

2024

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 12/02/2024. **IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR VACCINES** – SOME VACCINES ARE CONSIDERED MEDICAL BENEFITS. OTHER VACCINES ARE CONSIDERED PART D DRUGS. OUR PLAN COVERS MOST PART D VACCINES AT NO COST TO YOU. 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) | 2024 List of Covered Drugs (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*.

Table of Contents:

A. Disclaimers	4
B. Frequently Asked Questions	5
B1. What prescription drugs are on the List of Covered Drugs? (We call the List of Covered Drugs the "Drug List" for short.)	5
B2. Does the Drug List ever change?	5
B3. What happens when there is a change to the Drug List?	6
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	7
B5. How will I know if the drug I want has limitations or if there are required actions to take to get the drug? ...	7
B6. What happens if Humana Gold Plus Integrated Plan changes their rules about some drugs (for example, PA or approval, quantity limits, and/or step therapy restrictions)?	7
B7. How can I find a drug on the Drug List?	7
B8. What if the drug I want to take is not on the Drug List?	8
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 your drug?	8
B10. Can I ask for an exception to cover your drug?	10
B11. How can I ask for an exception?	10
B12. How long does it take to get an exception?	11
B13. What are generic drugs?	11
B14. What are OTC drugs?	11
B15. Does Humana Gold Plus Integrated cover non-drug OTC products?	12
B16. What is my copay?	12
B17. What are drug tiers?	12
C. Overview of the List of Covered Drugs	13
C1. Drugs Grouped by Medical Conditions	115
D. Index of Covered Drugs	156



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A. Disclaimers

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

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



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).

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 on page 13, 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).
- 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.



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:

- **A new generic drug becomes available.** Sometimes, a new and a cheaper drug comes along that works just as well, as a drug on the Drug List now. When that happens, we may remove the current drug, but your cost for the new drug will stay the same. When we add the new generic drug, we may also decide to keep the current drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - 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 the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know.

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 add a generic drug that is not new to the market and
 - Replace a brand name drug currently on the Drug List **or**
 - 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.



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 on page 14. 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 on page 13 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.

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 115.

To search **by medical condition**, find the section labeled "Drugs Grouped by medical condition" on page 156. 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.

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, 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:

- The 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



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).

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**.

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.
-

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.



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**.

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**.

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 usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

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

B14. 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.



B15. 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.

B16. 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.

B17. 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

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 that begins on page 115. 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.



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 sodium 1 % GEL ^{MO}	\$0 (Tier 1)	QL(1000 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)	
ec-naproxen 500 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 10-200 mg, 5-200 mg, 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)	
ibuprofen 600 mg, 800 mg TABLET ^{MO}	\$0 (Tier 1)	

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](https://www.humana.com).



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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sulindac 150 mg, 200 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>tramadol 100 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR.^{DL}</i>	\$0 (Tier 1)	ST,QL (30 per 30 days)
<i>tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE^{DL}</i>	\$0 (Tier 1)	ST,QL (30 per 30 days)
<i>tramadol 50 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>tramadol-acetaminophen 37.5-325 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE ER SPRINKLE 12 HR.^{DL}</i>	\$0 (Tier 2)	QL (60 per 30 days)

ANESTHETICS - Drugs used to treat local pain

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

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

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>naloxone</i> 4 mg/actuation SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL (2 per 30 days)
<i>naltrexone</i> 50 mg TABLET ^{MO}	\$0 (Tier 1)	
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 2)	
<i>varenicline</i> 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	QL (53 per 28 days)
<i>varenicline</i> 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 SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
ZUBSOLV 11.4-2.9 MG SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
ZUBSOLV 2.9-0.71 MG, 5.7-1.4 MG SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
ZUBSOLV 8.6-2.1 MG SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	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
<i>acetic acid</i> 2 % SOLUTION ^{MO}	\$0 (Tier 1)	
<i>amoxicillin</i> 125 mg, 250 mg CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
<i>amoxicillin</i> 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
<i>amoxicillin</i> 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	
<i>amoxicillin</i> 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
<i>amoxicillin</i> 500 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>amoxicillin</i> 875 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate</i> 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)	
<i>amoxicillin-pot clavulanate</i> 250-125 mg, 500-125 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate</i> 875-125 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>ampicillin</i> 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
<i>ampicillin sodium</i> 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
<i>ampicillin-sulbactam</i> 1.5 gram, 15 gram, 3 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
<i>azithromycin</i> 1 gram PACKET ^{MO}	\$0 (Tier 1)	
<i>azithromycin</i> 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
<i>azithromycin</i> 250 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
azithromycin 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
azithromycin 500 mg, 600 mg TABLET ^{MO}	\$0 (Tier 1)	
aztreonam 1 gram, 2 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
bacitracin 50,000 unit RECON SOLUTION ^{MO}	\$0 (Tier 1)	
BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) SYRINGE ^{MO}	\$0 (Tier 2)	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE ^{MO}	\$0 (Tier 2)	
cefaclor 250 mg, 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
cefadroxil 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION ^{MO}	\$0 (Tier 1)	
cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
CEFAZOLIN IN DEXTROSE (ISO-OS) 3 GRAM/150 ML PIGGYBACK ^{MO}	\$0 (Tier 1)	
cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
cefdinir 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	
cefepime 1 gram, 2 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
cefixime 400 mg CAPSULE ^{MO}	\$0 (Tier 1)	
cefotaxime 1 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
cefotetan 1 gram, 10 gram, 2 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
cefpodoxime 100 mg, 200 mg TABLET ^{MO}	\$0 (Tier 1)	
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
cefprozil 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ceftazidime in d5w 1 gram/50 ml, 2 gram/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
cefuroxime axetil 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
cephalexin 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	
cephalexin 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
chloramphenicol sod succinate 1 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ciprofloxacin hcl 100 mg, 250 mg, 750 mg TABLET ^{MO}	\$0 (Tier 1)	
ciprofloxacin hcl 500 mg TABLET ^{MO}	\$0 (Tier 1)	
ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
clarithromycin 125 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
clarithromycin 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
clarithromycin 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
clarithromycin 500 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
clindamycin hcl 150 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	
clindamycin hcl 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	
clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION ^{MO}	\$0 (Tier 1)	
clindamycin pediatric 75 mg/5 ml RECON SOLUTION ^{MO}	\$0 (Tier 1)	
clindamycin phosphate 150 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
clindamycin phosphate 2 % CREAM ^{MO}	\$0 (Tier 1)	
colistin (colistimethate na) 150 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
daptomycin 350 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
daptomycin 500 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	
daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK ^{MO}	\$0 (Tier 2)	
demeclocycline 150 mg TABLET ^{MO}	\$0 (Tier 1)	QL(240 per 30 days)
demeclocycline 300 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
dicloxacillin 250 mg, 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
DIFICID 200 MG TABLET ^{DL}	\$0 (Tier 2)	
DIFICID 40 MG/ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	
doxy-100 100 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
doxycycline hyclate 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>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)	
<i>ertapenem 1 gram RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>ERYTHROCIN 500 MG RECON SOLUTION^{MO}</i>	\$0 (Tier 2)	
<i>erythromycin 250 mg CAPSULE, DR/EC^{MO}</i>	\$0 (Tier 1)	
<i>erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC^{MO}</i>	\$0 (Tier 1)	
<i>erythromycin 250 mg, 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>erythromycin lactobionate 500 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>gentamicin 0.1 % CREAM^{MO}</i>	\$0 (Tier 1)	
<i>gentamicin 0.1 % OINTMENT^{MO}</i>	\$0 (Tier 1)	
<i>gentamicin 40 mg/ml SOLUTION^{MO}</i>	\$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^{MO}</i>	\$0 (Tier 1)	
<i>HUMATIN 250 MG CAPSULE^{DL}</i>	\$0 (Tier 1)	
<i>imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>levofloxacin 250 mg, 750 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>levofloxacin 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK^{MO}</i>	\$0 (Tier 1)	
<i>lincomycin 300 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION^{DL}</i>	\$0 (Tier 1)	QL(1800 per 30 days)
<i>linezolid 600 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
<i>linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK^{MO}</i>	\$0 (Tier 1)	
<i>linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>meropenem 1 gram, 500 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK^{MO}</i>	\$0 (Tier 1)	
<i>methenamine hippurate 1 gram TABLET^{MO}</i>	\$0 (Tier 1)	
<i>metronidazole 0.75 % CREAM^{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
metronidazole 0.75 % LOTION ^{MO}	\$0 (Tier 1)	
metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 % GEL ^{MO}	\$0 (Tier 1)	
metronidazole 250 mg TABLET ^{MO}	\$0 (Tier 1)	
metronidazole 500 mg TABLET ^{MO}	\$0 (Tier 1)	
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
minocycline 100 mg, 50 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	
mondoxyne nl 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	
moxifloxacin 400 mg TABLET ^{MO}	\$0 (Tier 1)	
moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
nafcillin in dextrose iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK ^{DL}	\$0 (Tier 2)	
neomycin 500 mg TABLET ^{MO}	\$0 (Tier 1)	
nitrofurantoin macrocrystal 100 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ofloxacin 300 mg, 400 mg TABLET ^{MO}	\$0 (Tier 1)	
ORBACTIV 400 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	QL (3 per 28 days)
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 ^{MO}	\$0 (Tier 1)	PA
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)	
vancomycin 125 mg CAPSULE ^{MO}	\$0 (Tier 1)	PA,QL(120 per 30 days)
vancomycin 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	PA,QL(240 per 30 days)
ZERBAXA 1.5 GRAM RECON SOLUTION ^{DL}	\$0 (Tier 2)	

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 TABLET, ER 12 HR. ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 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)	
carbamazepine 400 mg TABLET, ER 12 HR. ^{MO}	\$0 (Tier 1)	QL(225 per 30 days)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT ^{DL}	\$0 (Tier 1)	
DILANTIN INFATABS 50 MG CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
DILANTIN-125 125 MG/5 ML SUSPENSION ^{MO}	\$0 (Tier 2)	
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)	
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)
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 ^{MO}	\$0 (Tier 1)	
lamotrigine 100 mg, 200 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 100 mg, 200 mg, 25 mg, 50 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	
lamotrigine 150 mg, 25 mg TABLET ^{MO}	\$0 (Tier 1)	
lamotrigine 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14) TABLET, DISINTEGRATING,DOSE PK ^{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)	

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)
VIGAFYDE 100 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(600 per 25 days)
vigpoder 500 mg POWDER IN PACKET ^{DL}	\$0 (Tier 1)	PA,QL(180 per 30 days)
XCOPRI 100 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET ^{DL}	\$0 (Tier 2)	QL(60 per 30 days)
XCOPRI 25 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 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)	QL(56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	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)	QL(28 per 28 days)
ZONISADE 100 MG/5 ML SUSPENSION ^{MO}	\$0 (Tier 2)	PA,QL(900 per 30 days)
zonisamide 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ZTALMY 50 MG/ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(1080 per 30 days)

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ANTIDEMENTIA AGENTS - Drugs used to treat memory loss

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
donepezil 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
donepezil 10 mg, 5 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
donepezil 23 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
donepezil 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
galantamine 12 mg, 4 mg, 8 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
galantamine 4 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL (200 per 30 days)
memantine 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	PA, QL (60 per 30 days)
memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR. ^{MO}	\$0 (Tier 1)	PA, QL (30 per 30 days)
memantine 2 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	PA, QL (360 per 30 days)
memantine 5-10 mg TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	PA, QL (98 per 30 days)
NAMZARIC 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG CAPSULE ER SPRINKLE 24 HR. ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE ER SPRINKLE 24 HR. ^{MO}	\$0 (Tier 2)	QL (28 per 28 days)
rivastigmine tartrate 1.5 mg, 3 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
rivastigmine tartrate 4.5 mg, 6 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)

ANTIDEPRESSANTS - Drugs used to treat depression

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>citalopram 20 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>clomipramine 25 mg, 50 mg, 75 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL (30 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)
<i>duloxetine 60 mg CAPSULE, DR/EC^{MO}</i>	\$0 (Tier 1)	QL (60 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)
<i>escitalopram oxalate 10 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (45 per 30 days)
<i>escitalopram oxalate 20 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>escitalopram oxalate 5 mg/5 ml SOLUTION^{MO}</i>	\$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)
<i>fluoxetine 10 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>fluoxetine 20 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>fluoxetine 40 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>fluoxetine 90 mg CAPSULE, DR/EC^{MO}</i>	\$0 (Tier 1)	QL (4 per 28 days)
<i>fluvoxamine 100 mg, 25 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>imipramine hcl 10 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>imipramine hcl 25 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
MARPLAN 10 MG TABLET ^{MO}	\$0 (Tier 2)	
<i>mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>mirtazapine 15 mg, 30 mg, 7.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>mirtazapine 45 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>nortriptyline 10 mg/5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>paroxetine hcl 10 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>paroxetine hcl 10 mg/5 ml SUSPENSION^{MO}</i>	\$0 (Tier 1)	
<i>paroxetine hcl 20 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>paroxetine hcl 30 mg, 40 mg TABLET^{MO}</i>	\$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
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)
VIIBRYD 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)

ANTIEMETICS - Drugs used to treat nausea and vomiting

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK ^{MO}	\$0 (Tier 1)	BvsD
aprepitant 125 mg, 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD,QL (2 per 28 days)
aprepitant 80 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD,QL (4 per 28 days)
compro 25 mg SUPPOSITORY ^{MO}	\$0 (Tier 1)	
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD,QL (120 per 30 days)
granisetron (pf) 1 mg/ml (1 ml), 100 mcg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
granisetron hcl 1 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD,QL (28 per 28 days)
granisetron hcl 1 mg/ml, 1 mg/ml (1 ml) SOLUTION ^{MO}	\$0 (Tier 1)	
meclizine 12.5 mg TABLET ^{MO}	\$0 (Tier 1)	
meclizine 25 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
metoclopramide hcl 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
ondansetron 4 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	BvsD
ondansetron 8 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	BvsD
ondansetron hcl 2 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
ondansetron hcl 4 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
ondansetron hcl 4 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD,QL(450 per 30 days)
ondansetron hcl 8 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
ondansetron hcl (pf) 4 mg/2 ml SOLUTION ^{MO}	\$0 (Tier 1)	
ondansetron hcl (pf) 4 mg/2 ml SYRINGE ^{MO}	\$0 (Tier 1)	
prochlorperazine 25 mg SUPPOSITORY ^{MO}	\$0 (Tier 1)	
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
prochlorperazine maleate 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
promethazine 12.5 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
promethazine 25 mg TABLET ^{MO}	\$0 (Tier 1)	
SANCUSO 3.1 MG/24 HOUR PATCH, WEEKLY ^{DL}	\$0 (Tier 2)	QL(4 per 30 days)
scopolamine base 1 mg over 3 days PATCH, 3 DAY ^{MO}	\$0 (Tier 1)	QL(10 per 30 days)
trimethobenzamide 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD

