 (Tier 4)	
fiber-lax 625 mg TABLET	\$0 (Tier 4)	
FLEET ENEMA 19-7 GRAM/118 ML ENEMA	\$0 (Tier 4)	
FLEET GLYCERIN LAXATIVE 5.4 GRAM/5.4 ML SOLUTION	\$0 (Tier 4)	
FLEET PEDIATRIC 9.5-3.5 GRAM/59 ML ENEMA	\$0 (Tier 4)	
FOLIKA-BC 1 MG-60 MG- 300 MCG TABLET	\$0 (Tier 4)	
full spectrum b-vitamin c 0.8 mg TABLET	\$0 (Tier 4)	
gavilax 17 gram/dose POWDER	\$0 (Tier 4)	
gentle laxative (bisacodyl) 10 mg SUPPOSITORY	\$0 (Tier 4)	
gentle laxative (bisacodyl) 5 mg TABLET, DR/EC	\$0 (Tier 4)	
glucose gel 40 % GEL	\$0 (Tier 4)	
glycerin (adult) SUPPOSITORY	\$0 (Tier 4)	
glycerin (child) SUPPOSITORY	\$0 (Tier 4)	
guaifenesin 100 mg/5 mL LIQUID	\$0 (Tier 4)	
headache relief (asa-acet-caf) 250-250-65 mg TABLET	\$0 (Tier 4)	
healthylax 17 gram POWDER IN PACKET	\$0 (Tier 4)	
heartburn relief 254-237.5 mg/5 mL SUSPENSION	\$0 (Tier 4)	
heartburn relief (famotidine) 10 mg TABLET	\$0 (Tier 4)	
her style 1.5 mg TABLET	\$0 (Tier 4)	
ibuprofen 200 mg TABLET	\$0 (Tier 4)	
infant pain reliever 160 mg/5 mL SUSPENSION	\$0 (Tier 4)	
infant's acetaminophen 160 mg/5 mL SUSPENSION	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
infants' pain and fever 160 mg/5 ml SUSPENSION	\$0 (Tier 4)	
laxative (bisacodyl) 5 mg TABLET	\$0 (Tier 4)	
laxative (bisacodyl) 5 mg TABLET, DR/EC	\$0 (Tier 4)	
laxative (sennosides) 15 mg, 25 mg TABLET	\$0 (Tier 4)	
levonorgestrel 1.5 mg TABLET	\$0 (Tier 4)	
loperamide 1 mg/7.5 ml LIQUID	\$0 (Tier 4)	
loratadine 10 mg TABLET	\$0 (Tier 4)	
loratadine 10 mg TABLET, DISINTEGRATING	\$0 (Tier 4)	
loratadine 5 mg/5 ml SOLUTION	\$0 (Tier 4)	
m-dryl 12.5 mg/5 ml LIQUID	\$0 (Tier 4)	
m-pap 160 mg/5 ml LIQUID	\$0 (Tier 4)	
mag-al plus 200-200-20 mg/5 ml SUSPENSION	\$0 (Tier 4)	
mag-al plus extra strength 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
magnesium hydroxide 400 mg/5 ml SUSPENSION	\$0 (Tier 4)	
magnesium oxide 400 mg (241.3 mg magnesium), 400 mg magnesium, 420 mg TABLET	\$0 (Tier 4)	
meclizine 12.5 mg TABLET	\$0 (Tier 4)	
meclizine 25 mg CHEWABLE TABLET	\$0 (Tier 4)	
miconazole nitrate 1,200-2 mg-% KIT	\$0 (Tier 4)	
miconazole nitrate 100 mg SUPPOSITORY	\$0 (Tier 4)	
miconazole nitrate 2 % CREAM	\$0 (Tier 4)	
miconazole-3 200 mg- 2 % (9 gram) KIT	\$0 (Tier 4)	
miconazole-3 4 % (200 mg)- 2 % (9 gram) COMBO PACK, PREFILL, CREAM	\$0 (Tier 4)	
miconazole-7 100 mg SUPPOSITORY	\$0 (Tier 4)	
miconazole-7 2 % CREAM	\$0 (Tier 4)	
migraine formula 250-250-65 mg TABLET	\$0 (Tier 4)	
migraine relief 250-250-65 mg TABLET	\$0 (Tier 4)	
milk of magnesia 400 mg/5 ml SUSPENSION	\$0 (Tier 4)	
milk of magnesia concentrated 2,400 mg/10 ml SUSPENSION	\$0 (Tier 4)	
mintox maximum strength 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
mintox plus 200-200-25 mg CHEWABLE TABLET	\$0 (Tier 4)	
motion sickness 50 mg TABLET	\$0 (Tier 4)	
motion sickness (meclizine) 25 mg TABLET	\$0 (Tier 4)	
motion sickness relief 50 mg TABLET	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
motion sickness relief(mecliz) 25 mg TABLET	\$0 (Tier 4)	
motion-time 25 mg CHEWABLE TABLET	\$0 (Tier 4)	
my choice 1.5 mg TABLET	\$0 (Tier 4)	
my way 1.5 mg TABLET	\$0 (Tier 4)	
naloxone 4 mg/actuation SPRAY, NON-AEROSOL	\$0 (Tier 4)	QL(2 per 30 days)
naproxen sodium 220 mg TABLET	\$0 (Tier 4)	
NARCAN 4 MG/ACTUATION SPRAY, NON-AEROSOL	\$0 (Tier 4)	QL(2 per 30 days)
nasal decongestant (pseudoeph) 30 mg TABLET	\$0 (Tier 4)	
nasal moisturizing 0.65 % AEROSOL SPRAY	\$0 (Tier 4)	
nasal spray (sodium chloride) 0.65 % AEROSOL SPRAY	\$0 (Tier 4)	
nausea relief SOLUTION	\$0 (Tier 4)	
nephro vitamins 0.8 mg TABLET	\$0 (Tier 4)	
NEPHRO-VITE 0.8 MG TABLET	\$0 (Tier 4)	
NEPHRONEX 900 MCG/5 ML LIQUID	\$0 (Tier 4)	
new day 1.5 mg TABLET	\$0 (Tier 4)	
nicotine 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr PATCH, 24 HR.	\$0 (Tier 4)	
nicotine 21-14-7 mg/24 hr PATCH, TD DAILY, SEQUENTIAL	\$0 (Tier 4)	
nicotine (polacrilex) 2 mg, 4 mg GUM	\$0 (Tier 4)	
nicotine (polacrilex) 2 mg, 4 mg LOZENGE	\$0 (Tier 4)	
nicotine (polacrilex) 2 mg, 4 mg MINI LOZENGE	\$0 (Tier 4)	
NUTRISOURCE FIBER PACKET	\$0 (Tier 4)	
NUTRISOURCE FIBER POWDER	\$0 (Tier 4)	
option-2 1.5 mg TABLET	\$0 (Tier 4)	
pain relief (acetaminophen) 325 mg, 500 mg TABLET	\$0 (Tier 4)	
pain relief es (acetaminophen) 500 mg TABLET	\$0 (Tier 4)	
pain reliever (acetaminophen) 325 mg, 500 mg TABLET	\$0 (Tier 4)	
pain reliever es(acetaminophn) 500 mg TABLET	\$0 (Tier 4)	
pain reliever plus 250-250-65 mg TABLET	\$0 (Tier 4)	
PEDIA-LAX 2.8 GRAM/2.7 ML SOLUTION	\$0 (Tier 4)	
pedia-lax stool softener 50 mg/15 ml SYRUP	\$0 (Tier 4)	
pinaway 50 mg/ml SUSPENSION	\$0 (Tier 4)	
pink bismuth 262 mg CHEWABLE TABLET	\$0 (Tier 4)	
pink bismuth 525 mg/15 ml SUSPENSION	\$0 (Tier 4)	
pinworm treatment 50 mg/ml SUSPENSION	\$0 (Tier 4)	
polyethylene glycol 3350 17 gram POWDER IN PACKET	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
polyethylene glycol 3350 17 gram/dose POWDER	\$0 (Tier 4)	
pseudoephedrine hcl 30 mg TABLET	\$0 (Tier 4)	
ready-to-use enema 19-7 gram/118 ml ENEMA	\$0 (Tier 4)	
reese's pinworm medicine 50 mg/ml SUSPENSION	\$0 (Tier 4)	
rena-vite 0.8 mg TABLET	\$0 (Tier 4)	
rena-vite rx 1-60-300 mg-mg-mcg TABLET	\$0 (Tier 4)	
renal vitamin 0.8 mg TABLET	\$0 (Tier 4)	
reno caps 1 mg CAPSULE	\$0 (Tier 4)	
saline mist 0.65 % AEROSOL SPRAY	\$0 (Tier 4)	
saline nasal 0.65 % AEROSOL SPRAY	\$0 (Tier 4)	
saline nasal mist 0.65 % AEROSOL SPRAY	\$0 (Tier 4)	
saline nose 0.65 % AEROSOL SPRAY	\$0 (Tier 4)	
senexon-s 8.6-50 mg TABLET	\$0 (Tier 4)	
senna 176 mg/5 ml, 8.8 mg/5 ml SYRUP	\$0 (Tier 4)	
senna 8.6 mg CAPSULE	\$0 (Tier 4)	
senna 8.6 mg TABLET	\$0 (Tier 4)	
senna lax 8.6 mg TABLET	\$0 (Tier 4)	
senna laxative 8.6 mg TABLET	\$0 (Tier 4)	
senna leaf extract 176 mg/5 ml SYRUP	\$0 (Tier 4)	
senna plus 8.6-50 mg CAPSULE	\$0 (Tier 4)	
senna plus 8.6-50 mg TABLET	\$0 (Tier 4)	
senna-s 8.6-50 mg TABLET	\$0 (Tier 4)	
senna-time s 8.6-50 mg TABLET	\$0 (Tier 4)	
sennosides 8.8 mg/5 ml SYRUP	\$0 (Tier 4)	
sennosides-docusate sodium 8.6-50 mg TABLET	\$0 (Tier 4)	
SEKOKOT 8.6 MG TABLET	\$0 (Tier 4)	
SEKOKOT 8.7 MG CHEWABLE TABLET	\$0 (Tier 4)	
SEKOKOT EXTRA STRENGTH 17.2 MG TABLET	\$0 (Tier 4)	
SEKOKOT KIDS 8.7 MG CHEWABLE TABLET	\$0 (Tier 4)	
SEKOKOT-S 8.6-50 MG TABLET	\$0 (Tier 4)	
smooth antacid 300 mg (750 mg) CHEWABLE TABLET	\$0 (Tier 4)	
sodium bicarbonate 325 mg, 650 mg TABLET	\$0 (Tier 4)	
SODIUM BICARBONATE (BULK) POWDER	\$0 (Tier 4)	
sodium citrate-citric acid 500-334 mg/5 ml SOLUTION	\$0 (Tier 4)	
SORBITOL 70 % SOLUTION	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
stimulant laxative plus 8.6-50 mg TABLET	\$0 (Tier 4)	
stomach relief 262 mg CHEWABLE TABLET	\$0 (Tier 4)	
stomach relief 262 mg TABLET	\$0 (Tier 4)	
stomach relief 262 mg/15 ml, 525 mg/15 ml SUSPENSION	\$0 (Tier 4)	
stool softener 100 mg TABLET	\$0 (Tier 4)	
stool softener 100 mg, 250 mg CAPSULE	\$0 (Tier 4)	
stool softener (docusate cal) 240 mg CAPSULE	\$0 (Tier 4)	
stool softener-laxative 8.6-50 mg TABLET	\$0 (Tier 4)	
stool softener-stimulant laxat 8.6-50 mg CAPSULE	\$0 (Tier 4)	
stool softener-stimulant laxat 8.6-50 mg TABLET	\$0 (Tier 4)	
sudogest 30 mg TABLET	\$0 (Tier 4)	
suphedrin 30 mg TABLET	\$0 (Tier 4)	
tioconazole 6.5 % OINTMENT	\$0 (Tier 4)	
tioconazole-1 6.5 % OINTMENT	\$0 (Tier 4)	
tri-buffered aspirin 325 mg TABLET	\$0 (Tier 4)	
trueplus glucose 15 gram/32 ml GEL IN PACKET	\$0 (Tier 4)	
tusnel diabetic 10-100 mg/5 ml LIQUID	\$0 (Tier 4)	
tusnel-ex 100 mg/5 ml LIQUID	\$0 (Tier 4)	
tussin dm 10-100 mg/5 ml LIQUID	\$0 (Tier 4)	
tussin dm 10-100 mg/5 ml SYRUP	\$0 (Tier 4)	
tussin dm clear 10-100 mg/5 ml SYRUP	\$0 (Tier 4)	
tussin mucus-chest congestion 100 mg/5 ml LIQUID	\$0 (Tier 4)	
women's gentle laxative(bisac) 5 mg TABLET, DR/EC	\$0 (Tier 4)	

