

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 01/01/2025. 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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Humana Gold Plus Intégrate (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).



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).



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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 109.

To search **by medical condition**, find the section labeled "Drugs Grouped by medical condition" on page 147. 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 01/01/2025.

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 LOZENGES ^{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>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)	
<i>sulindac 150 mg, 200 mg 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
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR. ^{DL}	\$0 (Tier 1)	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE ^{DL}	\$0 (Tier 1)	ST,QL(30 per 30 days)
tramadol 50 mg TABLET ^{DL}	\$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
lidocaine 5 % ADHESIVE PATCH, MEDICATED ^{MO}	\$0 (Tier 1)	PA,QL(90 per 30 days)
lidocaine hcl 2 % JELLY ^{MO}	\$0 (Tier 1)	
lidocaine hcl 2 % JELLY IN APPLICATOR ^{MO}	\$0 (Tier 1)	
lidocaine hcl 2 % SOLUTION ^{MO}	\$0 (Tier 1)	
lidocaine viscous 2 % SOLUTION ^{MO}	\$0 (Tier 1)	
lidocaine-prilocaine 2.5-2.5 % CREAM ^{MO}	\$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
acamprosate 333 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	
buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
buprenorphine-naloxone 12-3 mg FILM ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 4-1 mg, 8-2 mg FILM ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 8-2 mg SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR. ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
disulfiram 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
naloxone 0.4 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
naloxone 0.4 mg/ml, 1 mg/ml SYRINGE ^{MO}	\$0 (Tier 1)	
naloxone 4 mg/actuation SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(2 per 30 days)
naltrexone 50 mg TABLET ^{MO}	\$0 (Tier 1)	
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 2)	
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>aztreonam 1 gram, 2 gram RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>bacitracin 50,000 unit RECON SOLUTION</i> ^{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)	
<i>cefaclor 250 mg, 500 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> ^{MO}	\$0 (Tier 1)	
<i>cefadroxil 500 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION ^{MO}	\$0 (Tier 1)	
<i>cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml PIGGYBACK</i> ^{MO}	\$0 (Tier 1)	
CEFAZOLIN IN DEXTROSE (ISO-OS) 3 GRAM/150 ML PIGGYBACK ^{MO}	\$0 (Tier 1)	
<i>cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> ^{MO}	\$0 (Tier 1)	
<i>cefdinir 300 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>cefepime 1 gram, 2 gram RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>cefixime 400 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>cefotetan 1 gram, 10 gram, 2 gram RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK</i> ^{MO}	\$0 (Tier 1)	
<i>cefpodoxime 100 mg, 200 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> ^{MO}	\$0 (Tier 1)	
<i>cefprozil 250 mg, 500 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>ceftazidime in d5w 1 gram/50 ml, 2 gram/50 ml PIGGYBACK</i> ^{MO}	\$0 (Tier 1)	
<i>ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>cefuroxime axetil 250 mg, 500 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION</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>cephalexin 250 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>cephalexin 500 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>chloramphenicol sod succinate 1 gram RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl 100 mg, 250 mg, 750 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK^{MO}</i>	\$0 (Tier 1)	
<i>clarithromycin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION^{MO}</i>	\$0 (Tier 1)	
<i>clarithromycin 250 mg, 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>clarithromycin 500 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	
<i>clindamycin hcl 150 mg, 300 mg, 75 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK^{MO}</i>	\$0 (Tier 1)	
<i>clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK^{MO}</i>	\$0 (Tier 1)	
<i>clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>clindamycin pediatric 75 mg/5 ml RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>clindamycin phosphate 150 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>clindamycin phosphate 2 % CREAM^{MO}</i>	\$0 (Tier 1)	
<i>colistin (colistimethate na) 150 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>daptomycin 350 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>daptomycin 500 mg RECON SOLUTION^{DL}</i>	\$0 (Tier 1)	
<i>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}</i>	\$0 (Tier 2)	
<i>dicloxacillin 250 mg, 500 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>DIFICID 200 MG TABLET^{DL}</i>	\$0 (Tier 2)	
<i>doxy-100 100 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>doxycycline hyclate 100 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>doxycycline hyclate 100 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>doxycycline hyclate 20 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>doxycycline hyclate 50 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate 100 mg, 50 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate 100 mg, 50 mg, 75 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION^{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>ertapenem 1 gram RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
ERYTHROCIN 500 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
<i>erythromycin 250 mg CAPSULE, DR/EC</i> ^{MO}	\$0 (Tier 1)	
<i>erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC</i> ^{MO}	\$0 (Tier 1)	
<i>erythromycin 250 mg, 500 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>erythromycin lactobionate 500 mg RECON SOLUTION</i> ^{DL}	\$0 (Tier 1)	
<i>gentamicin 0.1 % CREAM</i> ^{MO}	\$0 (Tier 1)	
<i>gentamicin 0.1 % OINTMENT</i> ^{MO}	\$0 (Tier 1)	
<i>gentamicin 40 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>gentamicin in nacl (iso-osm) 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml PIGGYBACK</i> ^{MO}	\$0 (Tier 1)	
HUMATIN 250 MG CAPSULE ^{DL}	\$0 (Tier 1)	
<i>imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>levofloxacin 250 mg, 750 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>levofloxacin 500 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK</i> ^{MO}	\$0 (Tier 1)	
<i>lincomycin 300 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> ^{DL}	\$0 (Tier 1)	QL (1800 per 30 days)
<i>linezolid 600 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK</i> ^{MO}	\$0 (Tier 1)	
<i>linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>meropenem 1 gram, 500 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK</i> ^{MO}	\$0 (Tier 1)	
<i>methenamine hippurate 1 gram TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>metronidazole 0.75 % CREAM</i> ^{MO}	\$0 (Tier 1)	
<i>metronidazole 0.75 % LOTION</i> ^{MO}	\$0 (Tier 1)	
<i>metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 % GEL</i> ^{MO}	\$0 (Tier 1)	
<i>metronidazole 250 mg, 500 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK</i> ^{MO}	\$0 (Tier 1)	
<i>minocycline 100 mg, 50 mg, 75 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>mondoxylene nl 100 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>moxifloxacin 400 mg TABLET</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
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)	
paromomycin 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	
penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION ^{MO}	\$0 (Tier 1)	
penicillin g procaine 1.2 million unit/2 ml, 600,000 unit/ml SYRINGE ^{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)	
vancomycin 1.75 gram, 2 gram RECON SOLUTION ^{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
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)
ethosuximide 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fosphenytoin 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 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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 1,000 mg, 500 mg, 750 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 CAPSULE, SPRINKLE ^{MO}	\$0 (Tier 1)	
topiramate 25 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 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)	
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VIGAFYDE 100 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (600 per 25 days)
<i>vigpoder 500 mg POWDER IN PACKET</i> ^{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)
<i>zonisamide 100 mg, 25 mg, 50 mg CAPSULE</i> ^{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
<i>donepezil 10 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>donepezil 10 mg, 5 mg TABLET, DISINTEGRATING</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>donepezil 23 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>donepezil 5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>galantamine 12 mg, 4 mg, 8 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR.</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>galantamine 4 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	QL (200 per 30 days)
<i>memantine 10 mg, 5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	PA,QL (60 per 30 days)
<i>memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR.</i> ^{MO}	\$0 (Tier 1)	PA,QL (30 per 30 days)
<i>memantine 2 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	PA,QL (360 per 30 days)
<i>memantine 5-10 mg TABLET, DOSE PACK</i> ^{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)
<i>rivastigmine tartrate 1.5 mg, 3 mg CAPSULE</i> ^{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
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)
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)
venlafaxine 75 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
VIIIBRYD 10 MG (7)- 20 MG (23) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	PA,QL (30 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)

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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
<i>aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK^{MO}</i>	\$0 (Tier 1)	BvsD
<i>aprepitant 125 mg, 40 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	BvsD,QL(2 per 28 days)
<i>aprepitant 80 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	BvsD,QL(4 per 28 days)
<i>compro 25 mg SUPPOSITORY^{MO}</i>	\$0 (Tier 1)	
<i>dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	BvsD,QL(120 per 30 days)
<i>granisetron hcl 1 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD,QL(28 per 28 days)
<i>meclizine 12.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>meclizine 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>metoclopramide hcl 10 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>ondansetron 4 mg TABLET, DISINTEGRATING^{MO}</i>	\$0 (Tier 1)	BvsD
<i>ondansetron 8 mg TABLET, DISINTEGRATING^{MO}</i>	\$0 (Tier 1)	BvsD
<i>ondansetron hcl 2 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>ondansetron hcl 4 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
<i>ondansetron hcl 4 mg/5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD,QL(450 per 30 days)
<i>ondansetron hcl 8 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
<i>ondansetron hcl (pf) 4 mg/2 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>ondansetron hcl (pf) 4 mg/2 ml SYRINGE^{MO}</i>	\$0 (Tier 1)	
<i>prochlorperazine 25 mg SUPPOSITORY^{MO}</i>	\$0 (Tier 1)	
<i>prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate 10 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
<i>promethazine 12.5 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>promethazine 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>scopolamine base 1 mg over 3 days PATCH, 3 DAY^{MO}</i>	\$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
<i>ABELCET 5 MG/ML SUSPENSION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>amphotericin b 50 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION^{DL}</i>	\$0 (Tier 1)	BvsD
<i>caspofungin 50 mg, 70 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>ciclodan 8 % SOLUTION^{MO}</i>	\$0 (Tier 1)	QL(13.2 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>ciclopirox 0.77 % CREAM</i> ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
<i>ciclopirox 0.77 % GEL</i> ^{MO}	\$0 (Tier 1)	QL (100 per 30 days)
<i>ciclopirox 0.77 % SUSPENSION</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>ciclopirox 8 % SOLUTION</i> ^{MO}	\$0 (Tier 1)	QL (13.2 per 30 days)
<i>clotrimazole 1 % CREAM</i> ^{MO}	\$0 (Tier 1)	
<i>clotrimazole 1 % SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>clotrimazole 10 mg TROCHE</i> ^{MO}	\$0 (Tier 1)	
<i>clotrimazole-betamethasone 1-0.05 % CREAM</i> ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
<i>clotrimazole-betamethasone 1-0.05 % LOTION</i> ^{MO}	\$0 (Tier 1)	QL (90 per 28 days)
<i>fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION</i> ^{MO}	\$0 (Tier 1)	
<i>fluconazole 100 mg, 200 mg, 50 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>fluconazole 150 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK</i> ^{MO}	\$0 (Tier 1)	
<i>flucytosine 250 mg, 500 mg CAPSULE</i> ^{DL}	\$0 (Tier 1)	
<i>griseofulvin microsize 125 mg/5 ml SUSPENSION</i> ^{MO}	\$0 (Tier 1)	
<i>griseofulvin microsize 500 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>griseofulvin ultramicrosize 125 mg, 250 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>itraconazole 100 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
<i>ketoconazole 2 % CREAM</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>ketoconazole 2 % SHAMPOO</i> ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
<i>ketoconazole 200 mg TABLET</i> ^{MO}	\$0 (Tier 1)	PA
<i>klayesta 100,000 unit/gram POWDER</i> ^{MO}	\$0 (Tier 1)	PA
<i>MICAFUNGIN IN 0.9 % SODIUM CHL 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML PIGGYBACK</i> ^{DL}	\$0 (Tier 2)	
<i>micafungin in 0.9 % sodium chl 150 mg/150 ml PIGGYBACK</i> ^{DL}	\$0 (Tier 2)	
<i>miconazole-3 200 mg SUPPOSITORY</i> ^{MO}	\$0 (Tier 1)	
<i>nyamyc 100,000 unit/gram POWDER</i> ^{MO}	\$0 (Tier 1)	PA
<i>nystatin 100,000 unit/gram CREAM</i> ^{MO}	\$0 (Tier 1)	
<i>nystatin 100,000 unit/gram OINTMENT</i> ^{MO}	\$0 (Tier 1)	
<i>nystatin 100,000 unit/gram POWDER</i> ^{MO}	\$0 (Tier 1)	PA
<i>nystatin 100,000 unit/ml SUSPENSION</i> ^{MO}	\$0 (Tier 1)	
<i>nystatin 500,000 unit TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM</i> ^{MO}	\$0 (Tier 1)	
<i>nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT</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>nystop 100,000 unit/gram POWDER^{MO}</i>	\$0 (Tier 1)	PA
<i>posaconazole 100 mg TABLET, DR/EC^{DL}</i>	\$0 (Tier 1)	PA
<i>posaconazole 300 mg/16.7 ml SOLUTION^{DL}</i>	\$0 (Tier 1)	PA
<i>terbinafine hcl 250 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>terconazole 0.4 %, 0.8 % CREAM^{MO}</i>	\$0 (Tier 1)	
<i>terconazole 80 mg SUPPOSITORY^{MO}</i>	\$0 (Tier 1)	
<i>voriconazole 200 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	PA
<i>voriconazole 200 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL(120 per 30 days)
<i>voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION^{DL}</i>	\$0 (Tier 1)	PA,QL(400 per 30 days)

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 100 mg, 300 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>colchicine 0.6 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>febuxostat 40 mg, 80 mg TABLET^{MO}</i>	\$0 (Tier 1)	ST,QL(30 per 30 days)
<i>probenecid 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING</i> ^{MO}	\$0 (Tier 1)	QL (12 per 30 days)
<i>sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL</i> ^{MO}	\$0 (Tier 1)	QL (12 per 30 days)
<i>sumatriptan succinate 100 mg, 25 mg, 50 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (9 per 30 days)
<i>sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml CARTRIDGE</i> ^{MO}	\$0 (Tier 1)	QL (6 per 30 days)
<i>sumatriptan succinate 6 mg/0.5 ml PEN INJECTOR</i> ^{MO}	\$0 (Tier 1)	QL (6 per 30 days)
<i>sumatriptan succinate 6 mg/0.5 ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	QL (6 per 30 days)
UBRELVY 100 MG, 50 MG TABLET ^{MO}	\$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</i> ^{MO}	\$0 (Tier 1)	
VYVGART 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA, QL (22.4 per 28 days)