ANTIFUNGALS - Drugs used to treat fungal infections

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ABELCET 5 MG/ML SUSPENSION ^{MO}	\$0 (Tier 2)	BvsD
AMBISOME 50 MG SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	BvsD
amphotericin b 50 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	BvsD
caspofungin 50 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	
caspofungin 70 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ciclodan 8 % SOLUTION ^{MO}	\$0 (Tier 1)	QL(13.2 per 30 days)
ciclopirox 0.77 % CREAM ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
ciclopirox 0.77 % GEL ^{MO}	\$0 (Tier 1)	QL(100 per 30 days)
ciclopirox 0.77 % SUSPENSION ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
ciclopirox 8 % SOLUTION ^{MO}	\$0 (Tier 1)	QL(13.2 per 30 days)
clotrimazole 1 % CREAM ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clotrimazole 1 % SOLUTION ^{MO}	\$0 (Tier 1)	
clotrimazole 10 mg TROCHE ^{MO}	\$0 (Tier 1)	
clotrimazole-betamethasone 1-0.05 % CREAM ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
clotrimazole-betamethasone 1-0.05 % LOTION ^{MO}	\$0 (Tier 1)	QL (90 per 28 days)
fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
fluconazole 100 mg, 200 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
fluconazole 150 mg TABLET ^{MO}	\$0 (Tier 1)	
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
flucytosine 250 mg, 500 mg CAPSULE ^{DL}	\$0 (Tier 1)	
griseofulvin microsize 125 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
griseofulvin microsize 500 mg TABLET ^{MO}	\$0 (Tier 1)	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET ^{MO}	\$0 (Tier 1)	
itraconazole 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
ketoconazole 2 % CREAM ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
ketoconazole 2 % SHAMPOO ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
ketoconazole 200 mg TABLET ^{MO}	\$0 (Tier 1)	PA
klayesta 100,000 unit/gram POWDER ^{MO}	\$0 (Tier 1)	PA
MICAFUNGIN IN 0.9 % SODIUM CHL 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML PIGGYBACK ^{DL}	\$0 (Tier 2)	
micafungin in 0.9 % sodium chl 150 mg/150 ml PIGGYBACK ^{DL}	\$0 (Tier 2)	
miconazole-3 200 mg SUPPOSITORY ^{MO}	\$0 (Tier 1)	
NOXAFIL 300 MG SUSPENSION, DR FOR RECON ^{DL}	\$0 (Tier 2)	PA, QL (32 per 30 days)
nyamyc 100,000 unit/gram POWDER ^{MO}	\$0 (Tier 1)	PA
nystatin 100,000 unit/gram CREAM ^{MO}	\$0 (Tier 1)	
nystatin 100,000 unit/gram OINTMENT ^{MO}	\$0 (Tier 1)	
nystatin 100,000 unit/gram POWDER ^{MO}	\$0 (Tier 1)	PA
nystatin 100,000 unit/ml SUSPENSION ^{MO}	\$0 (Tier 1)	
nystatin 500,000 unit TABLET ^{MO}	\$0 (Tier 1)	
nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM ^{MO}	\$0 (Tier 1)	
nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT ^{MO}	\$0 (Tier 1)	
nystop 100,000 unit/gram POWDER ^{MO}	\$0 (Tier 1)	PA
posaconazole 100 mg TABLET, DR/EC ^{DL}	\$0 (Tier 1)	PA
posaconazole 300 mg/16.7 ml SOLUTION ^{DL}	\$0 (Tier 1)	PA
terbinafine hcl 250 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
terconazole 0.4 %, 0.8 % CREAM ^{MO}	\$0 (Tier 1)	
terconazole 80 mg SUPPOSITORY ^{MO}	\$0 (Tier 1)	
voriconazole 200 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	PA
voriconazole 200 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(120 per 30 days)
voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION ^{DL}	\$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
allopurinol 100 mg, 300 mg TABLET ^{MO}	\$0 (Tier 1)	
colchicine 0.6 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
febuxostat 40 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	ST,QL(30 per 30 days)
MITIGARE 0.6 MG CAPSULE ^{MO}	\$0 (Tier 1)	
probenecid 500 mg TABLET ^{MO}	\$0 (Tier 1)	
probenecid-colchicine 500-0.5 mg TABLET ^{MO}	\$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
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL(1 per 28 days)
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL(2 per 28 days)
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL ^{DL}	\$0 (Tier 1)	PA,QL(8 per 30 days)
dihydroergotamine 1 mg/ml SOLUTION ^{DL}	\$0 (Tier 1)	PA
EMGALITY PEN 120 MG/ML PEN INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE ^{MO}	\$0 (Tier 2)	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE ^{MO}	\$0 (Tier 2)	PA,QL(3 per 30 days)
EPRONTIA 25 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	PA,QL(480 per 30 days)
ergotamine-caffeine 1-100 mg TABLET ^{MO}	\$0 (Tier 1)	QL(40 per 30 days)
naratriptan 1 mg, 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(9 per 30 days)
QULIPTA 10 MG, 30 MG, 60 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>rizatriptan 10 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING^{MO}</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>rizatriptan 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL^{MO}</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>sumatriptan succinate 100 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (9 per 30 days)
<i>sumatriptan succinate 25 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (9 per 30 days)
<i>sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml CARTRIDGE^{MO}</i>	\$0 (Tier 1)	QL (6 per 30 days)
<i>sumatriptan succinate 6 mg/0.5 ml PEN INJECTOR^{MO}</i>	\$0 (Tier 1)	QL (6 per 30 days)
<i>sumatriptan succinate 6 mg/0.5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (6 per 30 days)
<i>topiramate 100 mg, 200 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>topiramate 15 mg, 25 mg CAPSULE, SPRINKLE^{MO}</i>	\$0 (Tier 1)	
<i>topiramate 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>topiramate 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)

ANTIMYASTHENIC AGENTS - Drugs used to strengthen muscles

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pyridostigmine bromide 30 mg, 60 mg TABLET^{MO}</i>	\$0 (Tier 1)	

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>cycloserine 250 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	
<i>dapsone 100 mg, 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>ethambutol 100 mg, 400 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>isoniazid 100 mg, 300 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>isoniazid 100 mg/ml, 50 mg/5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>PASER 4 GRAM DR GRANULES IN PACKET^{MO}</i>	\$0 (Tier 2)	
<i>PRIFTIN 150 MG TABLET^{MO}</i>	\$0 (Tier 2)	
<i>pyrazinamide 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>rifabutin 150 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	

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

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</i> ^{DL}	\$0 (Tier 1)	PA,QL (120 per 30 days)
ADCETRIS 50 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ADRIAMYCIN 50 MG RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
AKEEGA 100-500 MG, 50-500 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
ALECENSA 150 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (240 per 30 days)
ALIQOPA 60 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (3 per 28 days)
ALUNBRIG 180 MG, 90 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
ALUNBRIG 30 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
<i>anastrozole 1 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
ANKTIVA 400 MCG/0.4 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
ARRANON 250 MG/50 ML SOLUTION ^{DL}	\$0 (Tier 2)	
<i>arsenic trioxide 1 mg/ml, 2 mg/ml SOLUTION</i> ^{DL}	\$0 (Tier 1)	PA
ASPARLAS 750 UNIT/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
AUGTYRO 160 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
AUGTYRO 40 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (240 per 30 days)
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
<i>azacitidine 100 mg RECON SOLUTION</i> ^{DL}	\$0 (Tier 1)	PA
BALVERSA 3 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (90 per 30 days)
BALVERSA 4 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
BALVERSA 5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
BELEODAQ 500 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
BELRAPZO 25 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>bendamustine 100 mg, 25 mg RECON SOLUTION</i> ^{DL}	\$0 (Tier 2)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bendamustine 25 mg/ml SOLUTION</i> ^{DL}	\$0 (Tier 2)	PA
BENDEKA 25 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>bexarotene 1 % GEL</i> ^{DL}	\$0 (Tier 1)	PA,QL(240 per 30 days)
<i>bexarotene 75 mg CAPSULE</i> ^{DL}	\$0 (Tier 1)	PA,QL(300 per 30 days)
<i>bicalutamide 50 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
BICNU 100 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
<i>bleomycin 15 unit, 30 unit RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	BvsD
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>bortezomib 3.5 mg RECON SOLUTION</i> ^{DL}	\$0 (Tier 1)	PA
<i>bortezomib 3.5 mg RECON SOLUTION</i> ^{DL}	\$0 (Tier 2)	PA
BOSULIF 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
BOSULIF 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
BOSULIF 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(360 per 30 days)
BRAFTOVI 75 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
BRUKINSA 80 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
<i>busulfan 60 mg/10 ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
BUSULFEX 60 MG/10 ML SOLUTION ^{MO}	\$0 (Tier 2)	
CABOMETYX 20 MG, 40 MG, 60 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
CALQUENCE 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 10 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>carmustine 100 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>cisplatin 1 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>cladribine 10 mg/10 ml SOLUTION</i> ^{DL}	\$0 (Tier 1)	BvsD
<i>clofarabine 1 mg/ml SOLUTION</i> ^{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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COSMEGEN 0.5 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	
COTELLIC 20 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(63 per 28 days)
<i>cyclophosphamide 1 gram, 2 gram, 500 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
CYCLOPHOSPHAMIDE 100 MG/ML, 200 MG/ML SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
<i>cyclophosphamide 200 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>cyclophosphamide 25 mg, 50 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	BvsD
<i>cyclophosphamide 25 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
CYRAMZA 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>cytarabine 20 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>cytarabine (pf) 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>dacarbazine 100 mg, 200 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>dactinomycin 0.5 mg RECON SOLUTION^{DL}</i>	\$0 (Tier 1)	
DANYELZA 4 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(120 per 28 days)
DARZALEX 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL(60 per 30 days)
<i>dasatinib 140 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL(30 per 30 days)
<i>dasatinib 20 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL(90 per 30 days)
<i>daunorubicin 5 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
DAURISMO 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
<i>decitabine 50 mg RECON SOLUTION^{DL}</i>	\$0 (Tier 1)	PA
<i>dexrazoxane hcl 250 mg, 500 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
DOCEFREZ 20 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
DOCEFREZ 80 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	
<i>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}</i>	\$0 (Tier 1)	
<i>doxorubicin 10 mg, 50 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>doxorubicin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>doxorubicin, peg-liposomal 2 mg/ml SUSPENSION^{DL}</i>	\$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 ^{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
EMPLICITI 300 MG, 400 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ENHERTU 100 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>epirubicin 200 mg/100 ml, 50 mg/25 ml SOLUTION^{MO}</i>	\$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
<i>eribulin 1 mg/2 ml (0.5 mg/ml) SOLUTION^{DL}</i>	\$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)
<i>erlotinib 100 mg, 150 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL(30 per 30 days)
<i>erlotinib 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL(90 per 30 days)
ETOPOPHOS 100 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
<i>etoposide 20 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
EULEXIN 125 MG CAPSULE ^{DL}	\$0 (Tier 1)	PA
<i>everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL(30 per 30 days)
<i>everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION^{DL}</i>	\$0 (Tier 1)	PA
EVOMELA 50 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	
<i>exemestane 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
EXKIVITY 40 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
<i>fludarabine 50 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>fludarabine 50 mg/2 ml SOLUTION^{DL}</i>	\$0 (Tier 1)	
<i>fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>flutamide 125 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
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)
<i>fulvestrant 250 mg/5 ml SYRINGE^{MO}</i>	\$0 (Tier 1)	PA,QL(30 per 30 days)
FYARRO 100 MG SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	PA
GAVRETO 100 MG CAPSULE ^{DL,LA}	\$0 (Tier 2)	PA,QL(120 per 30 days)
GAZYVA 1,000 MG/40 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(120 per 28 days)
<i>gefitinib 250 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA
<i>gemcitabine 1 gram, 2 gram, 200 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
ifosfamide 1 gram, 3 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ifosfamide 1 gram/20 ml, 3 gram/60 ml SOLUTION ^{MO}	\$0 (Tier 1)	
imatinib 100 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(90 per 30 days)
imatinib 400 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
IMBRUVICA 420 MG, 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
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(60 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)
irinotecan 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml SOLUTION ^{MO}	\$0 (Tier 1)	
ISTODAX 10 MG/2 ML RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ITOVEBI 3 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
ITOVEBI 9 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)

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IWILFIN 192 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
IXEMPRA 15 MG, 45 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
JEMPERLI 50 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	PA,QL(20 per 42 days)
JEVTANA 10 MG/ML (FIRST DILUTION) SOLUTION ^{DL}	\$0 (Tier 2)	PA
KADCYLA 100 MG, 160 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
KANJINTI 150 MG, 420 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
KEYTRUDA 25 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
KIMMTRAK 100 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(91 per 28 days)
KOSELUGO 10 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
KRAZATI 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
KYPROLIS 10 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
KYPROLIS 30 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(3 per 28 days)
KYPROLIS 60 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(12 per 28 days)
<i>lapatinib 250 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL(180 per 30 days)
LAZCLUZE 240 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
LAZCLUZE 80 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
<i>lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
<i>letrozole 2.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(30 per 30 days)
<i>leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	