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allergy (diphenhydramine)	103	amoxicillin-pot clavulanate	17
allergy relief (cetirizine)	103	amphotericin b	29
allergy relief (loratadine)	103	amphotericin b liposome	29
allergy relief(diphenhydramin)	103	ampicillin	17
allopurinol	30	ampicillin sodium	17
almacone-2	103	ampicillin-sulbactam	17
alosetron	73	anagrelide	57
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altamist	103	ANKTIVA	32
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aluminum hydroxide gel	103	antacid exst (mag carb-al hyd)	103
ALUNBRIG	32	antacid ext str (calcium carb)	103
alyacen 1/35 (28)	78	antacid extra-strength	103
alyacen 7/7/7 (28)	78	antacid regular strength	103
alyq	99	antacid-antigas	103
amabelz	78	anti-diarrheal (loperamide)	104
amantadine hcl	45	anti-nausea	104
ambrisentan	99	apraclonidine	96
amikacin	17	aprepitant	28
amiloride	59	apri	78
amiloride-hydrochlorothiazide	59	APTIOM	22
aminophylline	99	APTIVUS	49
AMINOSYN II 10 %	70	aranelle (28)	78
amiodarone	59	ARCALYST	87
amitriptyline	26	AREXVY (PF)	87
amlodipine	59	arformoterol	99
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ammonium lactate	67	ARISTADA	46
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amoxapine	26	ARMOUR THYROID	84

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ARNUITY ELLIPTA	99	AUVELITY	26
ARRANON	32	AUVI-Q	99
arsenic trioxide	32	aviane	78
asenapine maleate	46	AVMAPKI-FAKZYNJA	33
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aspirin	104	AYR SALINE	104
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atazanavir	49	azacitidine	33
atenolol	59	azathioprine	87
atenolol-chlorthalidone	59	azelastine	96, 99
atomoxetine	65	azithromycin	17, 18
atorvastatin	59	aztreonam	18
atovaquone	44	azurette (28)	78
atovaquone-proguanil	44		
atropine	96	B	
ATROPINE SULFATE (PF)	96	b complex-vitamin c-folic acid	104
ATROVENT HFA	99	BABY AYR SALINE	104
aubra	78	bacitracin	18, 96
aubra eq	78	bacitracin-polymyxin b	96
AUGTYRO	32, 33	baclofen	49
aurovela 1.5/30 (21)	78	bal-care dha	70
aurovela 1/20 (21)	78	balsalazide	91
aurovela 24 fe	78	BALVERSA	33
aurovela fe 1-20 (28)	78	BAND-AID GAUZE PADS	93
aurovela fe 1.5/30 (28)	78	banophen	104
AUSTEDO	65	BAQSIMI	54
AUSTEDO XR	65	BARACLUDE	49
AUSTEDO XR TITRATION KT(WK1-4)	65	BAVENCIO	33
AUTOJECT 2 INJECTION DEVICE	93	BCG VACCINE, LIVE (PF)	87
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BD INSULIN SYRINGE (HALF UNIT)	93	bicalutamide	33
BD INSULIN SYRINGE MICRO-FINE	93	BICILLIN C-R	18
BD INSULIN SYRINGE U-500	93	BICILLIN L-A	18
BD INSULIN SYRINGE ULTRA-FINE	93	BICNU	33
BD LO-DOSE MICRO-FINE IV	93	BIKTARVY	49
BD NANO 2ND GEN PEN NEEDLE	94	bisacodyl	104
BD SAFETYGLIDE INSULIN SYRINGE	94	bismuth subsalicylate	104
BD SAFETYGLIDE SYRINGE	94	bisoprolol fumarate	60
BD ULTRA-FINE MICRO PEN NEEDLE	94	bisoprolol-hydrochlorothiazide	60
BD ULTRA-FINE MINI PEN NEEDLE	94	BIZENGRI	33
BD ULTRA-FINE NANO PEN NEEDLE	94	bleomycin	33
BD ULTRA-FINE ORIG PEN NEEDLE	94	blisovi 24 fe	78
BD ULTRA-FINE SHORT PEN NEEDLE	94	blisovi fe 1.5/30 (28)	78
BD VEO INSULIN SYR (HALF UNIT)	94	blisovi fe 1/20 (28)	78
BD VEO INSULIN SYRINGE UF	94	BOOSTRIX TDAP	87
BELEODAQ	33	BORDERED GAUZE	94
BELSOMRA	101	BORTEZOMIB	33
benazepril	60	BOSULIF	33
benazepril-hydrochlorothiazide	60	BRAFTOVI	33
bendamustine	33	BREO ELLIPTA	99
BENLYSTA	87	BREZTRI AEROSPHERE	99
benztropine	45	BRILINTA	57
BESPONSA	33	brimonidine	96
BESREMI	87	BRIVIACT	22
betaine	75	bromocriptine	45
betamethasone dipropionate	67	BRUKINSA	33
betamethasone valerate	68	budesonide	91, 92, 99
betamethasone, augmented	68	bumetanide	60
BETASERON	65	buprenorphine	14
betaxolol	96	buprenorphine hcl	16
bethanechol chloride	76	buprenorphine-naloxone	16
bexarotene	33	bupropion hcl	26
BEXSERO	87	bupropion hcl (smoking deter)	16