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
<i>dapsone 100 mg, 25 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>ethambutol 100 mg, 400 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>isoniazid 100 mg, 300 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>isoniazid 100 mg/ml, 50 mg/5 ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
PRIFTIN 150 MG TABLET ^{MO}	\$0 (Tier 2)	
<i>pyrazinamide 500 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>rifabutin 150 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>rifampin 150 mg, 300 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>rifampin 600 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
SIRTURO 100 MG, 20 MG TABLET ^{DL}	\$0 (Tier 2)	PA
TRECTOR 250 MG TABLET ^{MO}	\$0 (Tier 2)	

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ANTINEOPLASTICS - Drugs used to treat cancer

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>abiraterone 250 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL(120 per 30 days)
<i>abiraterone 500 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL(60 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)
<i>anastrozole 1 mg TABLET^{MO}</i>	\$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)	
<i>arsenic trioxide 1 mg/ml, 2 mg/ml SOLUTION^{DL}</i>	\$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)
AUGTYRO 40 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 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^{DL}</i>	\$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^{DL}</i>	\$0 (Tier 2)	PA
BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>bexarotene 1 % GEL^{DL}</i>	\$0 (Tier 1)	PA,QL(240 per 30 days)
<i>bexarotene 75 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	PA,QL(300 per 30 days)
<i>bicalutamide 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(30 per 30 days)
BICNU 100 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
<i>bleomycin 15 unit, 30 unit RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>bortezomib 3.5 mg RECON SOLUTION^{DL}</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
<i>bortezomib</i> 3.5 mg RECON SOLUTION ^{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</i> 60 mg/10 ml SOLUTION ^{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 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(60 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</i> 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
<i>carmustine</i> 100 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
<i>cisplatin</i> 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
<i>cladribine</i> 10 mg/10 ml SOLUTION ^{DL}	\$0 (Tier 1)	BvsD
<i>clofarabine</i> 1 mg/ml SOLUTION ^{DL}	\$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</i> 1 gram, 2 gram, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
CYCLOPHOSPHAMIDE 100 MG/ML, 200 MG/ML SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
<i>cyclophosphamide</i> 200 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
<i>cyclophosphamide</i> 25 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD
<i>cyclophosphamide</i> 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
CYRAMZA 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>cytarabine</i> 20 mg/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
cytarabine (pf) 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
dacarbazine 100 mg, 200 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
dactinomycin 0.5 mg RECON SOLUTION ^{DL}	\$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
dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(60 per 30 days)
dasatinib 140 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
dasatinib 20 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(90 per 30 days)
daunorubicin 5 mg/ml SOLUTION ^{MO}	\$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)
decitabine 50 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	PA
dexrazoxane hcl 250 mg, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
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
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
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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)
gefitinib 250 mg TABLET ^{DL}	\$0 (Tier 1)	PA
gemcitabine 1 gram, 2 gram, 200 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
gemcitabine 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
HALAVEN 1 MG/2 ML (0.5 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	
hydroxyurea 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)
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)
idarubicin 1 mg/ml SOLUTION ^{DL}	\$0 (Tier 1)	
IDHIFA 100 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)

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<i>ifosfamide 1 gram, 3 gram RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>ifosfamide 1 gram/20 ml, 3 gram/60 ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>imatinib 100 mg TABLET</i> ^{DL}	\$0 (Tier 1)	PA,QL(90 per 30 days)
<i>imatinib 400 mg TABLET</i> ^{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 560 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
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 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml SOLUTION</i> ^{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)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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</i> 250 mg TABLET ^{DL}	\$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</i> 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE ^{DL}	\$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</i> 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
<i>leucovorin calcium</i> 10 mg, 15 mg, 25 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>leucovorin calcium</i> 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
<i>leucovorin calcium</i> 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
<i>levoleucovorin calcium</i> 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	PA
<i>levoleucovorin calcium</i> 50 mg RECON SOLUTION ^{MO}	\$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)

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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
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)
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 50 mg TABLET^{MO}</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>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)

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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)
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)
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)
<i>oxaliplatin 100 mg, 50 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>oxaliplatin 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml) SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>paclitaxel 6 mg/ml CONCENTRATE</i> ^{MO}	\$0 (Tier 1)	
<i>paclitaxel protein-bound 100 mg SUSPENSION FOR RECONSTITUTION</i> ^{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
<i>paraplatin 10 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>pazopanib 200 mg TABLET</i> ^{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)
<i>pemetrexed 1 gram, 100 mg, 500 mg RECON SOLUTION</i> ^{DL}	\$0 (Tier 2)	PA
<i>pemetrexed 25 mg/ml SOLUTION</i> ^{DL}	\$0 (Tier 2)	PA,QL(120 per 21 days)
<i>pemetrexed disodium 1,000 mg, 100 mg, 500 mg, 750 mg RECON SOLUTION</i> ^{DL}	\$0 (Tier 1)	PA
<i>pemetrexed disodium 25 mg/ml SOLUTION</i> ^{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)

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POTELIGEO 4 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>pralatrexate 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION</i> ^{DL}	\$0 (Tier 2)	PA
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 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</i> ^{DL}	\$0 (Tier 1)	PA
ROMIDEPSIN 5 MG/ML SOLUTION ^{DL}	\$0 (Tier 1)	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</i> ^{DL}	\$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</i> ^{DL}	\$0 (Tier 1)	PA,QL(28 per 28 days)
SYNRIBO 3.5 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
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, 200 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)
<i>vinblastine 1 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>vincasar pfs 1 mg/ml, 2 mg/2 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>vincristine 1 mg/ml, 2 mg/2 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>vinorelbine 10 mg/ml, 50 mg/5 ml SOLUTION^{MO}</i>	\$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 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 (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)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(32 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
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
<i>albendazole 200 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>atovaquone 750 mg/5 ml SUSPENSION^{MO}</i>	\$0 (Tier 1)	
<i>atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>chloroquine phosphate 250 mg, 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
COARTEM 20-120 MG TABLET ^{MO}	\$0 (Tier 2)	QL (24 per 30 days)
<i>hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>hydroxychloroquine 200 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>ivermectin 3 mg TABLET^{MO}</i>	\$0 (Tier 1)	
LAMPIT 120 MG, 30 MG TABLET ^{MO}	\$0 (Tier 2)	
<i>mefloquine 250 mg 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
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)	
selegiline hcl 5 mg TABLET ^{MO}	\$0 (Tier 1)	
trihexyphenidyl 0.4 mg/ml ELIXIR ^{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
trihexyphenidyl 2 mg, 5 mg TABLET ^{MO}	\$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
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, ER, SYRINGE ^{MO}	\$0 (Tier 2)	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE ^{MO}	\$0 (Tier 2)	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON ^{DL}	\$0 (Tier 2)	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE ^{DL}	\$0 (Tier 2)	QL(1 per 28 days)
aripiprazole 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(750 per 30 days)
aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE ^{MO}	\$0 (Tier 2)	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE ^{DL}	\$0 (Tier 2)	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE ^{DL}	\$0 (Tier 2)	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE ^{DL}	\$0 (Tier 2)	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE ^{DL}	\$0 (Tier 2)	QL(2.4 per 42 days)
asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
chlorpromazine 10 mg, 25 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
chlorpromazine 100 mg, 200 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
chlorpromazine 25 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
clozapine 100 mg TABLET ^{MO}	\$0 (Tier 1)	QL(270 per 30 days)
clozapine 100 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	PA,QL(270 per 30 days)
clozapine 12.5 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	PA
clozapine 150 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	PA,QL(180 per 30 days)
clozapine 200 mg TABLET ^{MO}	\$0 (Tier 1)	QL(135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	PA,QL(135 per 30 days)
clozapine 25 mg TABLET ^{MO}	\$0 (Tier 1)	QL(1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	PA,QL(1080 per 30 days)
clozapine 50 mg TABLET ^{MO}	\$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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FANAPT 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	PA,QL(56 per 28 days)
fluphenazine decanoate 25 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
fluphenazine hcl 2.5 mg/5 ml ELIXIR ^{MO}	\$0 (Tier 1)	
fluphenazine hcl 2.5 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
fluphenazine hcl 5 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
haloperidol lactate 2 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
haloperidol lactate 5 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
haloperidol lactate 5 mg/ml SYRINGE ^{MO}	\$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)
loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
lurasidone 80 mg TABLET ^{MO}	\$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)
molindone 10 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(240 per 30 days)
molindone 25 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(270 per 30 days)
molindone 5 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(360 per 30 days)
NUPLAZID 10 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
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)
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR. ^{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
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)
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)

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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
<i>baclofen 10 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>baclofen 20 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>baclofen 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>dantrolene 100 mg, 25 mg, 50 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>tizanidine 2 mg, 4 mg TABLET^{MO}</i>	\$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
<i>abacavir 20 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (960 per 30 days)
<i>abacavir 300 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>abacavir-lamivudine 600-300 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>acyclovir 200 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>acyclovir 400 mg, 800 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>acyclovir 5 % OINTMENT^{MO}</i>	\$0 (Tier 1)	PA, QL (30 per 30 days)
<i>acyclovir sodium 50 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>adefovir 10 mg TABLET^{MO}</i>	\$0 (Tier 1)	
APTIVUS 250 MG CAPSULE ^{DL}	\$0 (Tier 2)	QL (120 per 30 days)
<i>atazanavir 150 mg, 200 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>atazanavir 300 mg CAPSULE^{MO}</i>	\$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)
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)
<i>darunavir 600 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>darunavir 800 mg TABLET^{DL}</i>	\$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)
<i>didanosine 250 mg, 400 mg CAPSULE, DR/EC^{MO}</i>	\$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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 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)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) SOLUTION ^{MO}	\$0 (Tier 2)	
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)
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)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
NORVIR 80 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	QL (480 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 150-100 MG TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	QL (40 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 240 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (28 per 28 days)
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)	
ribavirin 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ribavirin 200 mg TABLET ^{MO}	\$0 (Tier 1)	
rimantadine 100 mg TABLET ^{MO}	\$0 (Tier 1)	
ritonavir 100 mg TABLET ^{MO}	\$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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
stavudine 15 mg, 20 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
stavudine 30 mg, 40 mg CAPSULE ^{MO}	\$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)
tenofovir disoproxil fumarate 300 mg TABLET ^{MO}	\$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)
valacyclovir 1 gram, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
valganciclovir 450 mg TABLET ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
valganciclovir 50 mg/ml RECON SOLUTION ^{DL}	\$0 (Tier 1)	QL (1056 per 30 days)
VEMLIDY 25 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
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)

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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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lithium citrate 8 meq/5 ml SOLUTION</i> ^{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
<i>acarbose 100 mg, 25 mg, 50 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>diazoxide 50 mg/ml SUSPENSION</i> ^{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)	
<i>glimepiride 1 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>glimepiride 2 mg, 4 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>glipizide 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR.</i> ^{MO}	\$0 (Tier 1)	
<i>glipizide 10 mg, 5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>glipizide 2.5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>glyburide 1.25 mg, 2.5 mg, 5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET</i> ^{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 INSULIN 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)INSULIN 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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 INSULIN 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)
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)	
<i>metformin 1,000 mg, 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>metformin 500 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>metformin 750 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
<i>metformin 850 mg TABLET^{MO}</i>	\$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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nateglinide 120 mg, 60 mg TABLET</i> ^{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)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) PEN INJECTOR ^{MO}	\$0 (Tier 2)	PA, QL (1.5 per 28 days)
<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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
<i>cilostazol 100 mg, 50 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>clopidogrel 300 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>clopidogrel 75 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
ELIQUIS 2.5 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
ELIQUIS 5 MG TABLET ^{MO}	\$0 (Tier 2)	QL(74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK ^{MO}	\$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</i> ^{MO}	\$0 (Tier 1)	
<i>enoxaparin 300 mg/3 ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>heparin, porcine (pf) 5,000 unit/0.5 ml SYRINGE</i> ^{MO}	\$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</i> ^{MO}	\$0 (Tier 1)	
NIVESTYM 300 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(7 per 30 days)
NIVESTYM 300 MCG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(11.2 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
NIVESTYM 480 MCG/1.6 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (22.4 per 30 days)
<i>prasugrel 10 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET ^{DL,LA}	\$0 (Tier 2)	PA,QL (360 per 30 days)
PROMACTA 12.5 MG, 25 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL (30 per 30 days)
PROMACTA 25 MG POWDER IN PACKET ^{DL,LA}	\$0 (Tier 2)	PA,QL (180 per 30 days)
PROMACTA 50 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL (90 per 30 days)
PROMACTA 75 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL (60 per 30 days)
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}	\$0 (Tier 2)	PA,QL (14 per 30 days)
RETACRIT 40,000 UNIT/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (14 per 30 days)
<i>tranexamic acid 650 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (1.2 per 28 days)
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL (1.2 per 28 days)
UDENYCA ONBODY 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL (1.2 per 28 days)
<i>warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>warfarin 5 mg TABLET^{MO}</i>	\$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
<i>acebutolol 200 mg, 400 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>acetazolamide 125 mg, 250 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>acetazolamide 500 mg CAPSULE, ER^{MO}</i>	\$0 (Tier 1)	
<i>aliskiren 150 mg, 300 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>amiloride 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>amiloride-hydrochlorothiazide 5-50 mg 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
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)	
benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET ^{MO}	\$0 (Tier 1)	
bisoprolol fumarate 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET ^{MO}	\$0 (Tier 1)	
bumetanide 0.25 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
bumetanide 0.5 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	
bumetanide 1 mg TABLET ^{MO}	\$0 (Tier 1)	
candesartan 16 mg, 4 mg, 8 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
candesartan 32 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET ^{MO}	\$0 (Tier 1)	
cartia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
cartia xt 300 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET ^{MO}	\$0 (Tier 1)	
chlorothiazide sodium 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
chlorthalidone 25 mg TABLET ^{MO}	\$0 (Tier 1)	
chlorthalidone 50 mg TABLET ^{MO}	\$0 (Tier 1)	