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<i>leucovorin calcium 10 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
LEUKERAN 2 MG TABLET ^{DL}	\$0 (Tier 2)	
<i>levoleucovorin calcium 10 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	PA
<i>levoleucovorin calcium 50 mg RECON SOLUTION</i> ^{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)
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)
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</i> ^{MO}	\$0 (Tier 1)	BvsD
<i>melphalan hcl 50 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>mercaptopurine 50 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
MESNEX 400 MG TABLET ^{MO}	\$0 (Tier 2)	
<i>mitomycin 20 mg, 40 mg, 5 mg RECON SOLUTION</i> ^{DL}	\$0 (Tier 1)	
<i>mitoxantrone 2 mg/ml CONCENTRATE</i> ^{MO}	\$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</i> ^{DL}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)
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^{MO}</i>	\$0 (Tier 1)	
<i>oxaliplatin 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml) SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>paclitaxel 6 mg/ml CONCENTRATE^{MO}</i>	\$0 (Tier 1)	
<i>paclitaxel protein-bound 100 mg SUSPENSION FOR RECONSTITUTION^{DL}</i>	\$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^{MO}</i>	\$0 (Tier 1)	
<i>pazopanib 200 mg TABLET^{DL}</i>	\$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^{DL}</i>	\$0 (Tier 2)	PA
<i>pemetrexed 25 mg/ml SOLUTION^{DL}</i>	\$0 (Tier 2)	PA,QL (120 per 21 days)

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<i>pemetrexed disodium</i> 1,000 mg, 100 mg, 500 mg, 750 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	PA
<i>pemetrexed disodium</i> 25 mg/ml SOLUTION ^{DL}	\$0 (Tier 2)	PA
PEMRYDI RTU 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA
PIQRAY 200 MG/DAY (200 MG X 1) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
POLIVY 140 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(2 per 21 days)
POLIVY 30 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(8 per 21 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(100 per 21 days)
POTELIGEO 4 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>pralatrexate</i> 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION ^{DL}	\$0 (Tier 2)	PA
PROLEUKIN 22 MILLION UNIT RECON SOLUTION ^{DL}	\$0 (Tier 2)	
PURIXAN 20 MG/ML SUSPENSION ^{DL}	\$0 (Tier 2)	QL(300 per 30 days)
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</i> 10 mg/2 ml RECON SOLUTION ^{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

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SARCLISA 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
SCEMBLIX 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
SCEMBLIX 20 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION ^{DL}	\$0 (Tier 2)	
<i>sorafenib 200 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL(120 per 30 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
STIVARGA 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(84 per 28 days)
<i>sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	PA,QL(28 per 28 days)
SYNRIBO 3.5 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
TABLOID 40 MG TABLET ^{MO}	\$0 (Tier 2)	
TABRECTA 150 MG, 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(112 per 28 days)
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)	

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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)
topotecan 4 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
topotecan 4 mg/4 ml (1 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
toremifene 60 mg TABLET ^{DL}	\$0 (Tier 1)	QL(30 per 30 days)
torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
TRAZIMERA 150 MG, 420 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
tretinoin (antineoplastic) 10 mg CAPSULE ^{DL}	\$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)
TRUSELTIQ 100 MG/DAY (100 MG X 1) CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(21 per 28 days)
TRUSELTIQ 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2) CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(42 per 28 days)
TRUSELTIQ 75 MG/DAY (25 MG X 3) CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(63 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)
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)
vinblastine 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
vincasar pfs 1 mg/ml, 2 mg/2 ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
vincristine 1 mg/ml, 2 mg/2 ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
vinorelbine 10 mg/ml, 50 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
VISTOGARD 10 GRAM GRANULES IN PACKET ^{DL}	\$0 (Tier 2)	QL(20 per 365 days)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
VOTRIENT 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
VYLOY 100 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
VYXEOS 44-100 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
WELIREG 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (90 per 30 days)
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)
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
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
KRINTAFEL 150 MG TABLET ^{MO}	\$0 (Tier 2)	QL (4 per 180 days)
LAMPIT 120 MG, 30 MG TABLET ^{MO}	\$0 (Tier 2)	
<i>mefloquine 250 mg TABLET^{MO}</i>	\$0 (Tier 1)	
NEBUPENT 300 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
<i>nitazoxanide 500 mg TABLET^{DL}</i>	\$0 (Tier 1)	
PENTAM 300 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
<i>pentamidine 300 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>pentamidine 300 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>primaquine 26.3 mg (15 mg base) TABLET^{MO}</i>	\$0 (Tier 1)	
<i>quinine sulfate 324 mg CAPSULE^{MO}</i>	\$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
<i>amantadine hcl 100 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>amantadine hcl 50 mg/5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>benztropine 0.5 mg, 1 mg, 2 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
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 TABLET ^{MO}	\$0 (Tier 1)	QL(240 per 30 days)
carbidopa-levodopa-entacapone 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)	PA,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)	
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)

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)	
PERSERIS 120 MG, 90 MG SUSPENSION, ER, SYRINGE ^{DL}	\$0 (Tier 2)	QL(1 per 28 days)
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 ^{MO}	\$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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>risperidone 0.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>risperidone 0.5 mg TABLET, DISINTEGRATING^{MO}</i>	\$0 (Tier 1)	ST,QL(120 per 30 days)
<i>risperidone 1 mg/ml SOLUTION^{MO}</i>	\$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)
<i>thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET^{MO}</i>	\$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)
<i>ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 2)	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	QL(1 per 28 days)

ANTISPASTICITY AGENTS - Drugs used to relax muscle spasms

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acyclovir 200 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>acyclovir 400 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>acyclovir 5 % OINTMENT^{MO}</i>	\$0 (Tier 1)	PA,QL (30 per 30 days)
<i>acyclovir 800 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>acyclovir sodium 1,000 mg, 500 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>acyclovir sodium 50 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>adefovir 10 mg TABLET^{MO}</i>	\$0 (Tier 1)	
APRETUDE 600 MG/3 ML (200 MG/ML) SUSPENSION, ER ^{DL}	\$0 (Tier 2)	QL(21 per 365 days)
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 ^{MO}	\$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 TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
DESCOVY 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)
<i>efavirenz 200 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>efavirenz 50 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL(480 per 30 days)
<i>efavirenz 600 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(30 per 30 days)
<i>efavirenz-emtricitabin-tenofov 600-200-300 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(30 per 30 days)
<i>efavirenz-lamivu-tenofov disop 400-300-300 mg, 600-300-300 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(30 per 30 days)
<i>emtricitabine 200 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL(30 per 30 days)
<i>emtricitabine-tenofov (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	QL(680 per 28 days)
<i>entecavir 0.5 mg, 1 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
<i>etravirine 100 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>etravirine 200 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(60 per 30 days)
EVOTAZ 300-150 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
<i>famciclovir 125 mg, 250 mg, 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(90 per 30 days)
<i>fosamprenavir 700 mg TABLET^{DL}</i>	\$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)
HARVONI 33.75-150 MG PELLETS IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
HARVONI 45-200 MG PELLETS IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
HARVONI 45-200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
HARVONI 90-400 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
INTELENCE 200 MG TABLET ^{DL}	\$0 (Tier 2)	QL(60 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)
<i>lamivudine 10 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	QL(900 per 30 days)
<i>lamivudine 100 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(90 per 30 days)
<i>lamivudine 150 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
<i>lamivudine 300 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(30 per 30 days)
<i>lamivudine-zidovudine 150-300 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
LEXIVA 50 MG/ML SUSPENSION ^{MO}	\$0 (Tier 2)	QL(1575 per 28 days)
<i>lopinavir-ritonavir 100-25 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(300 per 30 days)
<i>lopinavir-ritonavir 200-50 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(150 per 30 days)
<i>lopinavir-ritonavir 400-100 mg/5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>maraviroc 150 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(240 per 30 days)
<i>maraviroc 300 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>nevirapine 100 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	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
<i>nevirapine 200 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>nevirapine 400 mg TABLET, ER 24 HR.</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>nevirapine 50 mg/5 ml SUSPENSION</i> ^{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)
<i>oseltamivir 30 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL (224 per 365 days)
<i>oseltamivir 45 mg, 75 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL (112 per 365 days)
<i>oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION</i> ^{MO}	\$0 (Tier 1)	QL (1440 per 365 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)	
<i>ribavirin 200 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL (168 per 28 days)
<i>ribavirin 200 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (168 per 28 days)
<i>rimantadine 100 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>ritonavir 100 mg TABLET</i> ^{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)
SELZENTRY 25 MG TABLET ^{MO}	\$0 (Tier 2)	QL (240 per 30 days)
SELZENTRY 75 MG TABLET ^{DL}	\$0 (Tier 2)	QL (120 per 30 days)
<i>stavudine 15 mg, 20 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
<i>stavudine 30 mg, 40 mg CAPSULE</i> ^{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)
SYMFI 600-300-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
SYMFI LO 400-300-300 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
SYM TUZA 800-150-200-10 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
TEMIXYS 300-300 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
<i>tenofovir disoproxil fumarate 300 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
TIVICAY 10 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION ^{DL}	\$0 (Tier 2)	QL (180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION ^{DL}	\$0 (Tier 2)	QL (180 per 30 days)
TRIZIVIR 300-150-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	
TYBOST 150 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
<i>valacyclovir 1 gram, 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>valganciclovir 450 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>valganciclovir 50 mg/ml RECON SOLUTION^{DL}</i>	\$0 (Tier 1)	QL (1056 per 30 days)
VEMLIDY 25 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
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)
<i>zidovudine 10 mg/ml SYRUP^{MO}</i>	\$0 (Tier 1)	QL (1680 per 28 days)
<i>zidovudine 100 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>zidovudine 300 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
ZIRGAN 0.15 % GEL ^{MO}	\$0 (Tier 2)	QL (5 per 30 days)

ANXIOLYTICS - Drugs used to treat anxiety

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

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
<i>lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>lithium carbonate 300 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>lithium carbonate 300 mg, 450 mg TABLET ER^{MO}</i>	\$0 (Tier 1)	
<i>lithium citrate 8 meq/5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	



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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</i> 100 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 2)	
<i>diazoxide</i> 50 mg/ml SUSPENSION ^{MO}	\$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</i> 1 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>glimepiride</i> 2 mg, 4 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>glipizide</i> 10 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
<i>glipizide</i> 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>glipizide</i> 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>glipizide</i> 2.5 mg, 5 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
<i>glipizide-metformin</i> 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET ^{MO}	\$0 (Tier 1)	
GLUCAGEN HYPOKIT 1 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
<i>glyburide</i> 1.25 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>glyburide</i> micronized 1.5 mg, 3 mg, 6 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>glyburide-metformin</i> 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET ^{MO}	\$0 (Tier 1)	
GLYXAMBI 10-5 MG, 25-5 MG TABLET ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
GVOKE 1 MG/0.2 ML SOLUTION ^{MO}	\$0 (Tier 2)	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	
GVOKE PFS 1-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE ^{MO}	\$0 (Tier 2)	
GVOKE PFS 2-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE ^{MO}	\$0 (Tier 2)	
HUMALOG JUNIOR KWIKPEN U-100 100 UNIT/ML INSULIN PEN, HALF-UNIT ^{MO}	\$0 (Tier 2)	
HUMALOG KWIKPEN INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
HUMALOG MIX 50-50 INSULN U-100 100 UNIT/ML (50-50) SUSPENSION ^{MO}	\$0 (Tier 2)	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50) INSULIN PEN ^{MO}	\$0 (Tier 2)	
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML (75-25) INSULIN PEN ^{MO}	\$0 (Tier 2)	

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LYUMJEV TEMPO PEN(U-100)INSULN 100 UNIT/ML INSULIN PEN, SENSOR ^{MO}	\$0 (Tier 2)	
LYUMJEV U-100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
<i>metformin 1,000 mg, 500 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>metformin 500 mg TABLET, ER 24 HR.</i> ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
<i>metformin 750 mg TABLET, ER 24 HR.</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>metformin 850 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
MOUNJARO 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL (2 per 28 days)
<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 INSULN 100 UNIT/ML (70-30) SOLUTION ^{MO}	\$0 (Tier 2)	
NOVOLOG MIX 70-30FLEXPEN 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) PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL (3 per 28 days)
OZEMPIC 0.25 MG OR 0.5 MG(2 MG/1.5 ML) PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL (1.5 per 28 days)
OZEMPIC 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL (3 per 28 days)
<i>pioglitazone 15 mg, 30 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>pioglitazone 45 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)	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)
SYMLINPEN 120 2,700 MCG/2.7 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	QL (10.8 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
SYMLINPEN 60 1,500 MCG/1.5 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	QL(10.5 per 28 days)
SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
TRADJENTA 5 MG TABLET ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL(2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL(9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL(9 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG /ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	QL(15 per 30 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
aminocaproic acid 1,000 mg TABLET ^{DL}	\$0 (Tier 1)	
aminocaproic acid 250 mg/ml (25 %) SOLUTION ^{MO}	\$0 (Tier 1)	
aminocaproic acid 500 mg TABLET ^{MO}	\$0 (Tier 1)	
anagrelide 0.5 mg, 1 mg CAPSULE ^{MO}	\$0 (Tier 1)	
aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR. ^{MO}	\$0 (Tier 1)	ST,QL(60 per 30 days)
BRILINTA 60 MG, 90 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CABLIVI 11 MG KIT ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
cilostazol 100 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
clopidogrel 300 mg TABLET ^{MO}	\$0 (Tier 1)	
clopidogrel 75 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
dipyridamole 25 mg, 50 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	
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)
enoxaparin 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml SYRINGE ^{MO}	\$0 (Tier 1)	
enoxaparin 300 mg/3 ml SOLUTION ^{MO}	\$0 (Tier 1)	
FULPHILA 6 MG/0.6 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(1.2 per 28 days)
heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION ^{MO}	\$0 (Tier 1)	
heparin, porcine (pf) 5,000 unit/0.5 ml SYRINGE ^{MO}	\$0 (Tier 1)	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(9.6 per 30 days)
NEULASTA 6 MG/0.6 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(1.2 per 28 days)
NEULASTA ONPRO 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(1.2 per 28 days)
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)
NIVESTYM 480 MCG/1.6 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(22.4 per 30 days)
plerixafor 24 mg/1.2 ml (20 mg/ml) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(9.6 per 30 days)
prasugrel 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
PROCRIT 10,000 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	PA,QL(14 per 30 days)
PROCRIT 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	PA,QL(14 per 30 days)
PROCRIT 20,000 UNIT/2 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(14 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, 75 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(60 per 30 days)
PROMACTA 25 MG POWDER IN PACKET ^{DL,LA}	\$0 (Tier 2)	PA,QL(180 per 30 days)
PROMACTA 25 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROMACTA 50 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(90 per 30 days)
PYRUKYND 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) TABLET, DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL(14 per 14 days)
PYRUKYND 20 MG, 5 MG, 50 MG TABLET ^{DL}	\$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, 40,000 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	PA,QL(14 per 30 days)
tranexamic acid 650 mg TABLET ^{MO}	\$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)
warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	
warfarin 5 mg TABLET ^{MO}	\$0 (Tier 1)	
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 2)	ST,QL(600 per 30 days)
XARELTO 10 MG, 20 MG TABLET ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	QL(51 per 30 days)
ZARXIO 300 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(7 per 30 days)
ZARXIO 480 MCG/0.8 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(11.2 per 30 days)