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buspirone	53	carteolol	96
busulfan	33	cartia xt	60
BUSULFEX	33	carvedilol	60
butalbital-acetaminophen-caff	94	caspofungin	29
C			
c-nate dha	70	CAYSTON	99
CABENUVA	50	cefaclor	18
cabergoline	85	cefadroxil	18
CABOMETYX	33	cefazolin	18
cal-gest antacid	104	cefazolin in dextrose (iso-os)	18
calcidol	104	cefdinir	18
calcipotriene	68	cefepime	18
calcitonin (salmon)	92	cefixime	18
calcitriol	92	cefotetan	18
calcium antacid	104	cefoxitin	18
calcium carbonate	104	cefoxitin in dextrose, iso-osm	18
CALQUENCE (ACALABRUTINIB MAL)	33	cefpodoxime	18
camila	78	cefprozil	18
camrese lo	78	ceftazidime	18
candesartan	60	ceftriaxone	18
candesartan-hydrochlorothiazid	60	cefuroxime axetil	18
CAPLYTA	46	cefuroxime sodium	18
CAPRELSA	33	cephalexin	19
captopril	60	cetirizine	99, 104
captopril-hydrochlorothiazide	60	chateal eq (28)	79
carbamazepine	22	CHEMET	70
carbidopa-levodopa	45	CHEST CONGESTION RELIEF	104
carbidopa-levodopa-entacapone	45	chest congestion relief dm	104
carboplatin	33	child allergy relf(cetirizine)	104
CARETOUCH ALCOHOL PREP PAD	94	child's all day allergy(cetir)	104
carglumic acid	70	children's acetaminophen	104
carisoprodol	101	children's allergy (diphenhyd)	104
carmustine	33	children's allergy relief(lor)	104, 105
		children's aspirin	105

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children's cetirizine	105	clindamycin in 5 % dextrose	19
children's loratadine	105	clindamycin palmitate hcl	19
children's mapap	105	clindamycin pediatric	19
children's pain reliever	105	clindamycin phosphate	19, 68
children's pain-fever relief	105	clindamycin-benzoyl peroxide	68
children's saline nasal spray	105	CLINIMIX 4.25%/D10W SULF FREE	70
chloramphenicol sod succinate	19	CLINIMIX 4.25%/D5W SULFIT FREE	70
chlorhexidine gluconate	67	CLINIMIX 5%-D20W(SULFITE-FREE)	70
chloroquine phosphate	44	CLINIMIX 5%/D15W SULFITE FREE	70
chlorothiazide sodium	60	CLINIMIX 6%-D5W (SULFITE-FREE)	70
chlorpromazine	46	CLINIMIX 8%-D10W(SULFITE-FREE)	70
chlorthalidone	60	CLINIMIX 8%-D14W(SULFITE-FREE)	70
chocolate laxative	105	CLINIMIX E 2.75%/D5W SULF FREE	70
cholestyramine (with sugar)	60	CLINIMIX E 4.25%/D5W SULF FREE	70
cholestyramine light	60	CLINIMIX E 5%/D15W SULFIT FREE	70
CHORIONIC GONADOTROPIN, HUMAN	77	CLINIMIX E 5%/D20W SULFIT FREE	70
ciclodan	29	CLINIMIX E 8%-D10W SULFITEFREE	70
ciclopirox	29	CLINIMIX E 8%-D14W SULFITEFREE	70
cilostazol	58	CLINOLIPID	70
CIMDUO	50	clobazam	22
cimetidine	73	clobetasol	68
cimetidine hcl	73	clobetasol-emollient	68
cinacalcet	92	clofarabine	34
ciprofloxacin hcl	19, 97	CLOLAR	34
ciprofloxacin in 5 % dextrose	19	clomipramine	26
cisplatin	34	clonazepam	53
citalopram	26	clonidine	60
cladribine	34	clonidine hcl	60
claravis	68	clopidogrel	58
clarithromycin	19	clorazepate dipotassium	53
clearlax	105	clotrimazole	29, 105
clindamycin hcl	19	clotrimazole-3	105
clindamycin in 0.9 % sod chlor	19	clotrimazole-betamethasone	29

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clozapine	46, 47	CURITY GAUZE	94
COARTEM	44	cyclobenzaprine	101
COBENFY	94	cyclophosphamide	34
COBENFY STARTER PACK	94	cyclosporine	87, 97
COLACE	105	cyclosporine modified	87
COLACE 2-IN-1	105	CYRAMZA	34
COLACE CLEAR	105	cyred	79
colchicine	30	cyred eq	79
colestipol	60	CYSTAGON	75
colistin (colistimethate na)	19	CYSTARAN	97
COLUMVI	34	cytarabine	34
COMBIGAN	97	cytarabine (pf)	34
COMBIPATCH	79	D	
COMBIVENT RESPIMAT	99	d10 %-0.45 % sodium chloride	70
COMETRIQ	34	d2.5 %-0.45 % sodium chloride	70
COMPLERA	50	d5 % (d-glucose)-0.9 % sodchlr	70
complete natal dha	70	d5 % and 0.9 % sodium chloride	70
compro	28	d5 %-0.45 % sodium chloride	70
constulose	73	dacarbazine	34
COPAXONE	65	dactinomycin	34
COPIKTRA	34	dalfampridine	66
COSENTYX	87	danazol	79
COSENTYX (2 SYRINGES)	87	dantrolene	49
COSENTYX PEN	87	DANYELZA	34
COSENTYX PEN (2 PENS)	87	DANZITEN	34
COSENTYX UNOREADY PEN	87	dapsone	32
COSMEGEN	34	DAPTACEL (DTAP PEDIATRIC) (PF)	87
COTELLIC	34	daptomycin	19
CREON	75	daptomycin in 0.9 % sod chlor	19
cromolyn	97, 99	darifenacin	76
cryselle (28)	79	darunavir	50
curae	105	DARZALEX	34
CURITY ALCOHOL SWABS	94	DARZALEX FASPRO	34

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dasatinib	34	dextrose 5%-0.2 % sod chloride	71
dasetta 1/35 (28)	79	dextrose 5%-0.3 % sod.chloride	71
dasetta 7/7/7 (28)	79	DIACOMIT	22
DATROWAY	34	dialyvite 800	105
daunorubicin	34	diazepam	22, 53
DAURISMO	34	diazepam intensol	53
deblitane	79	diazoxide	54
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deferasirox	70	dicloxacillin	19
DELSTRIGO	50	dicyclomine	73
DENGVAXIA (PF)	87	didanosine	50
DEPO-ESTRADIOL	79	DIFICID	19
DEPO-SUBQ PROVERA 104	79	digitek	60
DERMACEA	94	digoxin	60
DESCOVY	50	dihydroergotamine	31
desipramine	26	dilt-xr	60
desmopressin	77	diltiazem hcl	60, 61
desog-e.estradiol/e.estradiol	79	dimethyl fumarate	66
desvenlafaxine succinate	26	diphedryl	105
dexamethasone	76	diphenhydramine hcl	99, 105
dexamethasone intensol	76	diphenoxylate-atropine	73
dexamethasone sodium phos (pf)	76	disulfiram	16
dexamethasone sodium phosphate	77, 97	DIURIL	61
dexmethylphenidate	66	divalproex	22
dexrazoxane hcl	34	docetaxel	35
dextroamphetamine sulfate	66	docusate calcium	105
dextroamphetamine-amphetamine	66	docusate sodium	105
dextromethorphan-guaifenesin	105	DOCUSOL KIDS	105
dextrose	105	dofetilide	61
dextrose 10 % and 0.2 % nacl	70	dok	105
dextrose 10 % in water (d10w)	71	donepezil	25
dextrose 5 % in water (d5w)	71	dorzolamide	97