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THIS FORMULARY WAS UPDATED ON 01/01/2025.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cholestyramine (with sugar) 4 gram POWDER ^{MO}	\$0 (Tier 1)	
cholestyramine (with sugar) 4 gram POWDER IN PACKET ^{MO}	\$0 (Tier 1)	
cholestyramine light 4 gram POWDER ^{MO}	\$0 (Tier 1)	
cholestyramine light 4 gram POWDER IN PACKET ^{MO}	\$0 (Tier 1)	
cholestyramine-aspartame 4 gram POWDER IN PACKET ^{MO}	\$0 (Tier 1)	
clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY ^{MO}	\$0 (Tier 1)	QL(4 per 28 days)
clonidine hcl 0.1 mg TABLET ^{MO}	\$0 (Tier 1)	
clonidine hcl 0.2 mg, 0.3 mg TABLET ^{MO}	\$0 (Tier 1)	
colestipol 1 gram TABLET ^{MO}	\$0 (Tier 1)	
colestipol 5 gram GRANULES ^{MO}	\$0 (Tier 1)	QL(1000 per 30 days)
colestipol 5 gram PACKET ^{MO}	\$0 (Tier 1)	
digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
digox 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
digoxin 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
diltiazem hcl 100 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lovastatin 10 mg, 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
methyldopa 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
methyldopa-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)	
metirosine 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)	
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
toremide 10 mg, 100 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
toremide 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)	
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)

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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
<i>atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>atomoxetine 100 mg, 60 mg, 80 mg CAPSULE^{MO}</i>	\$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)
<i>dalfampridine 10 mg TABLET, ER 12 HR. ^{MO}</i>	\$0 (Tier 1)	PA, QL (60 per 30 days)
<i>dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>dextroamphetamine sulfate 10 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>dextroamphetamine sulfate 15 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>dextroamphetamine sulfate 30 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>dextroamphetamine sulfate 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (150 per 30 days)
<i>dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR. ^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR. ^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine 30 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC^{MO}</i>	\$0 (Tier 1)	PA, QL (60 per 30 days)
<i>dimethyl fumarate 120 mg CAPSULE, DR/EC^{MO}</i>	\$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)
<i>duloxetine 20 mg CAPSULE, DR/EC^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>duloxetine 30 mg CAPSULE, DR/EC^{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>duloxetine 60 mg CAPSULE, DR/EC</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>fingolimod 0.5 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	PA, QL (30 per 30 days)
FIRDAPSE 10 MG TABLET ^{DL}	\$0 (Tier 2)	PA, QL (240 per 30 days)
<i>glatiramer 20 mg/ml SYRINGE</i> ^{DL}	\$0 (Tier 1)	PA, QL (30 per 30 days)
<i>glatiramer 40 mg/ml SYRINGE</i> ^{DL}	\$0 (Tier 1)	PA, QL (12 per 28 days)
<i>glatopa 20 mg/ml SYRINGE</i> ^{DL}	\$0 (Tier 1)	PA, QL (30 per 30 days)
<i>glatopa 40 mg/ml SYRINGE</i> ^{DL}	\$0 (Tier 1)	PA, QL (12 per 28 days)
<i>guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR.</i> ^{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)
<i>methylphenidate hcl 10 mg TABLET ER</i> ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
<i>methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
<i>methylphenidate hcl 20 mg TABLET ER</i> ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
NUFEXETA 20-10 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA, QL (60 per 30 days)
<i>pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
<i>pregabalin 20 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	QL (900 per 30 days)
<i>pregabalin 200 mg, 25 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
<i>pregabalin 225 mg, 300 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
RADICAVA ORS 105 MG/5 ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA, QL (70 per 28 days)
RADICAVA ORS STARTER KIT SUSP 105 MG/5 ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA, QL (70 per 28 days)
<i>riluzole 50 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>teriflunomide 14 mg, 7 mg TABLET</i> ^{MO}	\$0 (Tier 1)	PA, QL (30 per 30 days)
<i>tetrabenazine 12.5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	PA, QL (240 per 30 days)
<i>tetrabenazine 25 mg TABLET</i> ^{MO}	\$0 (Tier 1)	PA, QL (120 per 30 days)
VUMERITY 231 MG CAPSULE, DR/EC ^{DL}	\$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</i> ^{MO}	\$0 (Tier 1)	
<i>periogard 0.12 % MOUTHWASH</i> ^{MO}	\$0 (Tier 1)	
<i>pilocarpine hcl 5 mg, 7.5 mg TABLET</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
triamcinolone acetonide 0.1 % PASTE ^{MO}	\$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
accutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	
acitretin 10 mg, 17.5 mg, 25 mg CAPSULE ^{MO}	\$0 (Tier 1)	PA
adapalene 0.3 % GEL ^{MO}	\$0 (Tier 1)	QL (45 per 30 days)
adapalene 0.3 % GEL WITH PUMP ^{MO}	\$0 (Tier 1)	QL (45 per 30 days)
ammonium lactate 12 % CREAM ^{MO}	\$0 (Tier 1)	
ammonium lactate 12 % LOTION ^{MO}	\$0 (Tier 1)	
amnesteem 10 mg, 20 mg, 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	
betamethasone dipropionate 0.05 % CREAM ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
betamethasone dipropionate 0.05 % LOTION ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
betamethasone dipropionate 0.05 % OINTMENT ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
betamethasone valerate 0.1 % CREAM ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
betamethasone valerate 0.1 % LOTION ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
betamethasone valerate 0.1 % OINTMENT ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
betamethasone, augmented 0.05 % CREAM ^{MO}	\$0 (Tier 1)	QL (100 per 30 days)
betamethasone, augmented 0.05 % GEL ^{MO}	\$0 (Tier 1)	QL (100 per 30 days)
betamethasone, augmented 0.05 % LOTION ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
betamethasone, augmented 0.05 % OINTMENT ^{MO}	\$0 (Tier 1)	QL (100 per 30 days)
calcipotriene 0.005 % CREAM ^{MO}	\$0 (Tier 1)	PA, QL (120 per 30 days)
calcipotriene 0.005 % SOLUTION ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
claravis 10 mg, 20 mg, 30 mg, 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	
clindamycin phosphate 1 % GEL ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
clindamycin phosphate 1 % SOLUTION ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
clindamycin phosphate 1 % SWAB ^{MO}	\$0 (Tier 1)	
clindamycin-benzoyl peroxide 1-5 % GEL ^{MO}	\$0 (Tier 1)	QL (50 per 30 days)
clindamycin-benzoyl peroxide 1.2 % (1 % base) -5 % GEL ^{MO}	\$0 (Tier 1)	QL (45 per 30 days)
clobetasol 0.05 % CREAM ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
clobetasol 0.05 % FOAM ^{MO}	\$0 (Tier 1)	QL (100 per 28 days)
clobetasol 0.05 % GEL ^{MO}	\$0 (Tier 1)	QL (120 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>clobetasol 0.05 % LOTION^{MO}</i>	\$0 (Tier 1)	QL (240 per 28 days)
<i>clobetasol 0.05 % OINTMENT^{MO}</i>	\$0 (Tier 1)	QL (120 per 28 days)
<i>clobetasol 0.05 % SHAMPOO^{MO}</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>clobetasol 0.05 % SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (100 per 30 days)
<i>clobetasol-emollient 0.05 % CREAM^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>ery pads 2 % SWAB^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>erythromycin with ethanol 2 % SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>fluocinolone 0.01 % SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>fluocinolone 0.025 % CREAM^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>fluocinolone 0.025 % OINTMENT^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>fluocinolone and shower cap 0.01 % OIL^{MO}</i>	\$0 (Tier 1)	QL (118.28 per 30 days)
<i>fluorouracil 2 % SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>fluorouracil 5 % CREAM^{MO}</i>	\$0 (Tier 1)	
<i>fluorouracil 5 % SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>fluticasone propionate 0.005 % OINTMENT^{MO}</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>fluticasone propionate 0.05 % CREAM^{MO}</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR^{MO}</i>	\$0 (Tier 1)	QL (28.4 per 30 days)
<i>hydrocortisone 1 %, 2.5 % CREAM^{MO}</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>hydrocortisone 1 %, 2.5 % OINTMENT^{MO}</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>hydrocortisone 10 mg, 20 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>hydrocortisone 2.5 % LOTION^{MO}</i>	\$0 (Tier 1)	QL (236 per 30 days)
<i>HYFTOR 0.2 % GEL^{DL}</i>	\$0 (Tier 2)	PA
<i>imiquimod 5 % CREAM IN PACKET^{MO}</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>isotretinoin 10 mg, 20 mg, 30 mg, 40 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>lindane 1 % SHAMPOO^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>LOCOID LIPOCREAM 0.1 % CREAM^{MO}</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>malathion 0.5 % LOTION^{MO}</i>	\$0 (Tier 1)	
<i>mometasone 0.1 % CREAM^{MO}</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>mometasone 0.1 % OINTMENT^{MO}</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>mometasone 0.1 % SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>mupirocin 2 % OINTMENT^{MO}</i>	\$0 (Tier 1)	
<i>myorisan 10 mg, 20 mg, 30 mg, 40 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>permethrin 5 % CREAM^{MO}</i>	\$0 (Tier 1)	
<i>pimecrolimus 1 % CREAM^{MO}</i>	\$0 (Tier 1)	PA, QL (100 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>podofilox 0.5 % SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (7 per 30 days)
<i>procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>SANTYL 250 UNIT/GRAM OINTMENT^{MO}</i>	\$0 (Tier 2)	PA,QL (180 per 30 days)
<i>silver sulfadiazine 1 % CREAM^{MO}</i>	\$0 (Tier 1)	
<i>SSD 1 % CREAM^{MO}</i>	\$0 (Tier 1)	
<i>tacrolimus 0.03 %, 0.1 % OINTMENT^{MO}</i>	\$0 (Tier 1)	QL (200 per 30 days)
<i>tazarotene 0.1 % CREAM^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>tretinoin 0.01 %, 0.025 %, 0.05 % GEL^{MO}</i>	\$0 (Tier 1)	PA,QL (45 per 30 days)
<i>tretinoin 0.025 %, 0.05 %, 0.1 % CREAM^{MO}</i>	\$0 (Tier 1)	PA,QL (45 per 30 days)
<i>zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	

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
<i>AMINOSYN 10 % 10 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>AMINOSYN 7 % WITH ELECTROLYTES 7 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>AMINOSYN 8.5 % 8.5 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>AMINOSYN 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>AMINOSYN II 10 % 10 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>AMINOSYN II 7 % 7 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>AMINOSYN II 8.5 % 8.5 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>AMINOSYN II 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>AMINOSYN M 3.5 % 3.5 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>AMINOSYN-RF 5.2 % 5.2 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP^{MO}</i>	\$0 (Tier 1)	
<i>c-nate dha 28 mg iron-1 mg -200 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>carglumic acid 200 mg TABLET, DISPERSIBLE^{DL}</i>	\$0 (Tier 1)	PA
<i>CHEMET 100 MG CAPSULE^{DL}</i>	\$0 (Tier 2)	
<i>CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 % 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)	
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-B IN D5W 5 % PARENTERAL SOLUTION ^{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
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
<i>kionex (with sorbitol) 15-20 gram/60 ml SUSPENSION^{MO}</i>	\$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)	
<i>klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS^{MO}</i>	\$0 (Tier 1)	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS ^{MO}	\$0 (Tier 1)	
<i>klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS^{MO}</i>	\$0 (Tier 1)	
<i>lactated ringers PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>levocarnitine 330 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>levocarnitine (with sugar) 100 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
LOKELMA 10 GRAM, 5 GRAM POWDER IN PACKET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
<i>m-natal plus 27 mg iron- 1 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>magnesium sulfate 500 mg/ml (50 %) SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>magnesium sulfate 500 mg/ml (50 %) SYRINGE^{MO}</i>	\$0 (Tier 1)	
<i>magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK^{MO}</i>	\$0 (Tier 1)	
<i>neo-vital rx 27 mg iron- 1 mg TABLET^{MO}</i>	\$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
<i>penicillamine 250 mg TABLET^{DL}</i>	\$0 (Tier 1)	
PERIKABIVEN 2.36-7.5-3.5 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
PLASMA-LYTE 148 PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
PLASMA-LYTE A PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
<i>potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>potassium chloride 10 meq CAPSULE, ER^{MO}</i>	\$0 (Tier 1)	
<i>potassium chloride 10 meq, 20 meq TABLET ER^{MO}</i>	\$0 (Tier 1)	
<i>potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS^{MO}</i>	\$0 (Tier 1)	
<i>potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS^{MO}</i>	\$0 (Tier 1)	
<i>potassium chloride 15 meq, 8 meq TABLET ER^{MO}</i>	\$0 (Tier 1)	