CARDIOVASCULAR AGENTS - Drugs used to treat heart-related conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acebutolol 200 mg, 400 mg CAPSULE ^{MO}	\$0 (Tier 1)	
acetazolamide 125 mg, 250 mg TABLET ^{MO}	\$0 (Tier 1)	
acetazolamide 500 mg CAPSULE, ER ^{MO}	\$0 (Tier 1)	
acetazolamide sodium 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
aliskiren 150 mg, 300 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
amiloride 5 mg TABLET ^{MO}	\$0 (Tier 1)	
amiloride-hydrochlorothiazide 5-50 mg TABLET ^{MO}	\$0 (Tier 1)	
amiodarone 100 mg TABLET ^{MO}	\$0 (Tier 1)	
amiodarone 150 mg/3 ml SYRINGE ^{MO}	\$0 (Tier 1)	
amiodarone 200 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>amiodarone 400 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>amiodarone 50 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>amlodipine 10 mg, 2.5 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>atenolol 100 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>atenolol 25 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>bisoprolol fumarate 10 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>bumetanide 0.25 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>bumetanide 0.5 mg, 2 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>bumetanide 1 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>CAMZYOS 10 MG, 15 MG, 2.5 MG, 5 MG CAPSULE^{DL}</i>	\$0 (Tier 2)	PA, QL (30 per 30 days)
<i>candesartan 16 mg, 4 mg, 8 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>candesartan 32 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>cartia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>cartia xt 300 mg CAPSULE, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>chlorothiazide sodium 500 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>chlorthalidone 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>chlorthalidone 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>cholestyramine (with sugar) 4 gram POWDER^{MO}</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
CORLANOR 5 MG, 7.5 MG TABLET ^{MO}	\$0 (Tier 2)	PA, QL (60 per 30 days)
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) TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
digoxin 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 CAPSULE, ER 12 HR. ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
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, 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 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
diltiazem hcl 60 mg, 90 mg CAPSULE, ER 12 HR. ^{MO}	\$0 (Tier 1)	QL (180 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)
ethacrynate sodium 50 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fenofibrate micronized 134 mg, 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
fenofibrate micronized 67 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
fenofibrate nanocrystallized 145 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
fenofibrate nanocrystallized 48 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
flecainide 100 mg, 150 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
fluvastatin 20 mg, 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	ST,QL (60 per 30 days)
fluvastatin 80 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	ST,QL (30 per 30 days)
fosinopril 10 mg, 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
furosemide 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
furosemide 80 mg TABLET ^{MO}	\$0 (Tier 1)	
gemfibrozil 600 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
guanfacine 1 mg TABLET ^{MO}	\$0 (Tier 1)	
guanfacine 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, 75 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
irbesartan 300 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)
isradipine 2.5 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ivabradine 5 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL (60 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 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>labetalol 5 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>lisinopril 30 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>lisinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>losartan 100 mg, 25 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>lovastatin 10 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>lovastatin 20 mg, 40 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>methazolamide 25 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>methyldopa 250 mg, 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>methyldopa-hydrochlorothiazide 250-15 mg, 250-25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>metolazone 10 mg, 2.5 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	
<i>metoprolol succinate 200 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	
<i>metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>metoprolol tartrate 37.5 mg, 75 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>metoprolol tartrate 5 mg/5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>metyrosine 250 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	
<i>midodrine 10 mg, 2.5 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>minoxidil 10 mg, 2.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>moexipril 15 mg, 7.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>MULTAQ 400 MG TABLET^{MO}</i>	\$0 (Tier 2)	QL (60 per 30 days)
<i>nebivolol 10 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>nebivolol 2.5 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>nebivolol 20 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>NEXLETOL 180 MG TABLET^{MO}</i>	\$0 (Tier 2)	PA, QL (30 per 30 days)
<i>NEXLIZET 180-10 MG TABLET^{MO}</i>	\$0 (Tier 2)	PA, QL (30 per 30 days)
<i>niacin 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>niacor 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>nifedipine 30 mg, 60 mg, 90 mg TABLET ER^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>nimodipine 30 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nimodipine</i> 60 mg/20 ml SOLUTION ^{PL}	\$0 (Tier 1)	QL (2838 per 28 days)
<i>nitroglycerin</i> 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr PATCH, 24 HR. ^{MO}	\$0 (Tier 1)	
<i>nitroglycerin</i> 0.3 mg, 0.6 mg SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	
<i>nitroglycerin</i> 0.4 mg SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	
<i>nitroglycerin</i> 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)	
<i>olmesartan</i> 20 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>olmesartan</i> 40 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>olmesartan</i> 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>olmesartan-hydrochlorothiazide</i> 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>omega-3 acid ethyl esters</i> 1 gram CAPSULE ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
PACERONE 100 MG TABLET ^{MO}	\$0 (Tier 1)	
<i>pacerone</i> 200 mg TABLET ^{MO}	\$0 (Tier 1)	
PACERONE 400 MG TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>pentoxifylline</i> 400 mg TABLET ER ^{MO}	\$0 (Tier 1)	
<i>perindopril erbumine</i> 2 mg, 4 mg, 8 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>pravastatin</i> 10 mg, 20 mg, 40 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>prazosin</i> 1 mg, 2 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	
<i>prevalite</i> 4 gram POWDER ^{MO}	\$0 (Tier 1)	
<i>prevalite</i> 4 gram POWDER IN PACKET ^{MO}	\$0 (Tier 1)	
<i>procainamide</i> 100 mg/ml, 500 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
<i>propafenone</i> 150 mg, 225 mg, 300 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>propafenone</i> 225 mg, 325 mg CAPSULE, ER 12 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>propafenone</i> 425 mg CAPSULE, ER 12 HR. ^{MO}	\$0 (Tier 1)	
<i>propranolol</i> 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
<i>propranolol</i> 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>propranolol</i> 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	
<i>propranolol-hydrochlorothiazid</i> 40-25 mg, 80-25 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>quinapril</i> 10 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>quinapril-hydrochlorothiazide</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>quinidine sulfate</i> 200 mg, 300 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>ramipril</i> 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	
<i>ranolazine</i> 1,000 mg, 500 mg TABLET, ER 12 HR. ^{MO}	\$0 (Tier 1)	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
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML PEN INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE ^{MO}	\$0 (Tier 2)	PA,QL (3 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
simvastatin 10 mg, 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
simvastatin 5 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
sorine 120 mg, 160 mg, 240 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
sotalol af 120 mg, 160 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
spironolacton-hydrochlorothiaz 25-25 mg TABLET ^{MO}	\$0 (Tier 1)	
spironolactone 100 mg TABLET ^{MO}	\$0 (Tier 1)	
spironolactone 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
taztia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
taztia xt 300 mg, 360 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
telmisartan 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
telmisartan 80 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	
tiadyt er 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
tiadyt 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)	
torse mide 10 mg, 100 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
torse mide 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 CAPSULE ER PELLETS 24 HR. ^{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
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)	QL (120 per 30 days)
verapamil 2.5 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
verapamil 360 mg CAPSULE ER PELLETS 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
VERQUVO 10 MG, 2.5 MG, 5 MG TABLET ^{MO}	\$0 (Tier 2)	PA, QL (30 per 30 days)
ZYPITAMAG 2 MG, 4 MG TABLET ^{MO}	\$0 (Tier 2)	ST, QL (30 per 30 days)

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
atomoxetine 100 mg, 60 mg, 80 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET ^{DL}	\$0 (Tier 2)	PA, QL (120 per 30 days)
AUSTEDO 6 MG TABLET ^{DL}	\$0 (Tier 2)	PA, QL (60 per 30 days)
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA, QL (90 per 30 days)
AUSTEDO XR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA, QL (30 per 30 days)
AUSTEDO XR 24 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA, QL (60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) 12-18-24-30 MG TABLET, ER 24 HR., DOSE PACK ^{DL}	\$0 (Tier 2)	PA, QL (28 per 28 days)
AUSTEDO XR TITRATION KT(WK1-4) 6 MG (14)-12 MG (14)-24 MG (14) TABLET, ER 24 HR., DOSE PACK ^{DL}	\$0 (Tier 2)	PA, QL (42 per 28 days)
BETASERON 0.3 MG KIT ^{DL}	\$0 (Tier 2)	PA, QL (15 per 30 days)
COPAXONE 20 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA, QL (30 per 30 days)
COPAXONE 40 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA, QL (12 per 28 days)
dalfampridine 10 mg TABLET, ER 12 HR. ^{MO}	\$0 (Tier 1)	PA, QL (60 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
dextroamphetamine sulfate 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
dextroamphetamine sulfate 15 mg TABLET ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
dextroamphetamine sulfate 30 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
dextroamphetamine sulfate 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (150 per 30 days)
dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
dextroamphetamine-amphetamine 30 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	PA,QL(14 per 30 days)
fingolimod 0.5 mg CAPSULE ^{MO}	\$0 (Tier 1)	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
glatiramer 20 mg/ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
glatiramer 40 mg/ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL(12 per 28 days)
glatopa 20 mg/ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
glatopa 40 mg/ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL(12 per 28 days)
guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
INGREZZA 40 MG, 60 MG, 80 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
INGREZZA INITIATION PK(TARDIV) 40 MG (7)- 80 MG (21) CAPSULE, DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(1.2 per 28 days)
methylphenidate hcl 10 mg TABLET ER ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
methylphenidate hcl 20 mg TABLET ER ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
NUJEXETA 20-10 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
pregabalin 20 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(900 per 30 days)
pregabalin 200 mg, 25 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
pregabalin 225 mg, 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
riluzole 50 mg TABLET ^{MO}	\$0 (Tier 1)	
SAVELLA 100 MG, 12.5 MG, 25 MG, 50 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50 MG(42) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	QL(55 per 28 days)
SKYCLARYS 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
teriflunomide 14 mg, 7 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(30 per 30 days)
tetrabenazine 12.5 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(240 per 30 days)
tetrabenazine 25 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(120 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
chlorhexidine gluconate 0.12 % MOUTHWASH ^{MO}	\$0 (Tier 1)	
kourzeq 0.1 % PASTE ^{MO}	\$0 (Tier 1)	
oralone 0.1 % PASTE ^{MO}	\$0 (Tier 1)	
paroex oral rinse 0.12 % MOUTHWASH ^{MO}	\$0 (Tier 1)	
periogard 0.12 % MOUTHWASH ^{MO}	\$0 (Tier 1)	
pilocarpine hcl 5 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	
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 CAPSULE ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
accutane 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
acitretin 10 mg CAPSULE ^{MO}	\$0 (Tier 1)	PA,QL(90 per 30 days)
acitretin 17.5 mg CAPSULE ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
acitretin 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 CAPSULE ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
amnesteem 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>betamethasone valerate 0.1 % OINTMENT^{MO}</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>betamethasone, augmented 0.05 % CREAM^{MO}</i>	\$0 (Tier 1)	QL (100 per 30 days)
<i>betamethasone, augmented 0.05 % GEL^{MO}</i>	\$0 (Tier 1)	QL (100 per 30 days)
<i>betamethasone, augmented 0.05 % LOTION^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone, augmented 0.05 % OINTMENT^{MO}</i>	\$0 (Tier 1)	QL (100 per 30 days)
<i>calcipotriene 0.005 % CREAM^{MO}</i>	\$0 (Tier 1)	PA, QL (120 per 30 days)
<i>calcipotriene 0.005 % SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>claravis 10 mg, 20 mg, 30 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>claravis 40 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>clindamycin phosphate 1 % GEL^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>clindamycin phosphate 1 % LOTION^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>clindamycin phosphate 1 % SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>clindamycin phosphate 1 % SWAB^{MO}</i>	\$0 (Tier 1)	
<i>clobetasol 0.05 % CREAM^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>clobetasol 0.05 % GEL^{MO}</i>	\$0 (Tier 1)	QL (120 per 28 days)
<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 % 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 0.01 %, 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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydrocortisone 2.5 % LOTION ^{MO}	\$0 (Tier 1)	QL(236 per 30 days)
HYFTOR 0.2 % GEL ^{DL}	\$0 (Tier 2)	PA
imiquimod 5 % CREAM IN PACKET ^{MO}	\$0 (Tier 1)	QL(12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
isotretinoin 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
lindane 1 % SHAMPOO ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
malathion 0.5 % LOTION ^{MO}	\$0 (Tier 1)	
methoxsalen 10 mg CAPSULE, LIQ FILLED, RAPID REL ^{MO}	\$0 (Tier 1)	
mometasone 0.1 % CREAM ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
mometasone 0.1 % OINTMENT ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
mometasone 0.1 % SOLUTION ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
mupirocin 2 % OINTMENT ^{MO}	\$0 (Tier 1)	
myorisan 10 mg, 20 mg, 30 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
myorisan 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
OTEZLA 20 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
OTEZLA 30 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
OTEZLA STARTER 10 MG (4)- 20 MG (51) TABLET, DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL(55 per 28 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG (47) TABLET, DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL(55 per 28 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLET, DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL(27 per 30 days)
permethrin 5 % CREAM ^{MO}	\$0 (Tier 1)	
pimecrolimus 1 % CREAM ^{MO}	\$0 (Tier 1)	PA,QL(100 per 30 days)
podofilox 0.5 % SOLUTION ^{MO}	\$0 (Tier 1)	QL(7 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
SANTYL 250 UNIT/GRAM OINTMENT ^{MO}	\$0 (Tier 2)	QL(180 per 30 days)
silver sulfadiazine 1 % CREAM ^{MO}	\$0 (Tier 1)	
SSD 1 % CREAM ^{MO}	\$0 (Tier 1)	
tacrolimus 0.03 %, 0.1 % OINTMENT ^{MO}	\$0 (Tier 1)	QL(200 per 30 days)
tazarotene 0.1 % CREAM ^{MO}	\$0 (Tier 1)	PA,QL(120 per 30 days)
tretinoin 0.01 %, 0.025 %, 0.05 % GEL ^{MO}	\$0 (Tier 1)	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM ^{MO}	\$0 (Tier 1)	PA,QL(45 per 30 days)
UVADEX 20 MCG/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
zenatane 10 mg, 20 mg, 30 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
zenatane 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AMINOSYN 10 % 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN 7 % WITH ELECTROLYTES 7 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN 8.5 % 8.5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN II 15 % 15 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN II 7 % 7 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN II 8.5 % 8.5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN II 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN M 3.5 % 3.5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN-PF 10 % 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN-PF 7 % (SULFITE-FREE) 7 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN-RF 5.2 % 5.2 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP ^{MO}	\$0 (Tier 1)	
c-nate dha 28 mg iron-1 mg -200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
calcium acetate(phosphat bind) 667 mg CAPSULE ^{MO}	\$0 (Tier 1)	
calcium acetate(phosphat bind) 667 mg TABLET ^{MO}	\$0 (Tier 1)	
carglumic acid 200 mg TABLET, DISPERSIBLE ^{DL}	\$0 (Tier 1)	PA
CHEMET 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>kionex (with sorbitol) 15-20 gram/60 ml SUSPENSION</i> ^{MO}	\$0 (Tier 1)	
KLOR-CON 10 10 MEQ TABLET ER ^{MO}	\$0 (Tier 1)	
KLOR-CON 8 8 MEQ TABLET ER ^{MO}	\$0 (Tier 1)	
<i>klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS</i> ^{MO}	\$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</i> ^{MO}	\$0 (Tier 1)	
<i>lactated ringers PARENTERAL SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>levocarnitine 330 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>levocarnitine (with sugar) 100 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>m-natal plus 27 mg iron- 1 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>magnesium sulfate 500 mg/ml (50 %) SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>magnesium sulfate 500 mg/ml (50 %) SYRINGE</i> ^{MO}	\$0 (Tier 1)	
<i>magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK</i> ^{MO}	\$0 (Tier 1)	
<i>neo-vital rx 27 mg iron- 1 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
NEONATAL COMPLETE 29-1 MG TABLET ^{MO}	\$0 (Tier 1)	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET ^{MO}	\$0 (Tier 1)	
NEONATAL-DHA 29-1-200-500 MG COMBO PACK ^{MO}	\$0 (Tier 1)	
NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
NORMOSOL-R PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
NORMOSOL-R IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
NORMOSOL-R PH 7.4 PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
NUTRILIPID 20 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
<i>penicillamine 250 mg TABLET</i> ^{DL}	\$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</i> ^{MO}	\$0 (Tier 1)	
<i>potassium chloride 10 meq CAPSULE, ER</i> ^{MO}	\$0 (Tier 1)	
<i>potassium chloride 10 meq, 20 meq TABLET ER</i> ^{MO}	\$0 (Tier 1)	
<i>potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS</i> ^{MO}	\$0 (Tier 1)	
<i>potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS</i> ^{MO}	\$0 (Tier 1)	
<i>potassium chloride 15 meq, 8 meq TABLET ER</i> ^{MO}	\$0 (Tier 1)	
<i>potassium chloride 2 meq/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>potassium chloride 20 meq/15 ml LIQUID</i> ^{MO}	\$0 (Tier 1)	QL(1125 per 30 days)