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dorzolamide-timolol	97	ed-apap	106
dotti	79	EDURANT	50
DOVATO	50	EDURANT PED	50
doxazosin	61	efavirenz	50
doxepin	53	efavirenz-emtricitabin-tenofov	50
doxercalciferol	92	efavirenz-lamivu-tenofov disop	50
doxorubicin	35	EGRIFTA SV	77
doxorubicin, peg-liposomal	35	ELAHERE	35
doxy-100	19	electrolyte-148	71
doxycycline hyclate	19	electrolyte-48 in d5w	71
doxycycline monohydrate	19, 20	electrolyte-a	71
driminate	105	ELELYSO	75
DRISDOL	102	ELIGARD (3 MONTH)	85
DRIZALMA SPRINKLE	66	elinest	79
dronabinol	28	ELIQUIS	58
DROPLET INSULIN SYR(HALF UNIT)	94	ELIQUIS DVT-PE TREAT 30D START	58
DROPLET INSULIN SYRINGE	94, 95	ELMIRON	76
DROPLET MICRON PEN NEEDLE	95	ELREXFIO	35
DROPLET PEN NEEDLE	95	eluryng	79
DROPSAFE ALCOHOL PREP PADS	95	ELZONRIS	35
DROPSAFE PEN NEEDLE	95	EMCYT	35
drospirenone-ethinyl estradiol	79	EMGALITY PEN	31
DROXIA	95	EMGALITY SYRINGE	31
DUAVEE	79	EMPLICITI	35
duloxetine	66	EMRELIS	35
DUPIXENT PEN	87	EMSAM	26
DUPIXENT SYRINGE	88	emtricitabine-tenofov df	50
dutasteride	76	emtricitabine	50
dutasteride-tamsulosin	76	emtricitabine-tenofov (tdf)	50
E			
EASY COMFORT ALCOHOL PAD	95	EMTRIVA	50
EASY TOUCH ALCOHOL PREP PADS	95	emzahh	79
econtra one-step	105	enalapril maleate	61
		enalapril-hydrochlorothiazide	61

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endocet	14	errin	79
enema	106	ertapenem	20
enema disposable	106	ery pads	68
ENEMEEZ	106	ERYTHROCIN	20
ENEMEEZ KIDS	106	erythromycin	20, 97
ENEMEEZ PLUS	106	erythromycin lactobionate	20
ENGERIX-B (PF)	88	erythromycin with ethanol	68
ENGERIX-B PEDIATRIC (PF)	88	escitalopram oxalate	26
ENHERTU	35	eslicarbazepine	22
enilloring	79	esomeprazole magnesium	74
enoxaparin	58	estarylla	79
enpresse	79	estradiol	79
enskyce	79	estradiol valerate	79
entacapone	45	estradiol-norethindrone acet	79
entecavir	50	eszopiclone	101
ENTRESTO	61	ethambutol	32
ENTRESTO SPRINKLE	61	ethosuximide	22, 23
enulose	74	ethynodiol diac-eth estradiol	79
ENVARUSUS XR	88	etodolac	14
EPCLUSA	50	etonogestrel-ethinyl estradiol	79
EPIDIOLEX	22	ETOPOPHOS	35
epinephrine	99	etoposide	35
epirubicin	35	etravirine	50
epitol	22	EULEXIN	35
EPKINLY	35	EUTHYROX	84
EPRONTIA	22	everolimus (antineoplastic)	35
ERBITUX	35	everolimus (immunosuppressive)	88
ergocalciferol (vitamin d2)	102, 106	EVOMELA	35
ergotamine-caffeine	31	EVOTAZ	50
eribulin	35	exemestane	35
ERIVEDGE	35	EXKIVITY	35
ERLEADA	35	EYSUVIS	97
erlotinib	35	ezetimibe	61

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F

falmina (28)	79	fiber-lax	106
famciclovir	50	fidaxomicin	20
famotidine	74, 106	finasteride	76
famotidine (pf)	74	fingolimod	66
famotidine (pf)-nacl (iso-os)	74	FINTEPLA	23
FANAPT	47	FIRDAPSE	66
FANAPT TITRATION PACK A	47	FIRMAGON	85
FANAPT TITRATION PACK B	47	FIRMAGON KIT W DILUENT SYRINGE	85
FANAPT TITRATION PACK C	47	flecainide	61
FASENRA PEN	100	FLEET ENEMA	106
febuxostat	30	FLEET GLYCERIN LAXATIVE	106
feirza	80	FLEET PEDIATRIC	106
felbamate	23	fluconazole	29
felodipine	61	fluconazole in nacl (iso-osm)	29
FEMLYV	80	flucytosine	29
fenofibrate	61	fludarabine	35
fenofibrate micronized	61	fludrocortisone	77
fenofibrate nanocrystallized	61	flunisolide	100
fentanyl	14	fluocinolone	68
fentanyl citrate	14	fluocinolone acetonide oil	98
fentanyl citrate (pf)	14	fluocinolone and shower cap	68
fesoterodine	76	fluorometholone	97
FETZIMA	27	fluorouracil	35, 68
FEVERALL	106	fluoxetine	27
FIASP FLEXTOUCH U-100 INSULIN	54	fluphenazine decanoate	47
FIASP PENFILL U-100 INSULIN	54	fluphenazine hcl	47
FIASP U-100 INSULIN	54	flurbiprofen	14
fiber (calcium polycarbophil)	106	flurbiprofen sodium	97
fiber laxative (ca polycarbo)	106	fluticasone propion-salmeterol	100
fiber laxative(methylcellulos)	106	fluticasone propionate	68, 100
FIBER THERAPY (M-CELL/SUGAR)	106	fluvastatin	61
fiber therapy (m-cellulose)	106	fluvoxamine	27
		FOLIKA-BC	106

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FOLOTYN	36	gentle laxative (bisacodyl)	106
FORTEO	92	GENVOYA	50
fosamprenavir	50	GILOTRIF	36
fosinopril	61	glatiramer	66
fosinopril-hydrochlorothiazide	61	glatopa	66
fosphenytoin	23	GLEOSTINE	36
FOTIVDA	36	glimepiride	54
FRUZAQLA	36	glipizide	54
full spectrum b-vitamin c	106	glipizide-metformin	54
furosemide	61	glucose gel	106
FUZEON	50	glyburide	55
FYARRO	36	glyburide micronized	55
FYCOMPA	23	glyburide-metformin	55
G			
gabapentin	23	glycerin (adult)	106
galantamine	25	glycerin (child)	106
gallifrey	80	glycopyrrolate	74
GAMUNEX-C	88	GLYXAMBI	55
GARDASIL 9 (PF)	88	GOMEKLI	36
GAUZE BANDAGE	95	GRAFAPEX	36
GAUZE PAD	95	granisetron hcl	28
gavilax	106	griseofulvin microsize	29
gavilyte-c	74	griseofulvin ultramicrosize	29
gavilyte-g	74	guaifenesin	106
gavilyte-n	74	guanfacine	61, 66
H			
GAVRETO	36	HAEGARDA	88
GAZYVA	36	hailey	80
gefitinib	36	hailey 24 fe	80
gemcitabine	36	hailey fe 1.5/30 (28)	80
gemfibrozil	61	hailey fe 1/20 (28)	80
generlac	74	HALAVEN	36
gentamicin	20, 97	haloette	80
gentamicin in nacl (iso-osm)	20	haloperidol	47