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THIS FORMULARY WAS UPDATED ON 01/01/2025.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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, 30 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride in lr-d5 20 meq/l, 40 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, 30 meq/100 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, 40 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride-d5-0.3%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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 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
virt-nate dha 28 mg iron-1 mg -200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
wesnata dha complete 29 mg iron- 1 mg-200 mg COMBO PACK ^{MO}	\$0 (Tier 1)	
wesnate 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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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, 10 gram/15 ml (15 ml), 20 gram/30 ml SOLUTION ^{MO}	\$0 (Tier 1)	
lansoprazole 15 mg, 30 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
LINZESS 14.5 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)	
sucralfate 100 mg/ml SUSPENSION ^{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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ursodiol 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
ursodiol 300 mg CAPSULE ^{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
betaine 1 gram/scoop POWDER ^{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
nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE ^{DL}	\$0 (Tier 1)	
sapropterin 100 mg POWDER IN PACKET ^{DL}	\$0 (Tier 1)	PA
sodium phenylbutyrate 0.94 gram/gram POWDER ^{DL}	\$0 (Tier 1)	
sodium phenylbutyrate 500 mg TABLET ^{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

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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dutasteride 0.5 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR.</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>ELMIRON 100 MG CAPSULE</i> ^{MO}	\$0 (Tier 2)	QL (90 per 30 days)
<i>fesoterodine 4 mg, 8 mg TABLET, ER 24 HR.</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>finasteride 5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR.</i> ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
<i>MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON</i> ^{MO}	\$0 (Tier 2)	QL (300 per 30 days)
<i>oxybutynin chloride 10 mg TABLET, ER 24 HR.</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>oxybutynin chloride 15 mg, 5 mg TABLET, ER 24 HR.</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>oxybutynin chloride 5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>oxybutynin chloride 5 mg/5 ml SYRUP</i> ^{MO}	\$0 (Tier 1)	
<i>silodosin 4 mg, 8 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>solifenacin 10 mg, 5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>tadalafil 5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	PA
<i>tamsulosin 0.4 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>tolterodine 1 mg, 2 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR.</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>tropium 20 mg TABLET</i> ^{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
<i>dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>dexamethasone 0.5 mg/5 ml ELIXIR</i> ^{MO}	\$0 (Tier 1)	
<i>dexamethasone 0.5 mg/5 ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>dexamethasone intensol 1 mg/ml DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>dexamethasone sodium phos (pf) 10 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>dexamethasone sodium phos (pf) 10 mg/ml SYRINGE</i> ^{MO}	\$0 (Tier 1)	
<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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION^{MO}</i>	\$0 (Tier 1)	
<i>methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>prednisolone 15 mg/5 ml SOLUTION^{MO}</i>	\$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^{MO}</i>	\$0 (Tier 1)	
<i>prednisone 1 mg, 2.5 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
<i>prednisone 10 mg, 20 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
<i>prednisone 10 mg, 5 mg TABLET, DOSE PACK^{MO}</i>	\$0 (Tier 1)	
<i>prednisone 5 mg/5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>prednisone intensol 5 mg/ml CONCENTRATE^{MO}</i>	\$0 (Tier 1)	BvsD
<i>SOLU-MEDROL 2 GRAM RECON SOLUTION^{MO}</i>	\$0 (Tier 2)	
<i>SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION^{MO}</i>	\$0 (Tier 2)	
<i>triamcinolone acetonide 0.025 %, 0.1 % LOTION^{MO}</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide 0.025 %, 0.1 %, 0.5 % OINTMENT^{MO}</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide 0.025 %, 0.5 % CREAM^{MO}</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide 0.1 % CREAM^{MO}</i>	\$0 (Tier 1)	
<i>triderm 0.1 %, 0.5 % CREAM^{MO}</i>	\$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
<i>CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION^{MO}</i>	\$0 (Tier 2)	PA
<i>desmopressin 0.1 mg, 0.2 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>EGRIFTA SV 2 MG RECON SOLUTION^{DL}</i>	\$0 (Tier 2)	PA,QL(30 per 30 days)
<i>INCRELEX 10 MG/ML SOLUTION^{DL}</i>	\$0 (Tier 2)	PA
<i>OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE^{DL}</i>	\$0 (Tier 2)	PA
<i>OMNITROPE 5.8 MG RECON SOLUTION^{DL}</i>	\$0 (Tier 2)	PA

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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>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 fe</i> 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>aurovela fe</i> 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 fe</i> 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>blisovi fe</i> 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)
<i>chateal eq</i> (28) 0.15-0.03 mg TABLET ^{MO}	\$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</i> (28) 0.3-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>cyred</i> 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>cyred eq</i> 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>danazol</i> 100 mg, 200 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
<i>dasetta</i> 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>dasetta</i> 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>deblitane</i> 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
DEPO-ESTRADIOL 5 MG/ML OIL ^{MO}	\$0 (Tier 1)	QL(5 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
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(0.65 per 90 days)
desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
desogestrel-ethinyl estradiol 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
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}	\$0 (Tier 1)	QL(8 per 28 days)
drosiprenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
DUAVEE 0.45-20 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(30 per 30 days)
elinest 0.3-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
eluryng 0.12-0.015 mg/24 hr RING ^{MO}	\$0 (Tier 1)	QL(1 per 28 days)
emzahn 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
enilloring 0.12-0.015 mg/24 hr RING ^{MO}	\$0 (Tier 1)	QL(1 per 28 days)
enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	\$0 (Tier 1)	
enskyce 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
errin 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
estarylla 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
estradiol 0.01 % (0.1 mg/gram) CREAM ^{MO}	\$0 (Tier 1)	
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}	\$0 (Tier 1)	QL(4 per 28 days)
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}	\$0 (Tier 1)	QL(8 per 28 days)
estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	
estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL ^{MO}	\$0 (Tier 1)	
estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET ^{MO}	\$0 (Tier 1)	
ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24 hr RING ^{MO}	\$0 (Tier 1)	QL(1 per 28 days)
falmina (28) 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 2)	
femynor 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>incassia</i> 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>isibloom</i> 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>jasmiel</i> (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>jencycla</i> 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>juleber</i> 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>junel</i> 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>junel</i> 1/20 (21) 1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>junel fe</i> 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>junel fe</i> 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>junel fe</i> 24 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
<i>kalliga</i> 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>kariva</i> (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
<i>kelnor</i> 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>kelnor</i> 1/50 (28) 1-50 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>kurvelo</i> (28) 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>l norgest/e.estradiol-e.estrad</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>larin</i> 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>larin</i> 1/20 (21) 1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>larin</i> 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
<i>larin fe</i> 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>larin fe</i> 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>leena</i> 28 0.5/1/0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL(91 per 90 days)
loryna (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	
low-ogestrel (28) 0.3-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
lutera (28) 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
lyleq 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
lyllana 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)
lyza 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
marlissa (28) 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
medroxyprogesterone 150 mg/ml SUSPENSION ^{MO}	\$0 (Tier 1)	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE ^{MO}	\$0 (Tier 1)	QL(1 per 90 days)
megestrol 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
megestrol 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)	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET ^{MO}	\$0 (Tier 1)	
microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
microgestin 1/20 (21) 1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
mili 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
mono-linyah 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
NEXPLANON 68 MG IMPLANT ^{DL}	\$0 (Tier 2)	
nikki (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	
NORA-BE 0.35 MG TABLET ^{MO}	\$0 (Tier 1)	
nora-be 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
norelgestromin-ethin.estradiol 150-35 mcg/24 hr PATCH, WEEKLY ^{MO}	\$0 (Tier 1)	QL(3 per 28 days)
noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
norethindrone (contraceptive) 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
norethindrone ac-eth estradiol 1-20 mg-mcg, 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
norethindrone acetate 5 mg TABLET ^{MO}	\$0 (Tier 1)	

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THIS FORMULARY WAS UPDATED ON 01/01/2025.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
norethindrone-e.estradiol-iron 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)	
norgestimate-ethinyl estradiol 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET ^{MO}	\$0 (Tier 1)	
nortrel 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	\$0 (Tier 1)	
nylia 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	\$0 (Tier 1)	
nymyo 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
ocella 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
OSPHENA 60 MG TABLET ^{MO}	\$0 (Tier 2)	PA
oxandrolone 10 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
oxandrolone 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(120 per 30 days)
pimtrea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
portia 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)	
progesterone 50 mg/ml OIL ^{MO}	\$0 (Tier 1)	
progesterone micronized 100 mg, 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
raloxifene 60 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
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) 0.25-35 mg-mcg 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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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-35 mcg (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-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg TABLET ^{MO}	\$0 (Tier 1)	
tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg TABLET ^{MO}	\$0 (Tier 1)	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg TABLET ^{MO}	\$0 (Tier 1)	
tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg TABLET ^{MO}	\$0 (Tier 1)	
tri-mili 0.18/0.215/0.25 mg-35 mcg (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-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-vylibra 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg 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)	
velivet triphasic regimen (28) 0.1/1.125/1.15-25 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
vestura (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	
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 0.25-35 mg-mcg 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)	
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)	

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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)	
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)	
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
cabergoline 0.5 mg TABLET ^{MO}	\$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
lanreotide 120 mg/0.5 ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL (0.5 per 28 days)
lanreotide 60 mg/0.2 ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL (0.2 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
lanreotide 90 mg/0.3 ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL (0.3 per 28 days)
leuprolide 1 mg/0.2 ml KIT ^{MO}	\$0 (Tier 1)	
leuprolide (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION ^{MO}	\$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)
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml SOLUTION ^{MO}	\$0 (Tier 1)	PA
octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE ^{MO}	\$0 (Tier 1)	PA
octreotide, microspheres 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)	

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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
ABRYSVO (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 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-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)	
azathioprine 50 mg TABLET ^{MO}	\$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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 (150 MG/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)	
DENGVAXIA (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)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 PEN PSOR-UVEITS-ADOL HS 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)
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)	
mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	BvsD
mycophenolate mofetil 250 mg CAPSULE ^{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
<i>mycophenolate mofetil</i> 500 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
<i>mycophenolate mofetil (hcl)</i> 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
<i>mycophenolate sodium</i> 180 mg, 360 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	BvsD
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)	
PENTACEL (PF) 15LF-48MCG-62DU -10 MCG/0.5ML KIT ^{DL}	\$0 (Tier 1)	
PREHEVBRIO (PF) 10 MCG/ML SUSPENSION ^{DL}	\$0 (Tier 1)	BvsD
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</i> 30 mg/3 ml SYRINGE ^{DL}	\$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</i> 0.5 mg, 1 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
<i>sirolimus</i> 1 mg/ml SOLUTION ^{MO}	\$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)

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THIS FORMULARY WAS UPDATED ON 01/01/2025.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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</i> 0.5 mg, 1 mg, 5 mg CAPSULE ^{MO}	\$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)	
TETANUS,DIPHThERIA TOX PED(PF) 5-25 LF UNIT/0.5 ML SUSPENSION ^{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)
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 (2 per 28 days)
TREMFYA 200 MG/20 ML (10 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (120 per 365 days)
TREMFYA PEN 200 MG/2 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL (2 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)	
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)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	

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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
<i>balsalazide 750 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>budesonide 3 mg CAPSULE, DR/EC^{MO}</i>	\$0 (Tier 1)	
<i>budesonide 9 mg TABLET, DR/ER^{DL}</i>	\$0 (Tier 1)	PA,QL(30 per 30 days)
<i>hydrocortisone 100 mg/60 ml ENEMA^{MO}</i>	\$0 (Tier 1)	
<i>mesalamine 0.375 gram CAPSULE, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>mesalamine 1,000 mg SUPPOSITORY^{MO}</i>	\$0 (Tier 1)	QL(30 per 30 days)
<i>mesalamine 4 gram/60 ml ENEMA^{MO}</i>	\$0 (Tier 1)	QL(1800 per 30 days)
<i>sulfasalazine 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>sulfasalazine 500 mg TABLET, DR/EC^{MO}</i>	\$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
<i>alendronate 10 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(30 per 30 days)
<i>alendronate 35 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(4 per 28 days)
<i>alendronate 70 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(4 per 28 days)
<i>calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL^{MO}</i>	\$0 (Tier 1)	QL(3.7 per 28 days)
<i>calcitriol 0.25 mcg, 0.5 mcg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>calcitriol 1 mcg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>cinacalcet 30 mg, 60 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
<i>cinacalcet 90 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>doxercalciferol 4 mcg/2 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>FORTEO 20 MCG/DOSE (600MCG/2.4ML) PEN INJECTOR^{DL}</i>	\$0 (Tier 2)	PA,QL(2.4 per 28 days)
<i>ibandronate 150 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(1 per 28 days)
<i>NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE CARTRIDGE^{DL,LA}</i>	\$0 (Tier 2)	PA,QL(2 per 28 days)
<i>pamidronate 30 mg/10 ml (3 mg/ml) SOLUTION^{MO}</i>	\$0 (Tier 1)	QL(30 per 21 days)
<i>pamidronate 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml) SOLUTION^{MO}</i>	\$0 (Tier 1)	QL(10 per 21 days)
<i>paricalcitol 1 mcg, 2 mcg, 4 mcg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>paricalcitol 2 mcg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	QL(24 per 30 days)
<i>paricalcitol 5 mcg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	QL(48 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
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)
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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) 0.5 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 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 28 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
IV PREP WIPES PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
<i>lactated ringers SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>mifepristone 300 mg TABLET</i> ^{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)	
<i>nitroglycerin 0.4 % (w/w) OINTMENT</i> ^{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)	
<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)	
<i>water for irrigation, sterile 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
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
<i>ak-poly-bac 500-10,000 unit/gram OINTMENT</i> ^{MO}	\$0 (Tier 1)	
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)	
<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>gentak 0.3 % (3 mg/gram) OINTMENT</i> ^{MO}	\$0 (Tier 1)	
<i>gentamicin 0.3 % 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
ILEVRO 0.3 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 2)	QL(3 per 30 days)
ketorolac 0.4 %, 0.5 % DROPS ^{MO}	\$0 (Tier 1)	QL(10 per 30 days)
latanoprost 0.005 % DROPS ^{MO}	\$0 (Tier 1)	QL(5 per 25 days)
levobunolol 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
LUMIGAN 0.01 % DROPS ^{MO}	\$0 (Tier 2)	QL(2.5 per 25 days)
methazolamide 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
moxifloxacin 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT ^{MO}	\$0 (Tier 1)	
neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION ^{MO}	\$0 (Tier 1)	
ofloxacin 0.3 % DROPS ^{MO}	\$0 (Tier 1)	
olopatadine 0.1 %, 0.2 % DROPS ^{MO}	\$0 (Tier 1)	
pilocarpine hcl 1 %, 2 %, 4 % DROPS ^{MO}	\$0 (Tier 1)	
polycin 500-10,000 unit/gram OINTMENT ^{MO}	\$0 (Tier 1)	
polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS ^{MO}	\$0 (Tier 1)	
prednisolone acetate 1 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 1)	
prednisolone sodium phosphate 1 % DROPS ^{MO}	\$0 (Tier 1)	
proparacaine 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
RHOPRESSA 0.02 % DROPS ^{MO}	\$0 (Tier 2)	ST,QL(2.5 per 25 days)
ROCKLATAN 0.02-0.005 % DROPS ^{MO}	\$0 (Tier 2)	ST,QL(2.5 per 25 days)
SIMBRINZA 1-0.2 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 2)	QL(16 per 30 days)
sulfacetamide sodium 10 % DROPS ^{MO}	\$0 (Tier 1)	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS ^{MO}	\$0 (Tier 1)	
timolol maleate 0.25 % DROPS ^{MO}	\$0 (Tier 1)	
timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION ^{MO}	\$0 (Tier 1)	
timolol maleate 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
tobramycin 0.3 % DROPS ^{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>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)	