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potassium chloride 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)	
sevelamer carbonate 0.8 gram POWDER IN PACKET ^{MO}	\$0 (Tier 1)	QL(540 per 30 days)
sevelamer carbonate 2.4 gram POWDER IN PACKET ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
sevelamer carbonate 800 mg TABLET ^{MO}	\$0 (Tier 1)	QL(540 per 30 days)
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
sodium chloride 0.9 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
sodium chloride 0.9 % PIGGYBACK ^{MO}	\$0 (Tier 1)	
sodium chloride 0.9 % SOLUTION ^{MO}	\$0 (Tier 1)	
sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
sodium polystyrene sulfonate 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
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM POWDER IN PACKET ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
virt-nate dha 28 mg iron-1 mg -200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
wesnatal 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)
bismuth subcit k-metronidz-tcn 140-125-125 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(120 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)	
CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/160 ML SOLUTION ^{MO}	\$0 (Tier 2)	
CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/175 ML SOLUTION ^{MO}	\$0 (Tier 2)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	
GATTEX 30-VIAL 5 MG KIT ^{DL,LA}	\$0 (Tier 2)	PA
GATTEX ONE-VIAL 5 MG KIT ^{DL,LA}	\$0 (Tier 2)	PA
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 (15 ml), 20 gram/30 ml SOLUTION ^{MO}	\$0 (Tier 1)	
lactulose 10 gram/15 ml SOLUTION ^{MO}	\$0 (Tier 1)	
lansoprazole 15 mg, 30 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
loperamide 2 mg CAPSULE ^{MO}	\$0 (Tier 1)	
lubiprostone 24 mcg, 8 mcg CAPSULE ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
misoprostol 100 mcg TABLET ^{MO}	\$0 (Tier 1)	
misoprostol 200 mcg TABLET ^{MO}	\$0 (Tier 1)	
MOVANTIK 12.5 MG, 25 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
MYALEPT 5 MG/ML (FINAL CONC.) RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA, 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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
ursodiol 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
ursodiol 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	
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)	
CERDELGA 84 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA
CEREZYME 400 UNIT RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
CHOLBAM 250 MG, 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
CREON 12,000-38,000 -60,000 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)	
CREON 24,000-76,000 -120,000 UNIT CAPSULE, DR/EC ^{MO}	\$0 (Tier 2)	
CRYSVITA 10 MG/ML, 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(2 per 28 days)
CRYSVITA 30 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
CYSTAGON 150 MG, 50 MG CAPSULE ^{MO}	\$0 (Tier 2)	
ELELYSO 200 UNIT RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
javygtor 100 mg TABLET, SOLUBLE ^{DL}	\$0 (Tier 1)	PA
javygtor 100 mg, 500 mg POWDER IN PACKET ^{DL}	\$0 (Tier 1)	PA
nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE ^{DL}	\$0 (Tier 1)	
sapropterin 100 mg TABLET, SOLUBLE ^{DL}	\$0 (Tier 1)	PA
sapropterin 100 mg, 500 mg POWDER IN PACKET ^{DL}	\$0 (Tier 1)	PA
sodium phenylbutyrate 0.94 gram/gram POWDER ^{DL}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
SUCRAID 8,500 UNIT/ML SOLUTION ^{DL}	\$0 (Tier 2)	
VYNDAQEL 20 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA, QL (120 per 30 days)
ZEMAIRA 1,000 MG, 4,000 MG, 5,000 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZOKINVY 50 MG, 75 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA, QL (120 per 30 days)

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alfuzosin 10 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
darifenacin 15 mg, 7.5 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
dutasteride 0.5 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE ^{MO}	\$0 (Tier 2)	QL (90 per 30 days)
fesoterodine 4 mg, 8 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
finasteride 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON ^{MO}	\$0 (Tier 2)	QL (300 per 30 days)
oxybutynin chloride 10 mg, 5 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
oxybutynin chloride 15 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
oxybutynin chloride 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
oxybutynin chloride 5 mg TABLET ^{MO}	\$0 (Tier 1)	
oxybutynin chloride 5 mg/5 ml SYRUP ^{MO}	\$0 (Tier 1)	
silodosin 4 mg, 8 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
solifenacin 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
tamsulosin 0.4 mg CAPSULE ^{MO}	\$0 (Tier 1)	
tolterodine 1 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET ^{MO}	\$0 (Tier 1)	
dexamethasone 0.5 mg/5 ml ELIXIR ^{MO}	\$0 (Tier 1)	
dexamethasone 0.5 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
dexamethasone intensol 1 mg/ml DROPS ^{MO}	\$0 (Tier 1)	
dexamethasone sodium phos (pf) 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
dexamethasone sodium phos (pf) 10 mg/ml SYRINGE ^{MO}	\$0 (Tier 1)	
dexamethasone sodium phosphate 10 mg/ml, 4 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
dexamethasone sodium phosphate 4 mg/ml SYRINGE ^{MO}	\$0 (Tier 1)	
fludrocortisone 0.1 mg TABLET ^{MO}	\$0 (Tier 1)	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION ^{MO}	\$0 (Tier 1)	
methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
prednisolone 15 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
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}	\$0 (Tier 1)	
prednisone 1 mg, 2.5 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	
prednisone 5 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
prednisone intensol 5 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	BvsD
SOLU-MEDROL 2 GRAM RECON SOLUTION ^{MO}	\$0 (Tier 2)	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION ^{MO}	\$0 (Tier 2)	
triamcinolone acetonide 0.025 %, 0.1 % LOTION ^{MO}	\$0 (Tier 1)	
triamcinolone acetonide 0.025 %, 0.1 %, 0.5 % OINTMENT ^{MO}	\$0 (Tier 1)	
triamcinolone acetonide 0.025 %, 0.5 % CREAM ^{MO}	\$0 (Tier 1)	
triamcinolone acetonide 0.1 % CREAM ^{MO}	\$0 (Tier 1)	
triderm 0.1 %, 0.5 % CREAM ^{MO}	\$0 (Tier 1)	
VERIPRED 20 20 MG/5 ML (4 MG/ML) SOLUTION ^{MO}	\$0 (Tier 2)	

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION ^{MO}	\$0 (Tier 2)	PA
<i>desmopressin 0.1 mg, 0.2 mg TABLET^{MO}</i>	\$0 (Tier 1)	
EGRIFTA SV 2 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
INCRELEX 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE ^{DL}	\$0 (Tier 2)	PA
OMNITROPE 5.8 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>afirmelle 0.1-20 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>altavera (28) 0.15-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>alyacen 1/35 (28) 1-35 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>amabelz 0.5-0.1 mg, 1-0.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>apri 0.15-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>aubra 0.1-20 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>aubra eq 0.1-20 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>aurovela 1/20 (21) 1-20 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET^{MO}</i>	\$0 (Tier 1)	
<i>aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET^{MO}</i>	\$0 (Tier 1)	
<i>aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET^{MO}</i>	\$0 (Tier 1)	
<i>aviane 0.1-20 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>ayuna 0.15-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET^{MO}</i>	\$0 (Tier 1)	
<i>blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET^{MO}</i>	\$0 (Tier 1)	
<i>blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) 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
<i>blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET^{MO}</i>	\$0 (Tier 1)	
<i>camila 0.35 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH^{MO}</i>	\$0 (Tier 1)	QL(91 per 90 days)
<i>caziant (28) 0.1/.125/.15-25 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>chateal eq (28) 0.15-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY ^{MO}	\$0 (Tier 2)	QL(8 per 28 days)
<i>cryselle (28) 0.3-30 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>cyred 0.15-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>cyred eq 0.15-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>danazol 100 mg, 200 mg, 50 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>dasetta 1/35 (28) 1-35 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>deblitane 0.35 mg TABLET^{MO}</i>	\$0 (Tier 1)	
DEPO-ESTRADIOL 5 MG/ML OIL ^{MO}	\$0 (Tier 1)	QL(5 per 30 days)
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(0.65 per 90 days)
<i>desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET^{MO}</i>	\$0 (Tier 1)	
<i>desogestrel-ethinyl estradiol 0.15-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY^{MO}</i>	\$0 (Tier 1)	QL(8 per 28 days)
<i>drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
DJAVEE 0.45-20 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(30 per 30 days)
<i>elinest 0.3-30 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
ELLA 30 MG TABLET ^{MO}	\$0 (Tier 2)	QL(1 per 30 days)
<i>eluryng 0.12-0.015 mg/24 hr RING^{MO}</i>	\$0 (Tier 1)	QL(1 per 28 days)
<i>emzahh 0.35 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>enilloring 0.12-0.015 mg/24 hr RING^{MO}</i>	\$0 (Tier 1)	QL(1 per 28 days)
<i>enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET^{MO}</i>	\$0 (Tier 1)	
<i>enskyce 0.15-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>errin 0.35 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>estradiol 0.01 % (0.1 mg/gram) CREAM^{MO}</i>	\$0 (Tier 1)	
<i>estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, WEEKLY^{MO}</i>	\$0 (Tier 1)	QL(4 per 28 days)
<i>estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY^{MO}</i>	\$0 (Tier 1)	QL(8 per 28 days)