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haloperidol decanoate	47	HUMULIN N NPH U-100 INSULIN	55
haloperidol lactate	47	HUMULIN R REGULAR U-100 INSULN	55
HAVRIX (PF)	88	hydralazine	61
headache relief (asa-acet-caf)	106	hydrochlorothiazide	61
healthylax	106	hydrocodone-acetaminophen	14
heartburn relief	106	hydrocodone-ibuprofen	14
heartburn relief (famotidine)	106	hydrocortisone	68, 69, 92
heather	80	hydrocortisone-acetic acid	98
heparin (porcine)	58	hydromorphone	14
heparin, porcine (pf)	58	hydroxychloroquine	44
HEPLISAV-B (PF)	88	hydroxyurea	36
her style	106	hydroxyzine hcl	53, 54
HIBERIX (PF)	88	hydroxyzine pamoate	100
HUMALOG JUNIOR KWIKPEN U-100	55	HYFTOR	69
HUMALOG KWIKPEN INSULIN	55	I	
HUMALOG MIX 50-50 INSULN U-100	55	ibandronate	92
HUMALOG MIX 50-50 KWIKPEN	55	IBRANCE	36
HUMALOG MIX 75-25 KWIKPEN	55	IBTROZI	36
HUMALOG MIX 75-25(U-100)INSULN	55	ibu	14
HUMALOG U-100 INSULIN	55	ibuprofen	14, 15, 106
HUMATIN	20	icatibant	88
HUMIRA	88	iclevia	80
HUMIRA PEN	88	ICLUSIG	36
HUMIRA PEN CROHNS-UC-HS START	88	idarubicin	36
HUMIRA(CF)	88	IDHIFA	36
HUMIRA(CF) PEDI CROHNS STARTER	88	ifosfamide	36
HUMIRA(CF) PEN	88	ILEVRO	97
HUMIRA(CF) PEN CROHNS-UC-HS	88	imatinib	36
HUMIRA(CF) PEN PEDIATRIC UC	88	IMBRUVICA	36
HUMIRA(CF) PEN PSOR-UV-ADOL HS	88	IMDELLTRA	36
HUMULIN 70/30 U-100 INSULIN	55	IMFINZI	37
HUMULIN 70/30 U-100 KWIKPEN	55	imipenem-cilastatin	20
HUMULIN N NPH INSULIN KWIKPEN	55	imipramine hcl	27

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imipramine pamoate	27	IONOSOL-MB IN D5W	71
imiquimod	69	IPOL	89
IMJUDO	37	ipratropium bromide	100
IMKELDI	37	ipratropium-albuterol	100
IMLYGIC	37	irbesartan	62
IMOVAX RABIES VACCINE (PF)	89	irbesartan-hydrochlorothiazide	62
INBRIJA	45	irinotecan	37
incassia	80	ISENTRESS	51
INCONTROL ALCOHOL PADS	95	ISENTRESS HD	51
INCRELEX	78	isibloom	80
indapamide	62	ISOLYTE-P IN 5 % DEXTROSE	71
indomethacin	15	ISOLYTE-S	71
INFANRIX (DTAP) (PF)	89	isoniazid	32
infant pain reliever	106	isosorbide dinitrate	62
infant's acetaminophen	106	isosorbide mononitrate	62
infants' pain and fever	107	isosorbide-hydralazine	62
INLYTA	37	isotretinoin	69
INQOVI	37	ISTODAX	37
INREBIC	37	ITOVEBI	37
INSULIN LISPRO	55	itraconazole	29
INSULIN SYRINGE	95	IV PREP WIPES	95
INSULIN SYRINGE MICROFINE	95	ivermectin	44
INSULIN SYRINGE-NEEDLE U-100	95	IVRA	37
INSULIN U-500 SYRINGE-NEEDLE	95	IWILFIN	37
INTELENCE	50	IXCHIQ (PF)	89
INTRALIPID	71	IXEMPRA	37
introvale	80	IXIARO (PF)	89
INVEGA HAFYERA	47	J	
INVEGA SUSTENNA	47	JAKAFI	37
INVEGA TRINZA	47	jantoven	58
INVOKAMET	55	JANUMET	55
INVOKAMET XR	55	JANUMET XR	55
INVOKANA	55	JANUVIA	55

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JARDIANCE	56	KINRIX (PF)	89
jasmiel (28)	80	kionex (with sorbitol)	71
JAYPIRCA	37	KISQALI	37
JEMPERLI	37	KISQALI FEMARA CO-PACK	37
jencycla	80	klayesta	30
JENTADUETO	56	KLOR-CON 10	71
JENTADUETO XR	56	KLOR-CON 8	71
JEVTANA	37	klor-con m10	71
juleber	80	KLOR-CON M15	71
JULUCA	51	klor-con m20	71
junel 1.5/30 (21)	80	KLOXXADO	16
junel 1/20 (21)	80	KOSELUGO	37
junel fe 1.5/30 (28)	80	KRAZATI	38
junel fe 1/20 (28)	80	kurvelo (28)	80
junel fe 24	80	KYPROLIS	38
JYLAMVO	89		
JYNNEOS (PF)	89		
	K		L
KABIVEN	71	l norgest/e.estradiol-e.estrad	80
KADCYLA	37	labetalol	62
KALETRA	51	lacosamide	23
kalliga	80	lactated ringers	71, 95
KALYDECO	100	lactulose	74
KANJINTI	37	lamivudine	51
kariva (28)	80	lamivudine-zidovudine	51
kelnor 1/35 (28)	80	lamotrigine	23
kelnor 1/50 (28)	80	LAMPIT	45
KERENDIA	62	lanreotide	85
KESIMPTA PEN	66	lansoprazole	74
ketoconazole	29	LANTUS SOLOSTAR U-100 INSULIN	56
ketorolac	15, 97	LANTUS U-100 INSULIN	56
KEYTRUDA	37	lapatinib	38
KIMMTRAK	37	larin 1.5/30 (21)	80
		larin 1/20 (21)	80
		larin 24 fe	80

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larin fe 1.5/30 (28)	80	LEXIVA	51
larin fe 1/20 (28)	80	LIBERVANT	23
latanoprost	97	LIBTAYO	38
laxative (bisacodyl)	107	lidocaine	16
laxative (sennosides)	107	lidocaine hcl	16
LAZCLUZE	38	lidocaine viscous	16
leena 28	80	lidocaine-prilocaine	16
leflunomide	89	lincomycin	20
lenalidomide	38	lindane	69
LENVIMA	38	linezolid	20
lessina	81	linezolid in dextrose 5%	20
letrozole	38	linezolid-0.9% sodium chloride	20
leucovorin calcium	38	LINZESS	74
LEUKERAN	38	liothyronine	84
leuprolide	85	lisinopril	62
leuprolide (3 month)	85	lisinopril-hydrochlorothiazide	62
levetiracetam	23	lithium carbonate	54
levetiracetam in nacl (iso-os)	23	lithium citrate	54
LEVO-T	84	LIVTENCITY	51
levobunolol	97	lo-zumandimine (28)	81
levocarnitine	71	LOCOID LIPOCREAM	69
levocarnitine (with sugar)	71	LOESTRIN 1.5/30 (21)	81
levocetirizine	100	LOESTRIN 1/20 (21)	81
levofloxacin	20	LOESTRIN FE 1.5/30 (28-DAY)	81
levofloxacin in d5w	20	LOESTRIN FE 1/20 (28-DAY)	81
levoleucovorin calcium	38	lojaimiess	81
levonest (28)	81	LOKELMA	71
levonorg-eth estrad triphasic	81	LONSURF	38
levonorgestrel	107	loperamide	74, 107
levonorgestrel-ethinyl estrad	81	lopinavir-ritonavir	51
levora-28	81	LOQTORZI	38
levothyroxine	84	loratadine	107
LEVOXYL	84	lorazepam	54

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		M
lorazepam intensol	54	
LORBRENA	38	m-dryl
loryna (28)	81	M-M-R II (PF)
losartan	62	m-natal plus
losartan-hydrochlorothiazide	62	m-pap
lovastatin	62	mag-al plus
low-ogestrel (28)	81	mag-al plus extra strength
loxapine succinate	47	magnesium hydroxide
lubiprostone	74	magnesium oxide
LUMAKRAS	38	magnesium sulfate
LUMIGAN	97	magnesium sulfate in d5w
LUNSUMIO	38	malathion
LUPRON DEPOT	85	maraviroc
LUPRON DEPOT (3 MONTH)	85	MARGENZA
LUPRON DEPOT (4 MONTH)	85	marlissa (28)
LUPRON DEPOT (6 MONTH)	85	MARPLAN
LUPRON DEPOT-PED	85	MATULANE
LUPRON DEPOT-PED (3 MONTH)	85	meclizine
lurasidone	47	medroxyprogesterone
lurbipr	15	mefloquine
lutera (28)	81	megestrol
LUTRATE DEPOT (3 MONTH)	85	MEKINIST
LYBALVI	47	MEKTOVI
lyleq	81	meleya
lyllana	81	meloxicam
LYNOZYFIC	38	melphalan
LYNPARZA	38	melphalan hcl
LYSODREN	38	memantine
LYTGOBI	38	MENACTRA (PF)
LYUMJEV KWIKPEN U-100 INSULIN	56	MENEST
LYUMJEV KWIKPEN U-200 INSULIN	56	MENQUADFI (PF)
LYUMJEV U-100 INSULIN	56	MENVEO A-C-Y-W-135-DIP (PF)
lyza	81	mercaptopurine