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>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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	PA,QL(25.8 per 30 days)
AUVI-Q 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	QL(4 per 30 days)
azelastine 137 mcg (0.1 %) SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(30 per 25 days)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL(10.7 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml SUSPENSION FOR NEBULIZATION ^{MO}	\$0 (Tier 1)	BvsD
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION ^{DL}	\$0 (Tier 2)	PA,QL(84 per 28 days)
cetirizine 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(300 per 30 days)
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST ^{MO}	\$0 (Tier 2)	QL(4 per 20 days)
cromolyn 100 mg/5 ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION ^{MO}	\$0 (Tier 1)	BvsD
diphenhydramine hcl 50 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR ^{MO}	\$0 (Tier 1)	QL(4 per 30 days)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)
tadalafil (pulm. hypertension) 20 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL (60 per 30 days)
theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR. ^{MO}	\$0 (Tier 1)	
theophylline 400 mg, 600 mg TABLET, ER 24 HR. ^{MO}	\$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)
wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE ^{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>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
<i>BELSOMRA 10 MG TABLET^{MO}</i>	\$0 (Tier 2)	QL (60 per 30 days)
<i>BELSOMRA 15 MG, 20 MG TABLET^{MO}</i>	\$0 (Tier 2)	QL (30 per 30 days)
<i>BELSOMRA 5 MG TABLET^{MO}</i>	\$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)
<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)	

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 extst (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)	
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,buffd-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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 relf(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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
diphedryl 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)	
driminate 50 mg TABLET	\$0 (Tier 4)	
econtra one-step 1.5 mg TABLET	\$0 (Tier 4)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
motion sickness relief(mecliz) 25 mg TABLET	\$0 (Tier 4)	
motion-time 25 mg CHEWABLE TABLET	\$0 (Tier 4)	
mucinex fast-max chest-congest 100 mg/5 ml LIQUID	\$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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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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alendronate	90	ambisentan	96
alfuzosin	74	amikacin	17
ALIQOPA	32	amiloride	57
aliskiren	57	amiloride-hydrochlorothiazide	57
all day allergy (cetirizine)	100	aminophylline	96
all day pain relief	100	AMINOSYN II 10 %	68
all day relief	100	AMINOSYN II 7 %	68
aller-g-time	100	AMINOSYN II 8.5 %	68
allergy (diphenhydramine)	100	AMINOSYN II 8.5 %-ELECTROLYTES	68
allergy relief (cetirizine)	100	AMINOSYN M 3.5 %	68
allergy relief (loratadine)	100, 101	AMINOSYN 10 %	68
allergy relief(diphenhydramin)	101	AMINOSYN 7 % WITH ELECTROLYTES	68
allopurinol	30	AMINOSYN 8.5 %	68
almacone-2	101	AMINOSYN 8.5 %-ELECTROLYTES	68
alosetron	72	AMINOSYN-RF 5.2 %	68
alprazolam	52	amiodarone	58
altamist	101	amitriptyline	26
altavera (28)	77	amlodipine	58
alum-mag hydroxide-simeth	101	amlodipine-benazepril	58
aluminum hydroxide gel	101	amlodipine-valsartan	58
ALUNBRIG	32	ammonium lactate	66
alyacen 1/35 (28)	77	amnestem	66
alyacen 7/7/7 (28)	77	amoxapine	26
alyq	96	amoxicillin	17
amabelz	77	amoxicillin-pot clavulanate	17
amantadine hcl	44	amphotericin b	28

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amphotericin b liposome	28	aripiprazole	45
ampicillin	17	ARISTADA	45
ampicillin sodium	17	ARISTADA INITIO	45
ampicillin-sulbactam	17	ARMOUR THYROID	83
anagrelide	56	ARNUITY ELLIPTA	97
anastrozole	32	ARRANON	32
ANKTIVA	32	arsenic trioxide	32
antacid (calcium carbonate)	101	asenapine maleate	45
antacid anti-gas	101	ASPARLAS	32
antacid extst (mag carb-al hyd)	101	aspirin	101
antacid ext str (calcium carb)	101	aspirin-dipyridamole	56
antacid extra-strength	101	aspirin,buffd-calcium carb-mag	101
antacid regular strength	101	atazanavir	48
antacid-antigas	101	atenolol	58
anti-diarrheal (loperamide)	101	atenolol-chlorthalidone	58
anti-nausea	101	atomoxetine	64
apraclonidine	94	atorvastatin	58
aprepitant	28	atovaquone	43
apri	77	atovaquone-proguanil	43
APTIOM	22	atropine	94
APTIVUS	48	ATROPINE SULFATE (PF)	94
aranelle (28)	77	ATROVENT HFA	97
ARCALYST	85	aubra	77
AREXVY (PF)	85	aubra eq	77
arformoterol	96	AUGTYRO	32
ARIKAYCE	17	aurovela fe 1.5/30 (28)	77

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aurovela fe 1-20 (28)	77	bacitracin	18, 94
aurovela 1.5/30 (21)	77	bacitracin-polymyxin b	94
aurovela 1/20 (21)	77	baclofen	48
aurovela 24 fe	77	bal-care dha	68
AUSTEDO	64	balsalazide	90
AUSTEDO XR	64	BALVERSA	32
AUSTEDO XR TITRATION KT(WK1-4)	64	BAND-AID GAUZE PADS	91
AUTOJECT 2 INJECTION DEVICE	91	banophen	101
AUTOPEN 1 TO 21 UNITS	91	BARACLUDE	48
AUTOPEN 2 TO 42 UNITS	91	BAVENCIO	32
AUVELITY	26	BCG VACCINE, LIVE (PF)	85
AUVI-Q	97	BD ALCOHOL SWABS	91
aviane	77	BD AUTOSHIELD DUO PEN NEEDLE	91
AXTLE	32	BD ECLIPSE LUER-LOK	91
AYR SALINE	101	BD INSULIN SYRINGE	91
ayuna	77	BD INSULIN SYRINGE (HALF UNIT)	91
AYVAKIT	32	BD INSULIN SYRINGE MICRO-FINE	91
azacitidine	32	BD INSULIN SYRINGE U-500	91
azathioprine	85	BD INSULIN SYRINGE ULTRA-FINE	92
azelastine	94, 97	BD LO-DOSE MICRO-FINE IV	92
azithromycin	17	BD NANO 2ND GEN PEN NEEDLE	92
aztreonam	18	BD SAFETYGLIDE INSULIN SYRINGE	92
azurette (28)	77	BD SAFETYGLIDE SYRINGE	92
		BD ULTRA-FINE MICRO PEN NEEDLE	92
		BD ULTRA-FINE MINI PEN NEEDLE	92
		BD ULTRA-FINE NANO PEN NEEDLE	92
B			
b complex-vitamin c-folic acid	101		
BABY AYR SALINE	101		

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BD ULTRA-FINE ORIG PEN NEEDLE	92	BIKTARVY	48
BD ULTRA-FINE SHORT PEN NEEDLE	92	bisacodyl	101
BD VEO INSULIN SYR (HALF UNIT)	92	bismuth subsalicylate	101
BD VEO INSULIN SYRINGE UF	92	bisoprolol fumarate	58
BELEODAQ	32	bisoprolol-hydrochlorothiazide	58
BELSOMRA	99	bleomycin	32
benazepril	58	blisovi fe 1.5/30 (28)	77
benazepril-hydrochlorothiazide	58	blisovi fe 1/20 (28)	77
bendamustine	32	blisovi 24 fe	77
BENLYSTA	85	BOOSTRIX TDAP	85
benztropine	44	BORDERED GAUZE	92
BESPONSA	32	BORTEZOMIB	32, 33
BESREMI	85	BOSULIF	33
betaine	74	BRAFTOVI	33
betamethasone dipropionate	66	BREO ELLIPTA	97
betamethasone valerate	66	BREZTRI AEROSPHERE	97
betamethasone, augmented	66	BRILINTA	56
BETASERON	64	brimonidine	94
betaxolol	94	BRIVIACT	22
bethanechol chloride	74	bromocriptine	44
bexarotene	32	BRUKINSA	33
BEXSERO	85	budesonide	90, 97
bicalutamide	32	bumetanide	58
BICILLIN C-R	18	buprenorphine	14
BICILLIN L-A	18	buprenorphine hcl	16
BICNU	32	buprenorphine-naloxone	16

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bupropion hcl	26	captopril	58
bupropion hcl (smoking deter)	16	captopril-hydrochlorothiazide	58
bupirone	52	carbamazepine	22
busulfan	33	carbidopa-levodopa	44
BUSULFEX	33	carbidopa-levodopa-entacapone	44
butalbital-acetaminophen-caff	92	carboplatin	33
C			
c-nate dha	68	CARETOUCH ALCOHOL PREP PAD	92
CABENUVA	48	carglumic acid	68
cabergoline	83	carisoprodol	99
CABOMETYX	33	carmustine	33
cal-gest antacid	101	carteolol	94
calcidol	102	cartia xt	58
calcipotriene	66	carvedilol	58
calcitonin (salmon)	90	caspofungin	28
calcitriol	90	CAYSTON	97
calcium antacid	102	cefaclor	18
calcium carbonate	102	cefadroxil	18
CALQUENCE	33	cefazolin	18
CALQUENCE (ACALABRUTINIB MAL)	33	cefazolin in dextrose (iso-os)	18
camila	77	cefdinir	18
camrese lo	77	cefepime	18
candesartan	58	cefixime	18
candesartan-hydrochlorothiazid	58	cefotetan	18
CAPLYTA	45	cefoxitin	18
CAPRELSA	33	cefoxitin in dextrose, iso-osm	18
		cefpodoxime	18

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cefprozil	18	chloroquine phosphate	43
ceftazidime	18	chlorothiazide sodium	58
ceftazidime in d5w	18	chlorpromazine	45
ceftriaxone	18	chlorthalidone	58
cefuroxime axetil	18	chocolate laxative	102
cefuroxime sodium	18	cholestyramine (with sugar)	59
cephalexin	18, 19	cholestyramine light	59
cetirizine	97, 102	cholestyramine-aspartame	59
chateal eq (28)	77	CHORIONIC GONADOTROPIN, HUMAN	76
CHEMET	68	ciclodan	28
CHEST CONGESTION RELIEF	102	ciclopirox	29
chest congestion relief dm	102	cilostazol	56
child allergy relf(cetirizine)	102	CIMDUO	48
child's all day allergy(cetir)	102	cimetidine	72
children's acetaminophen	102	cimetidine hcl	72
children's allergy (diphenhyd)	102	cinacalcet	90
children's allergy relief(lor)	102	ciprofloxacin hcl	19, 94
children's aspirin	102	ciprofloxacin in 5 % dextrose	19
children's cetirizine	102	cisplatin	33
children's loratadine	102	citalopram	26
children's mapap	102	cladribine	33
children's pain reliever	102	claravis	66
children's pain-fever relief	102	clarithromycin	19
children's saline nasal spray	102	clearlax	102
chloramphenicol sod succinate	19	clindamycin hcl	19
chlorhexidine gluconate	65	clindamycin in 0.9 % sod chlor	19

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clindamycin in 5 % dextrose	19	clonidine	59
clindamycin palmitate hcl	19	clonidine hcl	59
clindamycin pediatric	19	clopidogrel	56
clindamycin phosphate	19, 66	clorazepate dipotassium	52
clindamycin-benzoyl peroxide	66	clotrimazole	29, 102
CLINIMIX E 2.75%/D5W SULF FREE	69	clotrimazole-betamethasone	29
CLINIMIX E 4.25%/D5W SULF FREE	69	clotrimazole-3	102
CLINIMIX E 5%/D15W SULFIT FREE	69	clozapine	45
CLINIMIX E 5%/D20W SULFIT FREE	69	COARTEM	43
CLINIMIX E 8%-D10W SULFITEFREE	69	COBENFY	92
CLINIMIX E 8%-D14W SULFITEFREE	69	COBENFY STARTER PACK	92
CLINIMIX 4.25%/D10W SULF FREE	68	COLACE	102
CLINIMIX 4.25%/D5W SULFIT FREE	69	COLACE CLEAR	102
CLINIMIX 5%-D20W(SULFITE-FREE)	69	COLACE 2-IN-1	102
CLINIMIX 5%/D15W SULFITE FREE	68	colchicine	30
CLINIMIX 6%-D5W (SULFITE-FREE)	69	colestipol	59
CLINIMIX 8%-D10W(SULFITE-FREE)	69	colistin (colistimethate na)	19
CLINIMIX 8%-D14W(SULFITE-FREE)	69	COLUMVI	33
CLINOLIPID	69	COMBIGAN	94
clobazam	22	COMBIPATCH	77
clobetasol	66, 67	COMBIVENT RESPIMAT	97
clobetasol-emollient	67	COMETRIQ	33
clofarabine	33	COMPLERA	48
CLOLAR	33	complete natal dha	69
clomipramine	26	compro	28
clonazepam	52	constulose	72