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
leena 28 0.5/1/0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
lessina 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
levonest (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	\$0 (Tier 1)	
levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	\$0 (Tier 1)	
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg, 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
levonorgestrel-ethinyl estrad 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL(91 per 90 days)
levora-28 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
lo-zumandimine (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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET^{MO}</i>	\$0 (Tier 1)	
<i>microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET^{MO}</i>	\$0 (Tier 1)	
<i>microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET^{MO}</i>	\$0 (Tier 1)	
<i>mili 0.25-35 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>mimvey 1-0.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>MIRCETTE (28) 0.15-0.02 MGX21 /0.01 MG X 5 TABLET^{MO}</i>	\$0 (Tier 1)	
<i>mono-lyyah 0.25-35 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>necon 0.5/35 (28) 0.5-35 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>nikki (28) 3-0.02 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>NORA-BE 0.35 MG TABLET^{MO}</i>	\$0 (Tier 1)	
<i>nora-be 0.35 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET^{MO}</i>	\$0 (Tier 1)	
<i>norethindrone (contraceptive) 0.35 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>norethindrone ac-eth estradiol 1-20 mg-mcg, 1.5-30 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>norethindrone acetate 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>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}</i>	\$0 (Tier 1)	
<i>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}</i>	\$0 (Tier 1)	
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET^{MO}</i>	\$0 (Tier 1)	
<i>nortrel 1/35 (28) 1-35 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>nylia 1/35 (28) 1-35 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>nymyo 0.25-35 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>ocella 3-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>ORTHO-NOVUM 7/7/7 (28) 0.5/0.75/1 MG- 35 MCG TABLET^{MO}</i>	\$0 (Tier 1)	
<i>OSPHENA 60 MG TABLET^{MO}</i>	\$0 (Tier 2)	PA
<i>oxandrolone 10 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL(60 per 30 days)
<i>oxandrolone 2.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL(120 per 30 days)
<i>pimtree (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET^{MO}</i>	\$0 (Tier 1)	
<i>pirmella 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>portia</i> 28 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET ^{MO}	\$0 (Tier 2)	
PREMARIN 0.625 MG/GRAM CREAM ^{MO}	\$0 (Tier 2)	
<i>progesterone</i> 50 mg/ml OIL ^{MO}	\$0 (Tier 1)	
<i>progesterone</i> micronized 100 mg, 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
<i>raloxifene</i> 60 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
<i>reclipsen</i> (28) 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>setlakin</i> 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL(91 per 90 days)
<i>sharobel</i> 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>simliya</i> (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
<i>sprintec</i> (28) 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>sronyx</i> 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>syeda</i> 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>tarina</i> 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
<i>tarina</i> fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>tarina</i> fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>testosterone</i> 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET ^{MO}	\$0 (Tier 1)	PA,QL(37.5 per 30 days)
<i>testosterone</i> 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET ^{MO}	\$0 (Tier 1)	PA,QL(150 per 30 days)
<i>testosterone</i> 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP ^{MO}	\$0 (Tier 1)	PA,QL(150 per 30 days)
<i>testosterone</i> cypionate 100 mg/ml, 200 mg/ml OIL ^{MO}	\$0 (Tier 1)	
<i>testosterone</i> enanthate 200 mg/ml OIL ^{MO}	\$0 (Tier 1)	QL(25 per 90 days)
<i>tilia</i> fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET ^{MO}	\$0 (Tier 1)	
<i>tri femynor</i> 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-legest</i> fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-linyah</i> 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-lo-estarylla</i> 0.18/0.215/0.25 mg-25 mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-lo-marzia</i> 0.18/0.215/0.25 mg-25 mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-lo-mili</i> 0.18/0.215/0.25 mg-25 mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-lo-sprintec</i> 0.18/0.215/0.25 mg-25 mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-mili</i> 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-nymyo</i> 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-sprintec</i> (28) 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-vylibra</i> 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-vylibra</i> lo 0.18/0.215/0.25 mg-25 mcg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET^{MO}</i>	\$0 (Tier 1)	
<i>tulana 0.35 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>turqoz (28) 0.3-30 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>TYBLUME 0.1 MG- 20 MCG CHEWABLE TABLET^{MO}</i>	\$0 (Tier 2)	
<i>velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>vestura (28) 3-0.02 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>vienva 0.1-20 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>violele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET^{MO}</i>	\$0 (Tier 1)	
<i>volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET^{MO}</i>	\$0 (Tier 1)	
<i>vylibra 0.25-35 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>wera (28) 0.5-35 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET^{MO}</i>	\$0 (Tier 1)	
<i>zarah 3-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>zovia 1-35 (28) 1-35 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>zumandimine (28) 3-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	

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

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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) - Drugs used to lower levels of adrenal hormones

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ISTURISA 1 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
ISTURISA 10 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
ISTURISA 5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(360 per 30 days)
LYSODREN 500 MG TABLET ^{DL}	\$0 (Tier 2)	

HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - Drugs used to treat high levels of pituitary hormones and some types of cancer

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cabergoline 0.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
ELIGARD (3 MONTH) 22.5 MG SYRINGE ^{MO}	\$0 (Tier 2)	PA
FIRMAGON 120 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	PA
<i>leuprolide 1 mg/0.2 ml KIT^{MO}</i>	\$0 (Tier 1)	
<i>leuprolide (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION^{MO}</i>	\$0 (Tier 2)	PA,QL(1 per 90 days)
LUPRON DEPOT 3.75 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 168 days)
LUPRON DEPOT-PED 11.25 MG KIT ^{DL}	\$0 (Tier 2)	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 15 MG, 7.5 MG (PED) KIT ^{DL}	\$0 (Tier 2)	PA,QL(1 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
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
ORGOVYX 120 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(32 per 30 days)
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)
SOMATULINE DEPOT 120 MG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(0.3 per 28 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)
SYNAREL 2 MG/ML SPRAY, NON-AEROSOL ^{DL}	\$0 (Tier 2)	
TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 2)	PA
ZOLADEX 10.8 MG IMPLANT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 84 days)
ZOLADEX 3.6 MG IMPLANT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 28 days)

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)	
ARCALYST 220 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
<i>azathioprine 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
BENLYSTA 120 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML AUTO-INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
BENLYSTA 400 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
BESREMI 500 MCG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(2 per 28 days)
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SUSPENSION ^{DL}	\$0 (Tier 1)	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE ^{DL}	\$0 (Tier 1)	
CELLCEPT INTRAVENOUS 500 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
COSENTYX 150 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
COSENTYX 75 MG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML (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
CYLTEZO(CF) 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL(2 per 28 days)
CYLTEZO(CF) 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN 40 MG/0.4 ML, 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
CYLTEZO(CF) PEN CROHN'S-UC-HS 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN PSORIASIS-UV 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
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)
ENBREL 25 MG (1 ML) RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML) CARTRIDGE ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR ^{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)	
<i>gengraf 100 mg, 25 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	BvsD
<i>gengraf 100 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	BvsD
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION ^{DL}	\$0 (Tier 1)	
HUMIRA 40 MG/0.8 ML SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
HUMIRA PEN CROHNS-UC-HS START 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
HUMIRA 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)
HYRIMOZ PEN CROHN'S-UC STARTER 80 MG/0.8 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(4.8 per 28 days)
HYRIMOZ PEN PSORIASIS STARTER 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(3.2 per 28 days)
HYRIMOZ(CF) 10 MG/0.1 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(0.2 per 28 days)
HYRIMOZ(CF) 20 MG/0.2 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(1.2 per 28 days)
HYRIMOZ(CF) 40 MG/0.4 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(4.8 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML- 40 MG/0.4 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(3.6 per 28 days)
HYRIMOZ(CF) PEN 40 MG/0.4 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEN 80 MG/0.8 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(4.8 per 28 days)
icatibant 30 mg/3 ml SYRINGE ^{DL}	\$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)	
IPOX 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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA, QL (2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA, QL (2.28 per 28 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
<i>leflunomide 10 mg, 20 mg TABLET</i> ^{MO}	\$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</i> ^{MO}	\$0 (Tier 1)	BvsD
<i>methotrexate sodium 25 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>methotrexate sodium (pf) 1 gram RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>methotrexate sodium (pf) 25 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
MONJUVI 200 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
MRESVIA (PF) 50 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
<i>mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION</i> ^{MO}	\$0 (Tier 1)	BvsD
<i>mycophenolate mofetil 250 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	BvsD
<i>mycophenolate mofetil 500 mg TABLET</i> ^{MO}	\$0 (Tier 1)	BvsD
<i>mycophenolate mofetil (hcl) 500 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	BvsD
<i>mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC</i> ^{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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
REZUROCK 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
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)	
SIMULECT 10 MG, 20 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	BvsD
<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(6 per 365 days)
SKYRIZI 150 MG/ML SYRINGE ^{MO}	\$0 (Tier 2)	PA,QL(6 per 365 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(16.8 per 365 days)
STELARA 45 MG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(3 per 84 days)
SYLVANT 100 MG, 400 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
VARIZIG 125 UNIT/1.2 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(12 per 30 days)
VAXCHORA VACCINE 4X10EXP8 TO 2X 10EXP9 CF UNIT SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
WINRHO SDF 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML SOLUTION ^{DL}	\$0 (Tier 2)	BvsD
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)	

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 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)	

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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 CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>paricalcitol 2 mcg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (24 per 30 days)
<i>paricalcitol 4 mcg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>paricalcitol 5 mcg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (48 per 28 days)
<i>PROLIA 60 MG/ML SYRINGE^{MO}</i>	\$0 (Tier 2)	QL (1 per 180 days)
<i>RAYALDEE 30 MCG CAPSULE, ER 24 HR.^{DL}</i>	\$0 (Tier 2)	QL (60 per 30 days)
<i>risedronate 35 mg TABLET, DR/EC^{MO}</i>	\$0 (Tier 1)	QL (4 per 28 days)
<i>TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR^{DL}</i>	\$0 (Tier 2)	PA,QL (1.56 per 30 days)
<i>XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION^{DL}</i>	\$0 (Tier 2)	PA,QL (1.7 per 28 days)
<i>zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK^{MO}</i>	\$0 (Tier 1)	QL (300 per 21 days)
<i>zoledronic acid 4 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>zoledronic acid 4 mg/5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (15 per 21 days)
<i>zoledronic acid-mannitol-water 4 mg/100 ml PIGGYBACK^{MO}</i>	\$0 (Tier 1)	QL (300 per 21 days)
<i>zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK^{MO}</i>	\$0 (Tier 1)	PA,QL (100 per 365 days)



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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 SUSPENSTION ^{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)	
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)	

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
KORLYM 300 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
<i>lactated ringers SOLUTION</i> ^{MO}	\$0 (Tier 1)	
LAGEVRIO (EUA) 200 MG CAPSULE ^{MO}	\$0 (Tier 2)	QL(40 per 5 days)
LITHOSTAT 250 MG TABLET ^{MO}	\$0 (Tier 2)	
<i>mifepristone 300 mg TABLET</i> ^{DL}	\$0 (Tier 1)	PA,QL(120 per 30 days)
<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)	
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)
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)	
PHYSIOLYTE 140-5-3-98 MEQ/L SOLUTION ^{MO}	\$0 (Tier 2)	
PHYSIOSOL IRRIGATION 140-5-3-98 MEQ/L SOLUTION ^{MO}	\$0 (Tier 2)	
PRO COMFORT ALCOHOL PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
RECTIV 0.4 % (W/W) OINTMENT ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
<i>ribavirin 6 gram RECON SOLUTION</i> ^{DL}	\$0 (Tier 1)	BvsD
<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)	
UBRELVY 100 MG, 50 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(16 per 30 days)
ULTILET ALCOHOL SWAB PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
<i>water for irrigation, sterile SOLUTION</i> ^{MO}	\$0 (Tier 1)	
WEBCOL PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
XDEMVIY 0.25 % DROPS ^{MO}	\$0 (Tier 2)	PA,QL(10 per 42 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
ALPHAGAN P 0.1 % DROPS ^{MO}	\$0 (Tier 2)	
<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 0.15 % 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>cyclopentolate 0.5 %, 1 %, 2 % DROPS</i> ^{MO}	\$0 (Tier 1)	
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 % DROPS ^{MO}	\$0 (Tier 1)	QL(10 per 30 days)
ketorolac 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)
moxifloxacin 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
NATACYN 5 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 2)	
neo-polycin 3.5-400-10,000 mg-unit-unit/g OINTMENT ^{MO}	\$0 (Tier 1)	
neo-polycin hc 3.5-400-10,000 mg-unit/g-1% OINTMENT ^{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)	
PHOSPHOLINE IODIDE 0.125 % DROPS ^{MO}	\$0 (Tier 2)	
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)	
RESTASIS 0.05 % DROPPERETTE ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
RESTASIS MULTIDOSE 0.05 % DROPS ^{MO}	\$0 (Tier 2)	QL(5.5 per 25 days)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
timolol maleate 0.5 % DROPS, ONCE DAILY ^{MO}	\$0 (Tier 1)	
timolol maleate (pf) 0.25 %, 0.5 % DROPPERETTE ^{MO}	\$0 (Tier 1)	
tobramycin 0.3 % DROPS ^{MO}	\$0 (Tier 1)	
tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 1)	
travoprost 0.004 % DROPS ^{MO}	\$0 (Tier 1)	QL(2.5 per 25 days)
trifluridine 1 % DROPS ^{MO}	\$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
fluocinolone acetonide oil 0.01 % DROPS ^{MO}	\$0 (Tier 1)	
hydrocortisone-acetic acid 1-2 % DROPS ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION ^{MO}	\$0 (Tier 1)	
ofloxacin 0.3 % DROPS ^{MO}	\$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
acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(90 per 30 days)
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL(12 per 30 days)
albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml SOLUTION FOR NEBULIZATION ^{MO}	\$0 (Tier 1)	BvsD
albuterol sulfate 2 mg, 4 mg TABLET ^{MO}	\$0 (Tier 1)	
albuterol sulfate 2 mg/5 ml SYRUP ^{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>albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER</i> ^{MO}	\$0 (Tier 1)	QL (36 per 30 days)
<i>alyq 20 mg TABLET</i> ^{MO}	\$0 (Tier 1)	PA,QL (60 per 30 days)
<i>ambrisentan 10 mg, 5 mg TABLET</i> ^{DL}	\$0 (Tier 1)	PA,QL (30 per 30 days)
<i>aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION</i> ^{MO}	\$0 (Tier 1)	BvsD,QL (120 per 30 days)
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)	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)
<i>azelastine 137 mcg (0.1 %) SPRAY, NON-AEROSOL</i> ^{MO}	\$0 (Tier 1)	QL (30 per 25 days)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
BREO ELLIPTA 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)
<i>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml SUSPENSION FOR NEBULIZATION</i> ^{MO}	\$0 (Tier 1)	BvsD
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION ^{DL}	\$0 (Tier 2)	PA,QL (84 per 28 days)
<i>cetirizine 1 mg/ml SOLUTION</i> ^{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)
<i>cromolyn 100 mg/5 ml CONCENTRATE</i> ^{MO}	\$0 (Tier 1)	
<i>cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION</i> ^{MO}	\$0 (Tier 1)	BvsD
<i>cyproheptadine 4 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>diphenhydramine hcl 50 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR</i> ^{MO}	\$0 (Tier 1)	QL (4 per 30 days)
FASENRA PEN 30 MG/ML AUTO-INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL (1 per 28 days)
<i>flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL</i> ^{MO}	\$0 (Tier 1)	QL (50 per 30 days)
<i>fluticasone propion-salmeterol 100-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE</i> ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
<i>fluticasone propion-salmeterol 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation AEROSOL POWDER BREATH ACTIV.</i> ^{MO}	\$0 (Tier 2)	QL (1 per 30 days)
<i>fluticasone propion-salmeterol 250-50 mcg/dose BLISTER WITH DEVICE</i> ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
<i>fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION</i> ^{MO}	\$0 (Tier 1)	QL (16 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
hydroxyzine pamoate 100 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
hydroxyzine pamoate 25 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 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG GRANULES IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
KALYDECO 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
levocetirizine 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
montelukast 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
montelukast 4 mg GRANULES IN PACKET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
montelukast 4 mg, 5 mg CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
NUCALA 100 MG/ML AUTO-INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(0.4 per 28 days)
OFEV 100 MG, 150 MG CAPSULE ^{DL,LA}	\$0 (Tier 2)	PA,QL(60 per 30 days)
OPSUMIT 10 MG TABLET ^{DL,LA}	\$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)
ORKAMBI 100-125 MG, 150-188 MG, 75-94 MG GRANULES IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
ORKAMBI 100-125 MG, 200-125 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(112 per 28 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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL(30.6 per 30 days)
SYMDEKO 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) TABLET, SEQUENTIAL ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
<i>tadalafil (pulm. hypertension) 20 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL(60 per 30 days)
<i>theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR.^{MO}</i>	\$0 (Tier 1)	
<i>theophylline 400 mg, 600 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL ^{DL}	\$0 (Tier 2)	PA,QL(84 per 28 days)
TRIKAFTA 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) GRANULES IN PACKET, SEQUENTIAL ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL(36 per 30 days)
<i>wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE^{MO}</i>	\$0 (Tier 2)	QL(60 per 30 days)
<i>zafirlukast 10 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
<i>zafirlukast 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)	
<i>vanadom 350 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(120 per 30 days)