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meropenem	20	microgestin 1/20 (21)	81
meropenem-0.9% sodium chloride	20	microgestin 24 fe	81
mesalamine	92	microgestin fe 1.5/30 (28)	81
mesna	39	microgestin fe 1/20 (28)	81
MESNEX	39	midodrine	62
metformin	56	mifepristone	95
methadone	15	migraine formula	107
methazolamide	97	migraine relief	107
methenamine hippurate	20	mili	82
methimazole	86	milk of magnesia	107
methocarbamol	101	milk of magnesia concentrated	107
methotrexate sodium	89	minocycline	21
methotrexate sodium (pf)	89	minoxidil	62
methsuximide	23	mintox maximum strength	107
methyldopa	62	mintox plus	107
methyldopa-hydrochlorothiazide	62	MIRENA	95
methylphenidate hcl	66	mirtazapine	27
methylprednisolone	77	misoprostol	74
methylprednisolone acetate	77	mitomycin	39
methylprednisolone sodium succ	77	mitoxantrone	39
metoclopramide hcl	28	modafinil	102
metolazone	62	moexipril	62
metoprolol succinate	62	molindone	47
metoprolol ta-hydrochlorothiaz	62	mometasone	69
metoprolol tartrate	62	mondoxyne nl	21
metronidazole	20	mono-lynyah	82
metronidazole in nacl (iso-os)	20	montelukast	100
metyrosine	62	morphine	15
MICAFUNGIN IN 0.9 % SODIUM CHL	30	morphine concentrate	15
miconazole nitrate	107	motion sickness	107
miconazole-3	30, 107	motion sickness (meclizine)	107
miconazole-7	107	motion sickness relief	107
microgestin 1.5/30 (21)	81	motion sickness relief(mecliz)	108

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motion-time	108	NATACYN	97
MOUNJARO	56	nateglinide	56
MOVANTIK	74	nausea relief	108
moxifloxacin	21, 97	NAYZILAM	23
moxifloxacin-sod.chloride(iso)	21	neбиволol	63
MRESVIA (PF)	89	necon 0.5/35 (28)	82
MULTAQ	63	nefazodone	27
mupirocin	69	nelarabine	39
MUTAMYCIN	39	neo-vital rx	71
MVASI	39	neomycin	21
my choice	108	neomycin-bacitracin-poly-hc	97
my way	108	neomycin-bacitracin-polymyxin	97
mycophenolate mofetil	89	neomycin-polymyxin b-dexameth	97
mycophenolate mofetil (hcl)	89	neomycin-polymyxin-gramicidin	97
mycophenolate sodium	89	neomycin-polymyxin-hc	97, 98
MYLOTARG	39	NEONATAL COMPLETE	71
MYRBETRIQ	76	NEONATAL PLUS VITAMIN	71
N			
nabumetone	15	NEONATAL-DHA	71
nafcillin	21	nephro vitamins	108
nafcillin in dextrose iso-osm	21	NEPHRO-VITE	108
naloxone	16, 108	NEPHRONEX	108
naltrexone	16	NERLYNX	39
NAMZARIC	26	nevirapine	51
NANO 2ND GEN PEN NEEDLE	95	new day	108
NANO PEN NEEDLE	95	NEXPLANON	82
naproxen	15	niacin	63
naproxen sodium	15, 108	niacor	63
naratriptan	31	nicotine	108
NARCAN	108	nicotine (polacrilex)	108
nasal decongestant (pseudoeph)	108	NICOTROL NS	16
nasal moisturizing	108	nifedipine	63
nasal spray (sodium chloride)	108	nikki (28)	82
		nilotinib hcl	39

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nilotinib tartrate	39	NOVOLOG FLEXPEN U-100 INSULIN	56
nilutamide	39	NOVOLOG MIX 70-30 U-100 INSULN	56
nimodipine	63	NOVOLOG MIX 70-30FLEXPEN U-100	56
NINLARO	39	NOVOLOG PENFILL U-100 INSULIN	56
nitazoxanide	45	NOVOLOG U-100 INSULIN ASPART	56
nitisinone	75	NOVOPEN ECHO	95
nitrofurantoin macrocrystal	21	np thyroid	84
nitrofurantoin monohyd/m-cryst	21	NUBEQA	39
nitroglycerin	63, 95	NUCALA	100
NITROSTAT	63	NUEDEXTA	66
NIVESTYM	58	NUPLAZID	47, 48
nizatidine	74	NUTRILIPID	71
NORA-BE	82	NUTRISOURCE FIBER	108
norelgestromin-ethin.estradiol	82	nyamyc	30
noreth-ethinyl estradiol-iron	82	nylia 1/35 (28)	82
norethindrone (contraceptive)	82	nylia 7/7/7 (28)	82
norethindrone ac-eth estradiol	82	nymyo	82
norethindrone acetate	82	nystatin	30
norethindrone-e.estradiol-iron	82	nystatin-triamcinolone	30
norgestimate-ethinyl estradiol	82	nystop	30
NORMOSOL-M IN 5 % DEXTROSE	71	0	
nortrel 0.5/35 (28)	82	ocella	82
nortrel 1/35 (21)	82	octreotide acetate	85
nortrel 1/35 (28)	82	octreotide,microspheres	86
nortrel 7/7/7 (28)	82	ODEFSEY	51
nortriptyline	27	ODOMZO	39
NORVIR	51	OFEV	100
NOVOLIN 70-30 FLEXPEN U-100	56	ofloxacin	21, 97, 98
NOVOLIN 70/30 U-100 INSULIN	56	OGSIVEO	39
NOVOLIN N FLEXPEN	56	OJEMDA	39
NOVOLIN N NPH U-100 INSULIN	56	OJJAARA	39
NOVOLIN R FLEXPEN	56	olanzapine	48
NOVOLIN R REGULAR U100 INSULIN	56	olmesartan	63

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olmesartan-hydrochlorothiazide	63	PACERONE	63
olopatadine	97	paclitaxel	40
omega-3 acid ethyl esters	63	paclitaxel protein-bound	40
omeprazole	74	PADCEV	40
OMNITROPE	78	pain relief (acetaminophen)	108
ONCASPAR	39	pain relief es (acetaminophen)	108
ondansetron	28	pain reliever (acetaminophen)	108
ondansetron hcl	28	pain reliever es(acetaminophn)	108
ondansetron hcl (pf)	28	pain reliever plus	108
ONIVYDE	39	paliperidone	48
ONUREG	39	pamidronate	92
OPDIVO	40	PANRETIN	40
OPDIVO QVANTIG	40	pantoprazole	74
OPDUALAG	40	pantoprazole in 0.9% sod chlor	74
OPIPZA	48	paraplatin	40
OPSUMIT	100	paricalcitol	92
OPSYNVI	100	paroxetine hcl	27
option-2	108	PAXLOVID	51
OPVEE	17	pazopanib	40
ORACIT	102	PEDIA-LAX	108
ORGOVYX	40	pedia-lax stool softener	108
orquidea	82	PEDIARIX (PF)	89
ORSERDU	40	PEDVAX HIB (PF)	89
oseltamivir	51	peg 3350-electrolytes	74
OSPHENA	82	peg-electrolyte soln	74
OTULFI	89	PEGASYS	89
oxaliplatin	40	PEMAZYRE	40
oxcarbazepine	23	pemetrexed	40
oxybutynin chloride	76	pemetrexed disodium	40
oxycodone	15	PEMRYDI RTU	40
oxycodone-acetaminophen	15	PEN NEEDLE, DIABETIC	95
OZEMPIC	56	PENBRAYA (PF)	89
		penicillamine	71