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	D
COPAXONE	64
COPIKTRA	33
COSENTYX	85
COSENTYX (2 SYRINGES)	85
COSENTYX PEN	85
COSENTYX PEN (2 PENS)	86
COSENTYX UNOREADY PEN	86
COSMEGEN	33
COTELLIC	33
CREON	74
cromolyn	94, 97
cryselle (28)	77
curae	103
CURITY ALCOHOL SWABS	92
CURITY GAUZE	92
cyclobenzaprine	99
cyclophosphamide	33
cyclosporine	86, 94
cyclosporine modified	86
CYRAMZA	33
cyred	77
cyred eq	77
CYSTAGON	74
CYSTARAN	94
cytarabine	33
cytarabine (pf)	34
dacarbazine	34
dactinomycin	34
dalfampridine	64
danazol	77
dantrolene	48
DANYELZA	34
DANZITEN	34
dapsone	31
DAPTACEL (DTAP PEDIATRIC) (PF)	86
daptomycin	19
daptomycin in 0.9 % sod chlor	19
darifenacin	74
darunavir	48
DARZALEX	34
DARZALEX FASPRO	34
dasatinib	34
dasetta 1/35 (28)	77
dasetta 7/7/7 (28)	77
daunorubicin	34
DAURISMO	34
deblitane	77
decitabine	34
deep sea nasal	103
deferasirox	69
DELSTRIGO	48

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DENGVAXIA (PF)	86	dialyvite 800	103
DEPO-ESTRADIOL	77	diazepam	22, 52
DEPO-SUBQ PROVERA 104	78	diazepam intensol	52
DERMACEA	92	diazoxide	53
DESCOVY	48	diclofenac potassium	14
desipramine	26	diclofenac sodium	14, 94
desmopressin	76	dicloxacillin	19
desog-e.estradiol/e.estradiol	78	dicyclomine	72
desogestrel-ethinyl estradiol	78	didanosine	48
desvenlafaxine succinate	26	DIFICID	19
dexamethasone	75	digitek	59
dexamethasone intensol	75	digox	59
dexamethasone sodium phos (pf)	75	digoxin	59
dexamethasone sodium phosphate	75, 94	dihydroergotamine	30
dexmethylphenidate	64	dilt-xr	59
dexrazoxane hcl	34	diltiazem hcl	59
dextroamphetamine sulfate	64	dimethyl fumarate	64
dextroamphetamine-amphetamine	64	diphedryl	103
dextromethorphan-guaifenesin	103	diphenhydramine hcl	97, 103
dextrose	103	diphenoxylate-atropine	72
dextrose 10 % and 0.2 % nacl	69	disulfiram	16
dextrose 10 % in water (d10w)	69	DIURIL	59
dextrose 5 % in water (d5w)	69	divalproex	22
dextrose 5%-0.2 % sod chloride	69	docetaxel	34
dextrose 5%-0.3 % sod.chloride	69	docusate calcium	103
DIACOMIT	22	docusate sodium	103

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DOCUSOL KIDS	103	drospirenone-ethinyl estradiol	78
dofetilide	59	DROXIA	93
dok	103	DUAVEE	78
donepezil	25	duloxetine	64, 65
dorzolamide	94	DUPIXENT PEN	86
dorzolamide-timolol	94	DUPIXENT SYRINGE	86
dotti	78	dutasteride	75
DOVATO	48	dutasteride-tamsulosin	75
doxazosin	59	d10 %-0.45 % sodium chloride	69
doxepin	52	d2.5 %-0.45 % sodium chloride	69
doxercalciferol	90	d5 % and 0.9 % sodium chloride	69
doxorubicin	34	d5 %-0.45 % sodium chloride	69
doxorubicin, peg-liposomal	34		
doxy-100	19	E	
doxycycline hyclate	19	EASY COMFORT ALCOHOL PAD	93
doxycycline monohydrate	19	EASY TOUCH ALCOHOL PREP PADS	93
driminate	103	econtra one-step	103
DRISDOL	99	ed-apap	103
DRIZALMA SPRINKLE	64	EDURANT	48
dronabinol	28	efavirenz	49
DROPLET INSULIN SYR(HALF UNIT)	92	efavirenz-emtricitabin-tenofov	49
DROPLET INSULIN SYRINGE	92	efavirenz-lamivu-tenofov disop	49
DROPLET MICRON PEN NEEDLE	93	EGRIFTA SV	76
DROPLET PEN NEEDLE	93	electrolyte-a	69
DROPSAFE ALCOHOL PREP PADS	93	electrolyte-148	69
DROPSAFE PEN NEEDLE	93	electrolyte-48 in d5w	69
		ELELYSO	74

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ELIGARD (3 MONTH)	83	ENGERIX-B PEDIATRIC (PF)	86
elinest	78	ENHERTU	34
ELIQUIS	56	enilloring	78
ELIQUIS DVT-PE TREAT 30D START	56	enoxaparin	56
ELMIRON	75	enpresse	78
ELREXFIO	34	enskyce	78
eluryng	78	entacapone	44
ELZONRIS	34	entecavir	49
EMCYT	34	ENTRESTO	59
EMGALITY PEN	30	ENTRESTO SPRINKLE	59
EMGALITY SYRINGE	30	enulose	72
EMPLICITI	34	ENVARUSUS XR	86
EMSAM	26	EPCLUSA	49
emtricitabine	49	EPIDIOLEX	22
emtricitabine-tenofovir (tdf)	49	epinephrine	97
EMTRIVA	49	epirubicin	34
emzahh	78	epitol	22
enalapril maleate	59	EPIVIR HBV	49
enalapril-hydrochlorothiazide	59	EPKINLY	34
endocet	14	EPRONTIA	22
enema	103	ERBITUX	34
enema disposable	103	ergocalciferol (vitamin d2)	99, 103
ENEMEEZ	103	ergotamine-caffeine	30
ENEMEEZ KIDS	103	eribulin	34
ENEMEEZ PLUS	103	ERIVEDGE	34
ENGERIX-B (PF)	86	ERLEADA	34

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erlotinib	34, 35	everolimus (immunosuppressive)	86
errin	78	EVOMELA	35
ertapenem	20	EVOTAZ	49
ery pads	67	exemestane	35
ERYTHROCIN	20	EXKIVITY	35
erythromycin	20, 94	EYSUVIS	94
erythromycin lactobionate	20	ezetimibe	59
erythromycin with ethanol	67	F	
escitalopram oxalate	26	falmina (28)	78
esomeprazole magnesium	72	famciclovir	49
estarylla	78	famotidine	72, 73, 103
estradiol	78	famotidine (pf)	73
estradiol valerate	78	famotidine (pf)-nacl (iso-os)	73
estradiol-norethindrone acet	78	FANAPT	45, 46
eszopiclone	99	FASENRA PEN	97
ethambutol	31	febuxostat	30
ethosuximide	22	felbamate	22
ethynodiol diac-eth estradiol	78	felodipine	59
etodolac	14	FEMLYV	78
etonogestrel-ethinyl estradiol	78	femynor	78
ETOPOPHOS	35	fenofibrate	59
etoposide	35	fenofibrate micronized	59
etravirine	49	fenofibrate nanocrystallized	59
EULEXIN	35	fentanyl	14
EUTHYROX	83	fentanyl citrate	14
everolimus (antineoplastic)	35	fentanyl citrate (pf)	14

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fesoterodine	75	fludrocortisone	75
FETZIMA	26	flunisolide	97
FEVERALL	103	fluocinolone	67
FIASP FLEXTOUCH U-100 INSULIN	53	fluocinolone acetonide oil	96
FIASP PENFILL U-100 INSULIN	53	fluocinolone and shower cap	67
FIASP U-100 INSULIN	53	fluorometholone	94
fiber (calcium polycarbophil)	103	fluorouracil	35, 67
fiber laxative (ca polycarbo)	103	fluoxetine	26
fiber laxative(methylcellulos)	103	fluphenazine decanoate	46
FIBER THERAPY (M-CELL/SUGAR)	103	fluphenazine hcl	46
fiber therapy (m-cellulose)	103	flurbiprofen	14
fiber-lax	103	flurbiprofen sodium	94
finasteride	75	fluticasone propion-salmeterol	97
fingolimod	65	fluticasone propionate	67, 97
FINTEPLA	22	fluvastatin	60
FIRDAPSE	65	fluvoxamine	26
FIRMAGON	83	FOLIKA-BC	104
FIRMAGON KIT W DILUENT SYRINGE	83	FOLOTYN	35
flecainide	60	FORTEO	90
FLEET ENEMA	103	fosamprenavir	49
FLEET GLYCERIN LAXATIVE	103	fosinopril	60
FLEET PEDIATRIC	104	fosinopril-hydrochlorothiazide	60
fluconazole	29	fosphenytoin	23
fluconazole in nacl (iso-osm)	29	FOTIVDA	35
flucytosine	29	FRUZAQLA	35
fludarabine	35	full spectrum b-vitamin c	104

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furosemide	60	GENVOYA	49
FUZEON	49	GILOTRIF	35
FYARRO	35	glatiramer	65
FYCOMPA	23	glatopa	65
G			
gabapentin	23	GLEOSTINE	35
galantamine	25	glimepiride	53
gallifrey	78	glipizide	53
GAMUNEX-C	86	glipizide-metformin	53
GARDASIL 9 (PF)	86	glucose gel	104
GAUZE BANDAGE	93	glyburide	53
GAUZE PAD	93	glyburide micronized	53
gavilax	104	glyburide-metformin	53
gavilyte-c	73	glycerin (adult)	104
gavilyte-g	73	glycerin (child)	104
gavilyte-n	73	glycopyrrolate	73
GAVRETO	35	GLYXAMBI	53
GAZYVA	35	granisetron hcl	28
gefitinib	35	griseofulvin microsize	29
gemcitabine	35	griseofulvin ultramicrosize	29
gemfibrozil	60	guaifenesin	104
generlac	73	guanfacine	60, 65
gentak	94	H	
gentamicin	20, 94	HAEGARDA	86
gentamicin in nacl (iso-osm)	20	hailey	78
gentle laxative (bisacodyl)	104	hailey fe 1.5/30 (28)	78
		hailey fe 1/20 (28)	78

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hailey 24 fe	78	HUMIRA PEN	86
HALAVEN	35	HUMIRA PEN CROHNS-UC-HS START	87
haloette	78	HUMIRA PEN PSOR-UVEITS-ADOL HS	87
haloperidol	46	HUMIRA(CF)	87
haloperidol decanoate	46	HUMIRA(CF) PEDI CROHNS STARTER	87
haloperidol lactate	46	HUMIRA(CF) PEN	87
HAVRIX (PF)	86	HUMIRA(CF) PEN CROHNS-UC-HS	87
headache relief (asa-acet-caf)	104	HUMIRA(CF) PEN PEDIATRIC UC	87
healthylax	104	HUMIRA(CF) PEN PSOR-UV-ADOL HS	87
heartburn relief	104	HUMULIN N NPH INSULIN KWIKPEN	54
heartburn relief (famotidine)	104	HUMULIN N NPH U-100 INSULIN	54
heather	78	HUMULIN R REGULAR U-100 INSULN	54
heparin (porcine)	56	HUMULIN 70/30 U-100 INSULIN	54
heparin, porcine (pf)	56	HUMULIN 70/30 U-100 KWIKPEN	54
HEPLISAV-B (PF)	86	hydralazine	60
her style	104	hydrochlorothiazide	60
HIBERIX (PF)	86	hydrocodone-acetaminophen	14
HUMALOG JUNIOR KWIKPEN U-100	53	hydrocodone-ibuprofen	14
HUMALOG KWIKPEN INSULIN	53	hydrocortisone	67, 90
HUMALOG MIX 50-50 INSULN U-100	53	hydrocortisone-acetic acid	96
HUMALOG MIX 50-50 KWIKPEN	53	hydromorphone	14
HUMALOG MIX 75-25 KWIKPEN	53	hydroxychloroquine	43
HUMALOG MIX 75-25(U-100)INSULN	53	hydroxyurea	35
HUMALOG U-100 INSULIN	53	hydroxyzine hcl	52
HUMATIN	20	hydroxyzine pamoate	97
HUMIRA	86	HYFTOR	67