SLEEP DISORDER AGENTS - Drugs used to treat sleep conditions

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eszopiclone 1 mg, 2 mg, 3 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>HETLIOZ LQ 4 MG/ML SUSPENSION^{DL}</i>	\$0 (Tier 2)	PA,QL (158 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)

Non-Part D Rx Drugs

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

Over the Counter Drugs - Over the Counter Drugs

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
advanced antacid-antigas 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
all day allergy (cetirizine) 1 mg/ml SOLUTION	\$0 (Tier 4)	QL(300 per 30 days)
all day allergy (cetirizine) 10 mg CAPSULE	\$0 (Tier 4)	
all day allergy (cetirizine) 10 mg TABLET	\$0 (Tier 4)	
all day pain relief 220 mg TABLET	\$0 (Tier 4)	
all day relief 220 mg TABLET	\$0 (Tier 4)	
aller-g-time 25 mg TABLET	\$0 (Tier 4)	
allergy (diphenhydramine) 25 mg CAPSULE	\$0 (Tier 4)	
allergy (diphenhydramine) 25 mg TABLET	\$0 (Tier 4)	
allergy relief (cetirizine) 10 mg, 5 mg TABLET	\$0 (Tier 4)	
allergy relief (loratadine) 10 mg TABLET	\$0 (Tier 4)	
allergy relief (loratadine) 5 mg/5 ml SOLUTION	\$0 (Tier 4)	
allergy relief(diphenhydramin) 12.5 mg/5 ml LIQUID	\$0 (Tier 4)	
allergy relief(diphenhydramin) 25 mg CAPSULE	\$0 (Tier 4)	
allergy relief(diphenhydramin) 25 mg CHEWABLE TABLET	\$0 (Tier 4)	
allergy relief(diphenhydramin) 25 mg TABLET	\$0 (Tier 4)	
almacone-2 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
aluminum hydroxide gel 320 mg/5 ml SUSPENSION	\$0 (Tier 4)	
antacid 200-200-20 mg/5 ml SUSPENSION	\$0 (Tier 4)	
antacid (calcium carbonate) 200 mg calcium (500 mg) CHEWABLE TABLET	\$0 (Tier 4)	
antacid anti-gas 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
antacid ext (mag carb-al hyd) 160-105 mg CHEWABLE TABLET	\$0 (Tier 4)	
antacid ext str (calcium carb) 300 mg (750 mg) CHEWABLE TABLET	\$0 (Tier 4)	
antacid extra-strength 300 mg (750 mg) CHEWABLE TABLET	\$0 (Tier 4)	
antacid maximum strength 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
antacid regular strength 200-200-20 mg/5 ml SUSPENSION	\$0 (Tier 4)	

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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)	
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)	
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/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)	

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children's diphenhydramine 12.5 mg/5 mL LIQUID	\$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 relief 160 mg/5 mL SUSPENSION	\$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)	
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)	
complete allergy 25 mg CAPSULE	\$0 (Tier 4)	
complete allergy medicine 25 mg CAPSULE	\$0 (Tier 4)	
dextromethorphan-guaifenesin 10-100 mg/5 mL SYRUP	\$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 25 mg, 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 ez 1.5 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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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(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 PEDIATRIC 9.5-3.5 GRAM/59 ML ENEMA	\$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)	
glycerin (adult) SUPPOSITORY	\$0 (Tier 4)	
glycerin (child) SUPPOSITORY	\$0 (Tier 4)	
guaifenesin 100 mg/5 ml LIQUID	\$0 (Tier 4)	
guaifenesin 600 mg TABLET, ER 12 HR.	\$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 antacid 160-105 mg CHEWABLE TABLET	\$0 (Tier 4)	
heartburn relief 254-237.5 mg/5 ml SUSPENSION	\$0 (Tier 4)	
heartburn relief (famotidine) 10 mg TABLET	\$0 (Tier 4)	
ibuprofen 200 mg TABLET	\$0 (Tier 4)	
ibuprofen ib 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, 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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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), 420 mg TABLET	\$0 (Tier 4)	
meclizine 12.5 mg TABLET	\$0 (Tier 4)	
meclizine 25 mg CHEWABLE TABLET	\$0 (Tier 4)	
miconazole nitrate 1,200-2 mg-% KIT	\$0 (Tier 4)	
miconazole nitrate 100 mg SUPPOSITORY	\$0 (Tier 4)	
miconazole nitrate 2 % CREAM	\$0 (Tier 4)	
miconazole-3 200 mg- 2 % (9 gram) KIT	\$0 (Tier 4)	
miconazole-3 4 % (200 mg)- 2 % (9 gram) COMBO PACK, PREFILL, CREAM	\$0 (Tier 4)	
miconazole-7 100 mg SUPPOSITORY	\$0 (Tier 4)	
miconazole-7 2 % CREAM	\$0 (Tier 4)	
migraine formula 250-250-65 mg TABLET	\$0 (Tier 4)	
migraine relief 250-250-65 mg TABLET	\$0 (Tier 4)	
milk of magnesia 400 mg/5 ml SUSPENSION	\$0 (Tier 4)	
milk of magnesia concentrated 2,400 mg/10 ml SUSPENSION	\$0 (Tier 4)	
mintox maximum strength 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
mintox plus 200-200-25 mg CHEWABLE TABLET	\$0 (Tier 4)	
motion sickness 50 mg TABLET	\$0 (Tier 4)	
motion sickness (meclizine) 25 mg TABLET	\$0 (Tier 4)	
motion sickness relief 50 mg TABLET	\$0 (Tier 4)	
motion sickness relief(mecliz) 25 mg TABLET	\$0 (Tier 4)	
motion-time 25 mg CHEWABLE TABLET	\$0 (Tier 4)	
MUCINEX 600 MG TABLET, ER 12 HR.	\$0 (Tier 4)	
MUCINEX DM 30-600 MG TABLET, ER 12 HR.	\$0 (Tier 4)	
mucus dm 30-600 mg TABLET, ER 12 HR.	\$0 (Tier 4)	
mucus dm max er 60-1,200 mg TABLET, ER 12 HR.	\$0 (Tier 4)	
mucus relief er 1,200 mg, 600 mg TABLET, ER 12 HR.	\$0 (Tier 4)	
MUCUS-CHEST CONGESTION 100 MG/5 ML LIQUID	\$0 (Tier 4)	
mucus-er max 1,200 mg TABLET, ER 12 HR.	\$0 (Tier 4)	
my choice 1.5 mg TABLET	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
my way 1.5 mg TABLET	\$0 (Tier 4)	
naproxen sodium 220 mg TABLET	\$0 (Tier 4)	
nasal decongestant (pseudoeph) 30 mg TABLET	\$0 (Tier 4)	
natura-lax 17 gram/dose POWDER	\$0 (Tier 4)	
natural fiber laxative 0.52 gram CAPSULE	\$0 (Tier 4)	
nausea relief SOLUTION	\$0 (Tier 4)	
new day 1.5 mg TABLET	\$0 (Tier 4)	
nicotine 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr PATCH, 24 HR.	\$0 (Tier 4)	
nicotine 21-14-7 mg/24 hr PATCH, TD DAILY, SEQUENTIAL	\$0 (Tier 4)	
nicotine (polacrilex) 2 mg, 4 mg GUM	\$0 (Tier 4)	
nicotine (polacrilex) 2 mg, 4 mg LOZENGE	\$0 (Tier 4)	
nicotine (polacrilex) 2 mg, 4 mg MINI LOZENGE	\$0 (Tier 4)	
non-aspirin pain relief 500 mg TABLET	\$0 (Tier 4)	
opcicon one-step 1.5 mg TABLET	\$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)	
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)	
robafen 100 mg/5 ml LIQUID	\$0 (Tier 4)	
senexon-s 8.6-50 mg TABLET	\$0 (Tier 4)	
senna 8.6 mg CAPSULE	\$0 (Tier 4)	
senna 8.6 mg TABLET	\$0 (Tier 4)	
senna 8.8 mg/5 ml SYRUP	\$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 plus 8.6-50 mg CAPSULE	\$0 (Tier 4)	
senna plus 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 EXTRA STRENGTH 17.2 MG 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)	
tusnel diabetic 10-100 mg/5 ml LIQUID	\$0 (Tier 4)	
tusnel-ex 100 mg/5 ml LIQUID	\$0 (Tier 4)	
tussin 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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tussin dm clear 10-100 mg/5 ml SYRUP	\$0 (Tier 4)	
tussin mucus-chest congestion 100 mg/5 ml LIQUID	\$0 (Tier 4)	
vegetable laxative 8.6 mg TABLET	\$0 (Tier 4)	
women's gentle laxative(bisac) 5 mg TABLET, DR/EC	\$0 (Tier 4)	

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D. Index of Drugs

A			
		acyclovir sodium	50
abacavir	49	ADACEL(TDAP ADOLESN/ADULT)(PF)	90
abacavir-lamivudine	49	adapalene	69
ABELCET	29	ADCETRIS	33
ABILIFY ASIMTUFI	46	adefovir	50
ABILIFY MAINTENA	46	ADEMPAS	102
abiraterone	33	ADRIAMYCIN	33
ABRYSVO (PF)	90	ADSTILADRIN	97
acamprosate	16	adult aspirin regimen	107
acarbose	55	adult tussin chest congestion	107
acutane	69	ADVAIR HFA	102
acebutolol	60	advanced antacid-antigas	107
acetaminophen	106, 107	afirmelle	81
acetaminophen-codeine	14	AIMOVIG AUTOINJECTOR	31
acetazolamide	60	ak-poly-bac	100
acetazolamide sodium	60	AKEEGA	33
acetic acid	17	albendazole	45
acetylcysteine	97, 102	albuterol sulfate	102, 103
acid gone antacid	107	ALCAINE	100
acid gone antacid e.strength	107	ALCOHOL PADS	97
acid reducer (famotidine)	107	ALCOHOL PREP PADS	97
acitretin	69	ALCOHOL SWABS	97
ACTHIB (PF)	90	ALCOHOL WIPES	97
ACTIMMUNE	90	ALECENSA	33
acyclovir	50	alendronate	96

alfuzosin	79	ambrientan	103
ALIQOPA	33	amiloride	60
aliskiren	60	amiloride-hydrochlorothiazide	60
all day allergy (cetirizine)	107	aminocaproic acid	58
all day pain relief	107	aminophylline	103
all day relief	107	AMINOSYN II 10 %	72
aller-g-time	107	AMINOSYN II 15 %	72
allergy (diphenhydramine)	107	AMINOSYN II 7 %	72
allergy relief (cetirizine)	107	AMINOSYN II 8.5 %	72
allergy relief (loratadine)	107	AMINOSYN II 8.5 %-ELECTROLYTES	72
allergy relief(diphenhydramin)	107	AMINOSYN M 3.5 %	72
allopurinol	31	AMINOSYN 10 %	72
almacone-2	107	AMINOSYN 7 % WITH ELECTROLYTES	72
alosetron	76	AMINOSYN 8.5 %	72
ALPHAGAN P	100	AMINOSYN 8.5 %-ELECTROLYTES	72
alprazolam	53	AMINOSYN-PF 10 %	72
alprazolam intensol	53	AMINOSYN-PF 7 % (SULFITE-FREE)	72
altavera (28)	81	AMINOSYN-RF 5.2 %	72
aluminum hydroxide gel	107	amiodarone	60, 61
ALUNBRIG	33	amitriptyline	26
alyacen 1/35 (28)	81	amlodipine	61
alyacen 7/7/7 (28)	81	amlodipine-benazepril	61
alyq	103	amlodipine-valsartan	61
amabelz	81	ammonium lactate	69
amantadine hcl	45	amnestem	69
AMBISOME	29	amoxapine	26