P

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penicillin g potassium	21	PIQRAY	40
penicillin g sodium	21	pirfenidone	100
penicillin v potassium	21	piroxicam	15
PENMENVY MEN A-B-C-W-Y (PF)	89	PLASMA-LYTE 148	72
PENTACEL (PF)	89	PLASMA-LYTE A	72
pentamidine	45	podofilox	69
pentoxifylline	63	POLIVY	40
perampanel	23, 24	polycin	98
PERIKABIVEN	71	polyethylene glycol 3350	108, 109
perindopril erbumine	63	polymyxin b sulf-trimethoprim	98
periogard	67	polymyxin b sulfate	21
PERJETA	40	POMALYST	40
permethrin	69	portia 28	82
perphenazine	48	PORTRAZZA	40
perphenazine-amitriptyline	27	posaconazole	30
pfizerpen-g	21	potassium chlorid-d5-0.45%nacl	72
phenelzine	27	potassium chloride	72
phenobarbital	24	potassium chloride in 0.9%nacl	72
PHENYTEK	24	potassium chloride in 5 % dex	72
phenytoin	24	potassium chloride in lr-d5	72
phenytoin sodium	24	potassium chloride in water	72
phenytoin sodium extended	24	potassium chloride-0.45 % nacl	72
phytonadione (vitamin k1)	102	potassium chloride-d5-0.2%nacl	72
PIFELTRO	51	potassium chloride-d5-0.9%nacl	72
pilocarpine hcl	67, 98	potassium citrate	72
pimecrolimus	69	POTELIGEO	40
pimozide	48	pr natal 400	72
pimtrea (28)	82	pr natal 400 ec	72
pinaway	108	pr natal 430	72
pink bismuth	108	pr natal 430 ec	72
pinworm treatment	108	pralatrexate	40
pioglitazone	57	pramipexole	45
piperacillin-tazobactam	21	prasugrel hcl	58

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pravastatin	63	proctosol hc	69
praziquantel	45	proctozone-hc	69
prazosin	63	progesterone	82
prednisolone	77	progesterone micronized	82
prednisolone acetate	98	PROGRAF	90
prednisolone sodium phosphate	77, 98	PROLIA	92
prednisone	77	PROMACTA	58
prednisone intensol	77	promethazine	28
pregabalin	66, 67	promethazine-codeine	102
PREMARIN	82	propafenone	63
PREMASOL 10 %	72	proparacaine	98
PRENATA	72	propranolol	63, 64
PRENATABS FA	72	propranolol-hydrochlorothiazid	64
prenatal plus (calcium carb)	72	propylthiouracil	86
prenatal plus vitamin-mineral	72	PROQUAD (PF)	90
PRENATE ELITE	72	protriptyline	27
prevalite	63	pseudoephedrine hcl	109
PREVYMIS	51, 52	PULMOZYME	100
PREZCOBIX	52	PURE COMFORT ALCOHOL PADS	95
PREZISTA	52	PURIXAN	41
PRIFTIN	32	pyrazinamide	32
primaquine	45	pyridostigmine bromide	31
primidone	24	pyridoxine (vitamin b6)	102
PRIMSOL	21	pyrimethamine	45
PRIORIX (PF)	90	Q	
PRO COMFORT ALCOHOL PADS	95	QINLOCK	41
probenecid	30	QUADRACEL (PF)	90
probenecid-colchicine	31	quetiapine	48
procainamide	63	quinapril	64
prochlorperazine	28	quinapril-hydrochlorothiazide	64
prochlorperazine edisylate	28	quinidine sulfate	64
prochlorperazine maleate	28	quinine sulfate	45
procto-med hc	69	QULIPTA	31

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R

RABAVERT (PF)	90	rifampin	32
RADICAVA ORS	67	riluzole	67
RADICAVA ORS STARTER KIT SUSP	67	rimantadine	52
RALDESY	27	ringer's	72, 96
raloxifene	82	RINVOQ	90
ramipril	64	RINVOQ LQ	90
ranolazine	64	risedronate	92
rasagiline	45	RISPERDAL CONSTA	48
ready-to-use enema	109	risperidone	48
reclipsen (28)	83	ritonavir	52
RECOMBIVAX HB (PF)	90	rivaroxaban	58
reese's pinworm medicine	109	rivastigmine tartrate	26
RELENZA DISKHALER	52	rizatriptan	31
rena-vite	109	ROCKLATAN	98
rena-vite rx	109	roflumilast	100
renal vitamin	109	romidepsin	41
reno caps	109	ROMVIMZA	41
repaglinide	57	ropinirole	45
REPATHA PUSHTRONEX	64	rosuvastatin	64
REPATHA SURECLICK	64	ROTARIX	90
REPATHA SYRINGE	64	ROTATEQ VACCINE	90
RETACRIT	58	roweepra	24
RETEVMO	41	roweepra xr	24
RETROVIR	52	ROZLYTREK	41
REVUFORJ	41	RUBRACA	41
REXULTI	48	rufinamide	24
REYATAZ	52	RUKOBIA	52
REZLIDHIA	41	RUXIENCE	41
RHOPRESSA	98	RYBELSUS	57
RIABNI	41	RYBREVANT	41
ribavirin	52	RYDAPT	41
rifabutin	32	RYLAZE	41
		RYTELO	41

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S

sajazir	90	setlakin	83
saline mist	109	sharobel	83
saline nasal	109	SHINGRIX (PF)	90
saline nasal mist	109	SIGNIFOR	86
saline nose	109	sildenafil (pulm.hypertension)	100
SANDIMMUNE	90	silodosin	76
SANDOSTATIN LAR DEPOT	86	silver sulfadiazine	69
SANTYL	69	SIMBRINZA	98
sapropterin	75	simliya (28)	83
SARCLISA	41	simvastatin	64
saxagliptin	57	sirolimus	90
SCEMBLIX	41	SIRTURO	32
scopolamine base	29	SKYRIZI	90
se-natal 19 chewable	73	SMOFLIPID	73
SECUADO	48	smooth antacid	109
selegiline hcl	45, 46	sodium bicarbonate	73, 109
SELZENTRY	52	SODIUM BICARBONATE (BULK)	102, 109
senexon-s	109	sodium chloride	73, 96
senna	109	sodium chloride 0.45 %	73
senna lax	109	sodium chloride 0.9 %	73
senna laxative	109	sodium chloride 3 % hypertonic	73
senna leaf extract	109	sodium chloride 5 % hypertonic	73
senna plus	109	sodium citrate-citric acid	109
senna-s	109	sodium oxybate	102
senna-time s	109	sodium phenylbutyrate	75
sennosides	109	sodium polystyrene sulfonate	73
sennosides-docusate sodium	109	sodium,potassium,mag sulfates	74
SENOKOT	109	solifenacin	76
SENOKOT EXTRA STRENGTH	109	SOLQUA 100/33	57
SENOKOT KIDS	109	SOLTAMOX	41
SENOKOT-S	109	SOLU-MEDROL	77
sertraline	27	SOLU-MEDROL (PF)	77
		SOMAVERT	86

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sorafenib	41	sucralfate	74, 75
SORBITOL	109	sudogest	110
sorine	64	SUFLAVE	75
sotalol	64	sulfacetamide sodium	21, 98
sotalol af	64	sulfacetamide-prednisolone	98
SPIRIVA RESPIMAT	100	sulfadiazine	21
SPIRIVA WITH HANDIHALER	100	sulfamethoxazole-trimethoprim	21
spironolacton-hydrochlorothiaz	64	sulfasalazine	92
spironolactone	64	sulindac	16
sprintec (28)	83	sumatriptan	31
SPRITAM	24	sumatriptan succinate	31
SPRYCEL	41	sunitinib malate	41
SPS (WITH SORBITOL)	73	SUNLENCA	52
sronyx	83	suphedrin	110
SSD	69	SURE COMFORT ALCOHOL PREP PADS	96
stavudine	52	SURE-PREP ALCOHOL PREP PADS	96
STELARA	90	SUTAB	75
stimulant laxative plus	110	syeda	83
STIOLTO RESPIMAT	101	SYMBICORT	101
STIVARGA	41	SYMPAZAN	24
stomach relief	110	SYMTUZA	52
stool softener	110	SYNJARDY	57
stool softener (docusate cal)	110	SYNJARDY XR	57
stool softener-laxative	110	SYNRIBO	41
stool softener-stimulant laxat	110	SYNTHROID	84
STRENSIQ	75	T	
streptomycin	21	TABLOID	41
STRIBILD	52	TABRECTA	41
STRIVERDI RESPIMAT	101	tacrolimus	69, 90
subvenite	24	tadalafil	76
subvenite starter (blue) kit	24	tadalafil (pulm. hypertension)	101
subvenite starter (green) kit	24	TAFINLAR	42
subvenite starter (orange) kit	24	TAGRISSO	42