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ibandronate	90	INCONTROL ALCOHOL PADS	93
IBRANCE	35	INCRELEX	76
ibu	14	indapamide	60
ibuprofen	14, 15, 104	indomethacin	15
icatibant	87	INFANRIX (DTAP) (PF)	87
iclevia	78	infant pain reliever	104
ICLUSIG	35	infant's acetaminophen	104
idarubicin	35	infants' pain and fever	104
IDHIFA	35	INLYTA	36
ifosfamide	36	INQOVI	36
ILEVRO	95	INREBIC	36
imatinib	36	INSULIN LISPRO	54
IMBRUVICA	36	INSULIN SYRINGE	93
IMDELLTRA	36	INSULIN SYRINGE MICROFINE	93
IMFINZI	36	INSULIN SYRINGE-NEEDLE U-100	93
imipenem-cilastatin	20	INTELENCE	49
imipramine hcl	26	INTRALIPID	69
imipramine pamoate	27	INVEGA HAFYERA	46
imiquimod	67	INVEGA SUSTENNA	46
IMJUDO	36	INVEGA TRINZA	46
IMKELDI	36	INVOKAMET	54
IMLYGIC	36	INVOKAMET XR	54
IMOVAX RABIES VACCINE (PF)	87	INVOKANA	54
INBRIJA	44	IONOSOL-B IN D5W	69
incassia	79	IONOSOL-MB IN D5W	70
		IPOL	87

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lessina	79	lidocaine hcl	16
letrozole	37	lidocaine viscous	16
leucovorin calcium	37	lidocaine-prilocaine	16
leuprolide	84	lincomycin	20
leuprolide (3 month)	84	lindane	67
levetiracetam	23	linezolid	20
levetiracetam in nacl (iso-os)	23	linezolid in dextrose 5%	20
LEVO-T	83	linezolid-0.9% sodium chloride	20
levobunolol	95	LINZESS	73
levocarnitine	70	liothyronine	83
levocarnitine (with sugar)	70	lisinopril	60
levocetirizine	97	lisinopril-hydrochlorothiazide	60
levofloxacin	20	lithium carbonate	52
levofloxacin in d5w	20	lithium citrate	53
levoleucovorin calcium	37	LIVTENCITY	50
levonest (28)	79	lo-zumandimine (28)	79
levonorg-eth estrad triphasic	79	LOCOID LIPOCREAM	67
levonorgestrel	104	LOESTRIN FE 1.5/30 (28-DAY)	79
levonorgestrel-ethinyl estrad	79	LOESTRIN FE 1/20 (28-DAY)	79
levora-28	79	LOESTRIN 1.5/30 (21)	79
levothyroxine	83	LOESTRIN 1/20 (21)	79
LEVOXYL	83	lojaimiess	80
LEXIVA	49	LOKELMA	70
LIBERVANT	23	LONSURF	37
LIBTAYO	37	loperamide	73, 104
lidocaine	16	lopinavir-ritonavir	50

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mefloquine	43	methylidopa	61
megestrol	80	methylidopa-hydrochlorothiazide	61
MEKINIST	38	methylphenidate hcl	65
MEKTOVI	38	methylprednisolone	75
meloxicam	15	methylprednisolone acetate	76
melphalan	38	methylprednisolone sodium succ	76
melphalan hcl	38	metoclopramide hcl	28
memantine	25	metolazone	61
MENACTRA (PF)	87	metoprolol succinate	61
MENEST	80	metoprolol ta-hydrochlorothiaz	61
MENQUADFI (PF)	87	metoprolol tartrate	61
MENVEO A-C-Y-W-135-DIP (PF)	87	metronidazole	20
mercaptopurine	38	metronidazole in nacl (iso-os)	20
meropenem	20	metyrosine	61
meropenem-0.9% sodium chloride	20	MICAFUNGIN IN 0.9 % SODIUM CHL	29
mesalamine	90	miconazole nitrate	105
MESNEX	38	miconazole-3	29, 105
metformin	54	miconazole-7	105
methadone	15	microgestin fe 1.5/30 (28)	80
methazolamide	95	microgestin fe 1/20 (28)	80
methenamine hippurate	20	microgestin 1.5/30 (21)	80
methimazole	84	microgestin 1/20 (21)	80
methocarbamol	99	microgestin 24 fe	80
methotrexate sodium	87	midodrine	61
methotrexate sodium (pf)	87	mifepristone	93
methsuximide	23	migraine formula	105

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migraine relief	105	motion-time	105
mili	80	MOUNJARO	54
milk of magnesia	105	MOVANTIK	73
milk of magnesia concentrated	105	moxifloxacin	20, 95
minocycline	20	moxifloxacin-sod.chloride(iso)	21
minoxidil	61	MRESVIA (PF)	87
mintox maximum strength	105	mucinex fast-max chest-congest	105
mintox plus	105	MULTAQ	61
MIRENA	93	mupirocin	67
mirtazapine	27	MUTAMYCIN	38
misoprostol	73	MVASI	38
mitomycin	38	my choice	105
mitoxantrone	38	my way	105
modafinil	99	mycophenolate mofetil	87, 88
moexipril	61	mycophenolate mofetil (hcl)	88
molindone	46	mycophenolate sodium	88
mometasone	67	MYLOTARG	38
mondoxyne nl	20	myorisan	67
mono-lyyah	80	MYRBETRIQ	75
montelukast	97, 98	N	
morphine	15	nabumetone	15
morphine concentrate	15	nafcillin	21
motion sickness	105	nafcillin in dextrose iso-osm	21
motion sickness (meclizine)	105	naloxone	16, 105
motion sickness relief	105	naltrexone	16
motion sickness relief(mecliz)	105	NAMZARIC	25

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naproxen	15	NEPHRO-VITE	105
naproxen sodium	15, 105	NEPHRONEX	105
naratriptan	30	NERLYNX.....	38
NARCAN	105	nevirapine	50
nasal decongestant (pseudoeph)	105	new day	105
nasal moisturizing	105	NEXPLANON	80
nasal spray (sodium chloride)	105	niacin	61
nateglinide	55	niacor	61
NATPARA	90	nicotine	105, 106
nausea relief	105	nicotine (polacrilex)	106
NAYZILAM	23	NICOTROL NS	16
nebivolol.....	61	nifedipine	61
necon 0.5/35 (28)	80	nikki (28).....	80
nefazodone	27	nilutamide	38
nelarabine	38	nimodipine	61
neo-vital rx	70	NINLARO	38
neomycin	21	nitazoxanide	44
neomycin-bacitracin-poly-hc	95	nitisinone	74
neomycin-bacitracin-polymyxin	95	nitrofurantoin macrocrystal	21
neomycin-polymyxin b-dexameth	95	nitrofurantoin monohyd/m-cryst	21
neomycin-polymyxin-gramicidin	95	nitroglycerin	61, 93
neomycin-polymyxin-hc	95, 96	NITROSTAT	61
NEONATAL COMPLETE	70	NIVESTYM	56, 57
NEONATAL PLUS VITAMIN	70	nizatidine	73
NEONATAL-DHA	70	NORA-BE	80
nephro vitamins.....	105	norelgestromin-ethin.estradiol	80

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noreth-ethinyl estradiol-iron	80	NUCALA	98
norethindrone (contraceptive)	80	NUEDEXTA	65
norethindrone ac-eth estradiol	80	NUPLAZID	46
norethindrone acetate	80	NUTRILIPID	70
norethindrone-e.estradiol-iron	81	NUTRISOURCE FIBER	106
norgestimate-ethinyl estradiol	81	nyamyc	29
NORMOSOL-M IN 5 % DEXTROSE	70	nylia 1/35 (28)	81
nortrel 0.5/35 (28)	81	nylia 7/7/7 (28)	81
nortrel 1/35 (21)	81	nymyo	81
nortrel 1/35 (28)	81	nystatin	29
nortrel 7/7/7 (28)	81	nystatin-triamcinolone	29
nortriptyline	27	nystop	30
NORVIR	50		
NOVOLIN N FLEXPEN	55	0	
NOVOLIN N NPH U-100 INSULIN	55	ocella	81
NOVOLIN R FLEXPEN	55	octreotide acetate	84
NOVOLIN R REGULAR U100 INSULIN	55	octreotide,microspheres	84
NOVOLIN 70-30 FLEXPEN U-100	55	ODEFSEY	50
NOVOLIN 70/30 U-100 INSULIN	55	ODOMZO	38
NOVOLOG FLEXPEN U-100 INSULIN	55	OFEV	98
NOVOLOG MIX 70-30 U-100 INSULN	55	ofloxacin	21, 95, 96
NOVOLOG MIX 70-30FLEXPEN U-100	55	OGSIVEO	38
NOVOLOG PENFILL U-100 INSULIN	55	OJEMDA	38
NOVOLOG U-100 INSULIN ASPART	55	OJJAARA	39
NOVOPEN ECHO	93	olanzapine	46
NUBEQA	38	olmesartan	61
		olmesartan-hydrochlorothiazide	61

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olopatadine	95	oxycodone-acetaminophen	15
omega-3 acid ethyl esters	62	OZEMPIC	55
omeprazole	73	P	
OMNITROPE	76	PACERONE	62
ONCASPAR	39	paclitaxel	39
ondansetron	28	paclitaxel protein-bound	39
ondansetron hcl	28	PADCEV	39
ondansetron hcl (pf)	28	pain relief (acetaminophen)	106
ONIVYDE	39	pain relief es (acetaminophen)	106
ONUREG	39	pain reliever (acetaminophen)	106
OPDIVO	39	pain reliever es(acetaminophn)	106
OPDUALAG	39	pain reliever plus	106
OPSUMIT	98	paliperidone	46, 47
OPSYNVI	98	pamidronate	90
option-2	106	PANRETIN	39
OPVEE	16	pantoprazole	73
ORACIT	99	pantoprazole in 0.9% sod chlor	73
ORGOVYX	39	paraplatin	39
ORSERDU	39	paricalcitol	90
oseltamivir	50	paromomycin	21
OSPHENA	81	paroxetine hcl	27
oxaliplatin	39	PAXLOVID	50
oxandrolone	81	pazopanib	39
oxcarbazepine	23	PEDIA-LAX	106
oxybutynin chloride	75	pedia-lax stool softener	106
oxycodone	15	PEDIARIX (PF)	88

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PEDVAX HIB (PF)	88	phenelzine	27
peg 3350-electrolytes	73	phenobarbital	23
peg-electrolyte soln	73	PHENYTEK	23
PEGASYS	88	phenytoin	23, 24
PEMAZYRE	39	phenytoin sodium	24
pemetrexed	39	phenytoin sodium extended	24
pemetrexed disodium	39	phytonadione (vitamin k1)	100
PEMRYDI RTU	39	PIFELTRO	50
PEN NEEDLE, DIABETIC	93	pilocarpine hcl	65, 95
PENBRAYA (PF)	88	pimecrolimus	67
penicillamine	70	pimozide	47
penicillin g potassium	21	pimtrex (28)	81
penicillin g procaine	21	pinaway	106
penicillin g sodium	21	pink bismuth	106
penicillin v potassium	21	pinworm treatment	106
PENTACEL (PF)	88	pioglitazone	55
pentamidine	44	piperacillin-tazobactam	21
pentoxifylline	62	PIQRAY	39
PERIKABIVEN	70	pirfenidone	98
perindopril erbumine	62	piroxicam	15
periogard	65	PLASMA-LYTE A	70
PERJETA	39	PLASMA-LYTE 148	70
permethrin	67	podofilox	68
perphenazine	47	POLIVY	39
perphenazine-amitriptyline	27	polycin	95
pfizerpen-g	21	polyethylene glycol 3350	106

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polymyxin b sulf-trimethoprim	95	praziquantel	44
polymyxin b sulfate	21	prazosin	62
POMALYST	39	prednisolone	76
portia 28	81	prednisolone acetate	95
PORTRAZZA	39	prednisolone sodium phosphate	76, 95
posaconazole	30	prednisone	76
potassium chlorid-d5-0.45%nacl	70	prednisone intensol	76
potassium chloride	70, 71	pregabalin	65
potassium chloride in lr-d5	71	PREHEVBRIO (PF)	88
potassium chloride in water	71	PREMARIN	81
potassium chloride in 0.9%nacl	71	PREMASOL 10 %	71
potassium chloride in 5 % dex	71	PRENATA	71
potassium chloride-d5-0.2%nacl	71	PRENATABS FA	71
potassium chloride-d5-0.3%nacl	71	prenatal plus (calcium carb)	71
potassium chloride-d5-0.9%nacl	71	prenatal plus vitamin-mineral	71
potassium chloride-0.45 % nacl	71	PRENATE ELITE	71
potassium citrate	71	prevalite	62
POTELIGEO	40	PREVYMIS	50
pr natal 400	71	PREZCOBIX	50
pr natal 400 ec	71	PREZISTA	50
pr natal 430	71	PRIFTIN	31
pr natal 430 ec	71	primaquine	44
pralatrexate	40	primidone	24
pramipexole	44	PRIMSOL	21
prasugrel	57	PRIORIX (PF)	88
pravastatin	62	PRO COMFORT ALCOHOL PADS	93

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probenecid	30	PURIXAN	40
probenecid-colchicine	30	pyrazinamide	31
procainamide	62	pyridostigmine bromide	31
prochlorperazine	28	pyridoxine (vitamin b6)	100
prochlorperazine edisylate	28	pyrimethamine	44
prochlorperazine maleate	28		
procto-med hc	68	Q	
proctosol hc	68	QINLOCK	40
proctozone-hc	68	QUADRACEL (PF)	88
progesterone	81	quetiapine	47
progesterone micronized	81	quinapril	62
PROGRAF	88	quinapril-hydrochlorothiazide	62
PROLIA	91	quinidine sulfate	62
PROMACTA	57	quinine sulfate	44
promethazine	28	QULIPTA	30
promethazine-codeine	100		
propafenone	62	R	
proparacaine	95	RABAVERT (PF)	88
propranolol	62	RADICAVA ORS	65
propranolol-hydrochlorothiazid	62	RADICAVA ORS STARTER KIT SUSP	65
propylthiouracil	84	raloxifene	81
PROQUAD (PF)	88	ramipril	62
protriptyline	27	ranolazine	62
pseudoephedrine hcl	106	rasagiline	44
PULMOZYME	98	ready-to-use enema	106
PURE COMFORT ALCOHOL PADS	93	reclipsen (28)	81
		RECOMBIVAX HB (PF)	88
		reese's pinworm medicine	106
		RELENZA DISKHALER	50

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rena-vite	106	RISPERDAL CONSTA	47
rena-vite rx	106	risperidone	47
renal vitamin	106	ritonavir	50
reno caps	106	rivastigmine tartrate	25, 26
repaglinide	55	rizatriptan	30, 31
REPATHA PUSHTRONEX	62	ROCKLATAN	95
REPATHA SURECLICK	62	roflumilast	98
REPATHA SYRINGE	62	romidepsin	40
RETACRIT	57	ropinirole	44
RETEVMO	40	rosuvastatin	62
RETROVIR	50	ROTARIX	88
REVUFORJ	40	ROTATEQ VACCINE	88
REXULTI	47	roweepra	24
REYATAZ	50	roweepra xr	24
REZLIDHIA	40	ROZLYTREK	40
RHOPRESSA	95	RUBRACA	40
RIABNI	40	rufinamide	24
ribavirin	50	RUKOBIA	50
rifabutin	31	RUXIENCE	40
rifampin	31	RYBELSUS	55
riluzole	65	RYBREVANT	40
rimantadine	50	RYDAPT	40
ringer's	71, 93	RYLAZE	40
RINVOQ	88	RYTELO	40
RINVOQ LQ	88		
risedronate	91		
		S	
		sajazir	88

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saline mist	106	SENOKOT	107
saline nasal	106	SENOKOT EXTRA STRENGTH	107
saline nasal mist	106	SENOKOT KIDS	107
saline nose	106	SENOKOT-S	107
SANDIMMUNE	88	sertraline	27
SANDOSTATIN LAR DEPOT	84	setlakin	81
SANTYL	68	sharobel	81
sapropterin	74	SHINGRIX (PF)	88
SARCLISA	40	SIGNIFOR	84
saxagliptin	55	sildenafil (pulm.hypertension)	98
SCEMBLIX	40	silodosin	75
scopolamine base	28	silver sulfadiazine	68
se-natal 19 chewable	71	SIMBRINZA	95
SECUADO	47	simliya (28)	81
selegiline hcl	44	simvastatin	62
SELZENTRY	50, 51	sirolimus	88
senexon-s	106	SIRTURO	31
senna	106	SKYRIZI	88, 89
senna lax	107	SMOFLIPID	71
senna laxative	107	smooth antacid	107
senna leaf extract	107	sodium bicarbonate	71, 107
senna plus	107	SODIUM BICARBONATE (BULK)	100, 107
senna-s	107	sodium chloride	71, 93
senna-time s	107	sodium chloride 0.45 %	71
sennosides	107	sodium chloride 0.9 %	71, 72
sennosides-docusate sodium	107	sodium chloride 3 % hypertonic	72

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).



sodium chloride 5 % hypertonic	72	SSD	68
sodium citrate-citric acid	107	stavudine	51
sodium oxybate	99	STELARA	89
sodium phenylbutyrate	74	stimulant laxative plus	107
sodium polystyrene sulfonate	72	STIOLTO RESPIMAT	98
sodium,potassium,mag sulfates	73	STIVARGA	40
solifenacin	75	stomach relief	107
SOLQUA 100/33	55	stool softener	107
SOLTAMOX	40	stool softener (docusate cal)	107
SOLU-MEDROL	76	stool softener-laxative	107
SOLU-MEDROL (PF)	76	stool softener-stimulant laxat	107
SOMAVERT	84	STRENSIQ	74
sorafenib	40	streptomycin	21
SORBITOL	107	STRIBILD	51
sorine	62	STRIVERDI RESPIMAT	98
sotalol	62	subvenite	24
sotalol af	62	subvenite starter (blue) kit	24
SPIRIVA RESPIMAT	98	subvenite starter (green) kit	24
SPIRIVA WITH HANDIHALER	98	subvenite starter (orange) kit	24
spironolacton-hydrochlorothiaz	62	sucralfate	73
spironolactone	62	sudogest	107
sprintec (28)	81	SUFLAVE	73
SPRITAM	24	sulfacetamide sodium	21, 95
SPRYCEL	40	sulfacetamide-prednisolone	95
SPS (WITH SORBITOL)	72	sulfadiazine	21
sronyx	81	sulfamethoxazole-trimethoprim	21

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sulfasalazine	90	TALVEY	41
sulindac	15	TALZENNA	41
sumatriptan	31	tamoxifen	41
sumatriptan succinate	31	tamsulosin	75
sunitinib malate	40	tarina fe 1-20 eq (28)	81
SUNLENCA	51	tarina fe 1/20 (28)	81
suphedrin	107	tarina 24 fe	81
SURE COMFORT ALCOHOL PREP PADS	93	TASIGNA	41
SURE-PREP ALCOHOL PREP PADS	93	tasimelteon	99
SUTAB	73	tazarotene	68
syeda	81	taztia xt	63
SYMBICORT	98	TAZVERIK	41
SYMPAZAN	24	TDVAX	89
SYMTUZA	51	TECENTRIQ	41
SYNJARDY	55	TECENTRIQ HYBREZA	41
SYNJARDY XR	55	TECVAYLI	41
SYNRIBO	40	TEFLARO	21
SYNTHROID	83	telmisartan	63
T			
TABRECTA	40	telmisartan-amlodipine	63
tacrolimus	68, 89	temazepam	99
tadalafil	75	temsirolimus	41
tadalafil (pulm. hypertension)	98	TENIVAC (PF)	89
TAFINLAR	41	tenofovir disoproxil fumarate	51
TAGRISSO	41	TEPMETKO	41
TALICIA	73	terazosin	63
		terbinafine hcl	30

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terconazole	30	TIVICAY	51
teriflunomide	65	TIVICAY PD	51
testosterone	81, 82	tizanidine	48
testosterone cypionate	82	tobramycin	95
testosterone enanthate	82	tobramycin in 0.225 % nacl	21
TETANUS,DIPHThERIA TOX PED(PF)	89	tobramycin sulfate	21
tetrabenazine	65	tobramycin-dexamethasone	96
TEVIMBRA	41	tolterodine	75
THALOMID	41	topiramate	24
theophylline	98	topotecan	41
thiamine hcl (vitamin b1)	100	toremifene	41
thioridazine	47	torpenz	41
thiotepa	41	torsemide	63
thiothixene	47	TOUJEO MAX U-300 SOLOSTAR	55
tiadylt er	63	TOUJEO SOLOSTAR U-300 INSULIN	55
tiagabine	24	TPN ELECTROLYTES	72
TIBSOVO	41	TRADJENTA	55
TICOVAC	89	tramadol	16
tigecycline	21	trandolapril	63
tilia fe	82	tranexamic acid	57
timolol maleate	63, 95	tranylcypromine	27
tinidazole	21	TRAVASOL 10 %	72
tioconazole	107	travoprost	96
tioconazole-1	107	TRAZIMERA	41
TIROSINT-SOL	83	trazodone	27
TIVDAK	41	TRECTOR	31

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).



TRELEGY ELLIPTA	98	trifluoperazine	47
TRELSTAR	84	trifluridine	96
TREMFYA	89	trihexyphenidyl	44, 45
TREMFYA PEN	89	TRIJARDY XR	56
TRESIBA FLEXTOUCH U-100	55	TRIKAFTA	98
TRESIBA FLEXTOUCH U-200	56	trimethoprim	21
TRESIBA U-100 INSULIN	56	trimipramine	27
tretinoin	68	trinatal rx 1	72
tretinoin (antineoplastic)	41	TRINTELLIX	27
tri-buffered aspirin	107	TRISENOX	41
tri-estarylla	82	TRIUMEQ	51
tri-legest fe	82	TRIUMEQ PD	51
tri-linyah	82	trivora (28)	82
tri-lo-estarylla	82	TRIZIVIR	51
tri-lo-marzia	82	TRODELVY	41
tri-lo-mili	82	TROGARZO	51
tri-lo-sprintec	82	TROPHAMINE 10 %	72
tri-mili	82	trosipium	75
tri-nymyo	82	TRUE COMFORT ALCOHOL PADS	93
tri-sprintec (28)	82	TRUE COMFORT PRO ALCOHOL PADS	93
tri-vylibra	82	trueplus glucose	107
tri-vylibra lo	82	TRULICITY	56
triamcinolone acetonide	66, 76	TRUMENBA	89
triamterene-hydrochlorothiazid	63	TRUQAP	41
triderm	76	TUKYSA	41
trientine	72	tulana	82

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TURALIO	42	valsartan	63
turqoz (28)	82	valsartan-hydrochlorothiazide	63
tusnel diabetic	108	VALTOCO	24
tusnel-ex	108	vancomycin	21, 22
tussin dm	108	VANFLYTA	42
tussin dm clear	108	VAQTA (PF)	89
tussin mucus-chest congestion	108	varenicline tartrate	16, 17
TWINRIX (PF)	89	VARIVAX (PF)	89
TYBOST	51	VASCEPA	63
TYMLOS	91	VAXCHORA VACCINE	89
TYPHIM VI	89	VECTIBIX	42
U			
UBRELVY	31	velivet triphasic regimen (28)	82
UDENYCA	57	VEMLIDY	51
UDENYCA AUTOINJECTOR	57	VENCLEXTA	42
UDENYCA ONBODY	57	VENCLEXTA STARTING PACK	42
ULTILET ALCOHOL SWAB	93	venlafaxine	27
UNITHROID	83	VENTOLIN HFA	98
UNITUXIN	42	verapamil	63
ursodiol	74	VERQUOVO	63
V			
valacyclovir	51	VERSACLOZ	47
VALCHLOR	42	VERZENIO	42
valganciclovir	51	vestura (28)	82
valproate sodium	24	vienva	82
valproic acid	24	vigabatrin	24
valproic acid (as sodium salt)	24	vigadrone	24
		VIGAFYDE	25

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vigpoder	25	VYLOY	42
VIIBRYD	27	VYNDAMAX	74
vilazodone	27	VYVGART	31
vinblastine	42	VYVGART HYTRULO	31
vincasar pfs	42	VYXEOS	42
vincristine	42	W	
vinorelbine	42	warfarin	57
viorele (28)	82	water for irrigation, sterile	93
VIRACEPT	51	WEBCOL	94
VIREAD	51	WELIREG	74
virt-nate dha	72	wera (28)	82
vitamin d2	100	wesnatal dha complete	72
vitamin k1	100	wesnate dha	72
VITRAKVI	42	westab plus	72
VIVITROL	17	wixela inhub	98
VIZIMPRO	42	women's gentle laxative(bisac)	108
VOCABRIA	51	wymzya fe	82
volnea (28)	82	X	
VONJO	42	XALKORI	42
VORANIGO	42	XARELTO	57
voriconazole	30	XARELTO DVT-PE TREAT 30D START	57
VOSEVI	51	XATMEP	89
VOWST	74	XCOPRI	25
VRAYLAR	47	XCOPRI MAINTENANCE PACK	25
VUMERITY	65	XCOPRI TITRATION PACK	25
vylibra	82	XDEMVY	94
		XGEVA	91

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XIFAXAN	74	ZIIHERA	43
XOLAIR	89	ziprasidone hcl	47
XOSPATA	42	ziprasidone mesylate	47
XPOVIO	42	ZIRABEV	43
XTANDI	43	ZIRGAN	51
xulane	82	zoledronic ac-mannitol-0.9nacl	91
Y			
YERVOY	43	zoledronic acid	91
YF-VAX (PF)	89	zoledronic acid-mannitol-water	91
YONDELIS	43	ZOLINZA	43
Z			
zafemy	82	zolpidem	99
zafirlukast	99	ZONISADE	25
zaleplon	99	zonisamide	25
ZALTRAP	43	zovia 1-35 (28)	82
ZANOSAR	43	ZTALMY	25
zarah	82	ZUBSOLV	17
ZARXIO	57	zumandimine (28)	82
ZEGALOGUE AUTOINJECTOR	56	ZURZUVAE	27
ZEGALOGUE SYRINGE	56	ZYDELIG	43
ZEJULA	43	ZYKADIA	43
ZELBORAF	43	ZYNLONTA	43
ZEMAIRA	74	ZYNYZ	43
zenatane	68	ZYPITAMAG	63
ZEPZELCA	43	ZYPREXA RELPREV	47
ZEVALIN (Y-90)	94	3-day vaginal	100
zidovudine	51		

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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.

Pain.....	14	Heart-related conditions.....	57
Local pain.....	16	Nervous system conditions.....	64
Addiction and substance abuse.....	16	Dental and oral conditions.....	65
Bacterial infections.....	17	Skin conditions.....	66
Seizures.....	22	Vitamin deficiencies.....	68
Dementia.....	25	Gastrointestinal conditions.....	72
Depression.....	26	Genetic disorders.....	74
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Gout.....	30	Pituitary hormone replacement.....	76
Migraines.....	30	Sex hormone imbalances.....	77
Myasthenia gravis.....	31	Thyroid hormone replacement.....	83
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Cancer.....	32	Overactive thyroid conditions.....	84
Parasitic infections.....	43	Immune system conditions and vaccines.....	85
Parkinson's disease.....	44	Crohn's disease and ulcerative colitis.....	90
Mood and psychological conditions.....	45	Bone conditions.....	90
Muscle spasms.....	48	Miscellaneous.....	91
Viral infections.....	48	Eye conditions.....	94
Anxiety.....	52	Ear conditions.....	96
Bipolar disorder.....	52	Asthma and COPD.....	96
Diabetes.....	53	Muscle relaxants.....	99
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- You can also file a civil rights complaint with the:
U.S. Department of Health and Human Services, Office for Civil Rights
electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

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Humana Gold Plus Integrated (Medicare-Medicaid plan) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to members.

Multi-Language Insert

Multi-language Interpreter Services

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