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TALICIA	75	TEVIMBRA	42
TALVEY	42	THALOMID	42
TALZENNA	42	theophylline	101
tamoxifen	42	thiamine hcl (vitamin b1)	102
tamsulosin	76	thioridazine	48
tarina 24 fe	83	thiotepa	42
tarina fe 1-20 eq (28)	83	thiothixene	48
tarina fe 1/20 (28)	83	tiadylt er	64
TASIGNA	42	tiagabine	24
tasimelteon	102	TIBSOVO	42
tazarotene	69	ticagrelor	58
taztia xt	64	TICOVAC	90
TAZVERIK	42	tigecycline	21
TDVAX	90	tilia fe	83
TECENTRIQ	42	timolol maleate	64, 98
TECENTRIQ HYBREZA	42	tinidazole	21
TECVAYLI	42	tioconazole	110
TEFLARO	21	tioconazole-1	110
telmisartan	64	TIROSINT-SOL	85
telmisartan-amlodipine	64	TIVDAK	42
temazepam	102	TIVICAY	52
temsirolimus	42	TIVICAY PD	52
TENIVAC (PF)	90	tizanidine	49
tenofovir disoproxil fumarate	52	tobramycin	98
TEPMETKO	42	tobramycin in 0.225 % nacl	21
terazosin	64	tobramycin sulfate	21
terbinafine hcl	30	tobramycin-dexamethasone	98
terconazole	30	tolterodine	76
teriflunomide	67	topiramate	24
testosterone	83	topotecan	42
testosterone cypionate	83	toremifene	42
testosterone enanthate	83	torpenz	42
tetrabenazine	67	torsemide	64

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TOUJEO MAX U-300 SOLOSTAR	57	tri-sprintec (28)	83
TOUJEO SOLOSTAR U-300 INSULIN	57	tri-vylibra	83
TPN ELECTROLYTES	73	tri-vylibra lo	83
TRADJENTA	57	triamcinolone acetonide	67, 77
tramadol	16	triamterene-hydrochlorothiazid	64, 65
trandolapril	64	triderm	77
tranexamic acid	58	trientine	73
tranylcypromine	27	trifluoperazine	48
TRAVASOL 10 %	73	trifluridine	98
travoprost	98	trihexyphenidyl	46
TRAZIMERA	42	TRIJARDY XR	57
trazodone	27	TRIKAFTA	101
TRECTOR	32	trimethoprim	21
TRELEGY ELLIPTA	101	trimipramine	27
TRELSTAR	86	trinatal rx 1	73
TREMFYA	90, 91	TRINTELLIX	27
TREMFYA PEN	91	TRISENOX	42
TREMFYA PEN INDUCTION PK-CROHN	91	TRIUMEQ	52
TRESIBA FLEXTOUCH U-100	57	TRIUMEQ PD	52
TRESIBA FLEXTOUCH U-200	57	trivora (28)	83
TRESIBA U-100 INSULIN	57	TRIZIVIR	52
tretinoin	69	TRODELVY	42
tretinoin (antineoplastic)	42	TROGARZO	52
tri-buffered aspirin	110	TROPHAMINE 10 %	73
tri-estarylla	83	trosipium	76
tri-legest fe	83	TRUE COMFORT ALCOHOL PADS	96
tri-linyah	83	TRUE COMFORT PRO ALCOHOL PADS	96
tri-lo-estarylla	83	trueplus glucose	110
tri-lo-marzia	83	TRULICITY	57
tri-lo-mili	83	TRUMENBA	91
tri-lo-sprintec	83	TRUQAP	42
tri-mili	83	TUKYSA	42
tri-nymyo	83	tulana	83

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TURALIO	43	valtya	83
turqoz (28)	83	vancomycin	21, 22
tusnel diabetic	110	VANFLYTA	43
tusnel-ex	110	VAQTA (PF)	91
tussin dm	110	varenicline tartrate	17
tussin dm clear	110	VARIVAX (PF)	91
tussin mucus-chest congestion	110	VASCEPA	65
TWINRIX (PF)	91	VAXCHORA VACCINE	91
TYBOST	52	VECTIBIX	43
TYMLOS	92	velivet triphasic regimen (28)	83
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UBRELVY	31	VENCLEXTA	43
UDENYCA	58	VENCLEXTA STARTING PACK	43
UDENYCA AUTOINJECTOR	58	venlafaxine	27, 28
UDENYCA ONBODY	58	VENTOLIN HFA	101
ULTILET ALCOHOL SWAB	96	verapamil	65
ULTRA-FINE INS SYR (HALF UNIT)	96	VERQUOVO	65
ULTRA-FINE INSULIN SYRINGE	96	VERSACLOZ	48
ULTRA-FINE PEN NEEDLE	96	VERZENIO	43
UNITHROID	85	vestura (28)	83
UNITUXIN	43	vienva	84
ursodiol	75	vigabatrin	25
V			
valacyclovir	52	vigadrone	25
VALCHLOR	43	VIGAFYDE	25
valganciclovir	52	vigpoder	25
valproate sodium	24	vilazodone	28
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valsartan	65	vincasar pfs	43
valsartan-hydrochlorothiazide	65	vincristine	43
VALTOCO	25	vinorelbine	43
		viorele (28)	84
		VIRACEPT	53

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VIREAD	53	women's gentle laxative(bisac)	110
vitamin d2	102	wymzya fe	84
vitamin k1	102		X
VITRAKVI	43	XALKORI	43
VIVITROL	17	xarah fe	84
VIVOTIF	91	XARELTO	59
VIZIMPRO	43	XARELTO DVT-PE TREAT 30D START	59
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volnea (28)	84	XCOPRI	25
VONJO	43	XCOPRI MAINTENANCE PACK	25
VORANIGO	43	XCOPRI TITRATION PACK	25
voriconazole	30	XDEMVY	96
voriconazole-hpbc d	30	xelria fe	84
VOSEVI	53	XGEVA	92
VOWST	75	XIFAXAN	75
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VUMERITY	67	XOSPATA	43
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VYVGART HYTRULO	31	YERVOY	44
VYXEOS	43	YESINTEK	91
	W	YF-VAX (PF)	91
warfarin	59	YONDELIS	44
water for irrigation, sterile	96		Z
WEBCOL	96	zafemy	84
WELIREG	75	zafirlukast	101
wera (28)	84	zaleplon	102
wesnata dha complete	73	ZALTRAP	44
wesnate dha	73	ZANOSAR	44
westab plus	73	zarah	84
wixela inhub	101	ZARXIO	59

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ZEGALOGUE SYRINGE	57
ZEJULA	44
ZELBORAF	44
ZEMAIRA	75
zenatane	69
ZEPZELCA	44
ZEVALIN (Y-90)	96
zidovudine	53
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ziprasidone hcl	49
ziprasidone mesylate	49
ZIRABEV	44
ZIRGAN	53
zoledronic ac-mannitol-0.9nacl	93
zoledronic acid	93
zoledronic acid-mannitol-water	93
ZOLINZA	44
zolpidem	102
ZONISADE	25
zonisamide	25
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ZUBSOLV	17
zumandimine (28)	84
ZURZUVAE	28
ZYDELIG	44
ZYKADIA	44
ZYNLONTA	44
ZYNYZ	44
ZYPITAMAG	65
ZYPREXA RELPREVV	49

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THIS FORMULARY WAS UPDATED ON 08/01/2025.

List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, heart-related conditions. That is where you will find drugs that treat heart conditions.

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Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-787-3311 (TTY: 711)**. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-787-3311 (TTY: 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

簡體中文 (Simplified): 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-787-3311 (TTY: 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

廣東話 (Cantonese): 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-787-3311 (TTY: 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog (Tagalog – Filipino): Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-787-3311 (TTY: 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

Français (French): Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-787-3311 (TTY: 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Tiếng Việt (Vietnamese): Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-787-3311 (TTY: 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

Deutsch (German): Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-787-3311 (TTY: 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

한국어 (Korean): 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-787-3311 (TTY: 711)** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Русский (Russian): Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-787-3311 (TTY: 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

العربية Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-787-3311 (TTY: 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

हिंदी (Hindi): हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-787-3311 (TTY: 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italiano (Italian): È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-787-3311 (TTY: 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português (Portuguese): Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-787-3311 (TTY: 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

Kreyòl Ayisyen (French Creole): Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-787-3311 (TTY: 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polski (Polish): Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-787-3311 (TTY: 711)**. Ta usługa jest bezpłatna.

日本語 (Japanese): 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-787-3311 (TTY: 711)** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. THIS FORMULARY WAS UPDATED ON 08/01/2025. FOR MORE RECENT INFORMATION OR OTHER QUESTIONS, CONTACT US AT 1-800-787-3311 (TTY: 711), 8 A.M. to 8 P.M., MONDAY THROUGH FRIDAY, CENTRAL TIME. THIS CALL IS FREE.

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