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amoxicillin	17	APTIVUS	50
amoxicillin-pot clavulanate	17	aranelle (28)	81
amphotericin b	29	ARCALYST	90
amphotericin b liposome	29	AREXVY (PF)	90
ampicillin	17	arformoterol	103
ampicillin sodium	17	aripiprazole	46
ampicillin-sulbactam	17	ARISTADA	46, 47
anagrelide	58	ARISTADA INITIO	47
anastrozole	33	ARMOUR THYROID	87
ANKTIVA	33	ARNUIITY ELLIPTA	103
antacid	107	ARRANON	33
antacid (calcium carbonate)	107	arsenic trioxide	33
antacid anti-gas	107	asenapine maleate	47
antacid exst (mag carb-al hyd)	107	ASPARLAS	33
antacid ext str (calcium carb)	107	aspirin	108
antacid extra-strength	107	aspirin-dipyridamole	58
antacid maximum strength	107	aspirin,buffd-calcium carb-mag	108
antacid regular strength	107	atazanavir	50
antacid-antigas	108	atenolol	61
anti-diarrheal (loperamide)	108	atenolol-chlorthalidone	61
anti-nausea	108	atomoxetine	67
apraclonidine	100	atorvastatin	61
aprepitant	28	atovaquone	45
APRETUDE	50	atovaquone-proguanil	45
apri	81	atropine	100
APTIOM	22	ATROPINE SULFATE (PF)	100

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		B
ATROVENT HFA	103	
aubra	81	bacitracin
aubra eq	81	18, 100
AUGTYRO	33	bacitracin-polymyxin b
aurovela fe 1.5/30 (28)	81	100
aurovela fe 1-20 (28)	81	baclofen
aurovela 1.5/30 (21)	81	49
aurovela 1/20 (21)	81	bal-care dha
aurovela 24 fe	81	72
AUSTEDO	67	balsalazide
AUSTEDO XR	67	95
AUSTEDO XR TITRATION KT(WK1-4)	67	BALVERSA
AUTOJECT 2 INJECTION DEVICE	97	33
AUTOPEN 1 TO 21 UNITS	97	BAND-AID GAUZE PADS
AUTOPEN 2 TO 42 UNITS	97	97
AUVELITY	26	banophen
AUVI-Q	103	108
aviane	81	BAQSIMI
ayuna	81	55
AYVAKIT	33	BARACLUDE
azacitidine	33	50
azathioprine	90	BAVENCIO
azelastine	100, 103	33
azithromycin	17, 18	BCG VACCINE, LIVE (PF)
aztreonam	18	90
azurette (28)	81	BD ALCOHOL SWABS
		97
		BD AUTOSHIELD DUO PEN NEEDLE
		97
		BD ECLIPSE LUER-LOK
		97
		BD INSULIN SYRINGE
		97
		BD INSULIN SYRINGE (HALF UNIT)
		97
		BD INSULIN SYRINGE MICRO-FINE
		97
		BD INSULIN SYRINGE U-500
		97
		BD INSULIN SYRINGE ULTRA-FINE
		97
		BD LO-DOSE MICRO-FINE IV
		97
		BD NANO 2ND GEN PEN NEEDLE
		97
		BD SAFETYGLIDE INSULIN SYRINGE
		97
		BD SAFETYGLIDE SYRINGE
		97
		BD ULTRA-FINE MICRO PEN NEEDLE
		97

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BD ULTRA-FINE MINI PEN NEEDLE	97	bicalutamide	34
BD ULTRA-FINE NANO PEN NEEDLE	97	BICILLIN C-R	18
BD ULTRA-FINE ORIG PEN NEEDLE	97	BICILLIN L-A	18
BD ULTRA-FINE SHORT PEN NEEDLE	97	BICNU	34
BD VEO INSULIN SYR (HALF UNIT)	98	BIKTARVY	50
BD VEO INSULIN SYRINGE UF	98	bisacodyl	108
BELEODAQ	33	bismuth subcit k-metronidz-tcn	76
BELRAPZO	33	bismuth subsalicylate	108
BELSOMRA	105	bisoprolol fumarate	61
benazepril	61	bisoprolol-hydrochlorothiazide	61
benazepril-hydrochlorothiazide	61	bleomycin	34
bendamustine	33, 34	blisovi fe 1.5/30 (28)	81
BENDEKA	34	blisovi fe 1/20 (28)	82
BENLYSTA	90	blisovi 24 fe	81
benztropine	45, 46	BOOSTRIX TDAP	90
BESPONSA	34	BORDERED GAUZE	98
BESREMI	90	BORTEZOMIB	34
betaine	78	BOSULIF	34
betamethasone dipropionate	69	BRAFTOVI	34
betamethasone valerate	69, 70	BREO ELLIPTA	103
betamethasone, augmented	70	BREZTRI AEROSPHERE	103
BETASERON	67	BRILINTA	58
betaxolol	100	brimonidine	100
bethanechol chloride	79	BRIVIACT	22
bexarotene	34	bromocriptine	46
BEXSERO	90	BRUKINSA	34

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budesonide	95, 103	camila	82
bumetanide	61	camrese lo	82
buprenorphine	14	CAMZYOS	61
buprenorphine hcl	16	candesartan	61
buprenorphine-naloxone	16	candesartan-hydrochlorothiazid	61
bupropion hcl	26	CAPLYTA	47
bupropion hcl (smoking deter)	16	CAPRELSA	34
bupirone	53, 54	captopril	61
busulfan	34	captopril-hydrochlorothiazide	61
BUSULFEX	34	carbamazepine	22
butalbital-acetaminophen-caff	98	carbidopa-levodopa	46
C			
c-nate dha	72	carbidopa-levodopa-entacapone	46
CABENUVA	50	carboplatin	34
cabergoline	88	CARETOUCH ALCOHOL PREP PAD	98
CABLIVI	59	carglumic acid	72
CABOMETYX	34	carisoprodol	105
cal-gest antacid	108	carmustine	34
calcipotriene	70	carteolol	100
calcitonin (salmon)	96	cartia xt	61
calcitriol	96	carvedilol	61
calcium acetate(phosphat bind)	72	caspofungin	29
calcium antacid	108	CAYSTON	103
calcium carbonate	108	caziant (28)	82
CALQUENCE	34	cefaclor	18
CALQUENCE (ACALABRUTINIB MAL)	34	cefadroxil	18
		cefazolin	18

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cefazolin in dextrose (iso-os)	18	children's acetaminophen	108
cefdinir	18	children's allergy (diphenhyd)	108
cefepime	18	children's allergy relief(lor)	108
cefixime	18	children's aspirin	108
cefotaxime	18	children's cetirizine	108
cefotetan	18	children's diphenhydramine	109
cefoxitin	18	children's loratadine	109
cefoxitin in dextrose, iso-osm	18	children's mapap	109
cefpodoxime	18	children's pain relief	109
cefprozil	18	children's pain reliever	109
ceftazidime	18	children's pain-fever relief	109
ceftazidime in d5w	18	chloramphenicol sod succinate	19
ceftriaxone	18	chlorhexidine gluconate	69
cefuroxime axetil	18	chloroquine phosphate	45
cefuroxime sodium	19	chlorothiazide sodium	61
CELLCEPT INTRAVENOUS	90	chlorpromazine	47
cephalexin	19	chlorthalidone	61
CERDELGA	78	chocolate laxative	109
CEREZYME	78	CHOLBAM	78
cetirizine	103, 108	cholestyramine (with sugar)	61, 62
chateal eq (28)	82	cholestyramine light	62
CHEMET	72	cholestyramine-aspartame	62
CHEST CONGESTION RELIEF	108	CHORIONIC GONADOTROPIN, HUMAN	81
chest congestion relief dm	108	ciclodan	29
child allergy relf(cetirizine)	108	ciclopirox	29
child's all day allergy(cetir)	108	cilostazol	59

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CIMDUO	50	CLINIMIX 4.25%/D5W SULFIT FREE	72
cimetidine	76	CLINIMIX 5%-D20W(SULFITE-FREE)	72
cimetidine hcl	76	CLINIMIX 5%/D15W SULFITE FREE	72
cinacalcet	96	CLINIMIX 6%-D5W (SULFITE-FREE)	72
ciprofloxacin hcl	19, 100	CLINIMIX 8%-D10W(SULFITE-FREE)	73
ciprofloxacin in 5 % dextrose	19	CLINIMIX 8%-D14W(SULFITE-FREE)	73
cisplatin	34	CLINOLIPID	73
citalopram	26, 27	clobazam	22
cladribine	34	clobetasol	70
claravis	70	clobetasol-emollient	70
clarithromycin	19	clofarabine	34
clearlax	109	CLOLAR	34
CLENPIQ	76	clomipramine	27
clindamycin hcl	19	clonazepam	54
clindamycin in 0.9 % sod chlor	19	clonidine	62
clindamycin in 5 % dextrose	19	clonidine hcl	62
clindamycin palmitate hcl	19	clopidogrel	59
clindamycin pediatric	19	clorazepate dipotassium	54
clindamycin phosphate	19, 70	clotrimazole	29, 30, 109
CLINIMIX E 2.75%/D5W SULF FREE	73	clotrimazole-betamethasone	30
CLINIMIX E 4.25%/D5W SULF FREE	73	clotrimazole-3	109
CLINIMIX E 5%/D15W SULFIT FREE	73	clozapine	47
CLINIMIX E 5%/D20W SULFIT FREE	73	COARTEM	45
CLINIMIX E 8%-D10W SULFITEFREE	73	COBENFY	98
CLINIMIX E 8%-D14W SULFITEFREE	73	COBENFY STARTER PACK	98
CLINIMIX 4.25%/D10W SULF FREE	72	COLACE	109

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COLACE CLEAR	109	CREON	78
COLACE 2-IN-1	109	cromolyn	100, 103
colchicine	31	cryselle (28)	82
colestipol	62	CRYSVITA	78
colistin (colistimethate na)	19	CURITY ALCOHOL SWABS	98
COLUMVI	34	CURITY GAUZE	98
COMBIGAN	100	cyclobenzaprine	105
COMBIPATCH	82	cyclopentolate	100
COMBIVENT RESPIMAT	103	cyclophosphamide	35
COMETRIQ	34	cycloserine	32
COMPLERA	50	cyclosporine	90
complete allergy	109	cyclosporine modified	90
complete allergy medicine	109	CYLTEZO(CF)	90
complete natal dha	73	CYLTEZO(CF) PEN	90
compro	28	CYLTEZO(CF) PEN CROHN'S-UC-HS	91
constulose	76	CYLTEZO(CF) PEN PSORIASIS-UV	91
COPAXONE	67	cyproheptadine	103
COPIKTRA	34	CYRAMZA	35
CORLANOR	62	cyred	82
COSENTYX	90	cyred eq	82
COSENTYX (2 SYRINGES)	90	CYSTAGON	78
COSENTYX PEN	90	CYSTARAN	100
COSENTYX PEN (2 PENS)	90	cytarabine	35
COSENTYX UNOREADY PEN	90	cytarabine (pf)	35
COSMEGEN	35		
COTELLIC	35		

D

dacarbazine	35
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dactinomycin	35	DERMACEA	98
dalfampridine	67	DESCOVY	50
danazol	82	desipramine	27
dantrolene	49	desmopressin	81
DANYELZA	35	desog-e.estradiol/e.estradiol	82
dapsone	32	desogestrel-ethinyl estradiol	82
DAPTACEL (DTAP PEDIATRIC) (PF)	91	desvenlafaxine succinate	27
daptomycin	19	dexamethasone	80
daptomycin in 0.9 % sod chlor	19	dexamethasone intensol	80
darifenacin	79	dexamethasone sodium phos (pf)	80
darunavir	50	dexamethasone sodium phosphate	80, 100
DARZALEX	35	dexmethylphenidate	67
DARZALEX FASPRO	35	dexrazoxane hcl	35
dasatinib	35	dextroamphetamine sulfate	67
dasetta 1/35 (28)	82	dextroamphetamine-amphetamine	67, 68
dasetta 7/7/7 (28)	82	dextromethorphan-guaifenesin	109
daunorubicin	35	dextrose 10 % and 0.2 % nacl	73
DAURISMO	35	dextrose 10 % in water (d10w)	73
deblitane	82	dextrose 5 % in water (d5w)	73
decitabine	35	dextrose 5%-0.2 % sod chloride	73
deferasirox	73	dextrose 5%-0.3 % sod.chloride	73
DELSTRIGO	50	DIACOMIT	22
demeclocycline	19	diazepam	23, 54
DENGVAXIA (PF)	91	diazepam intensol	54
DEPO-ESTRADIOL	82	diazoxide	55
DEPO-SUBQ PROVERA 104	82	diclofenac sodium	14, 100

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dicloxacillin	19	dok	109
dicyclomine	76	donepezil	26
didanosine	50	dorzolamide	100
DIFICID	19	dorzolamide-timolol	100
digitek	62	dotti	82
digox	62	DOVATO	50
digoxin	62	doxazosin	62
dihydroergotamine	31	doxepin	54
DILANTIN INFATABS	23	doxercalciferol	96
DILANTIN-125	23	doxorubicin	35
dilt-xr	62	doxorubicin, peg-liposomal	35
diltiazem hcl	62	doxy-100	19
dimethyl fumarate	68	doxycycline hyclate	19, 20
diphedryl	109	doxycycline monohydrate	20
diphenhydramine hcl	103, 109	driminate	109
diphenoxylate-atropine	77	DRISDOL	106
dipyridamole	59	DRIZALMA SPRINKLE	27
disulfiram	16	dronabinol	28
DIURIL	62	DROPLET INSULIN SYR(HALF UNIT)	98
divalproex	23	DROPLET INSULIN SYRINGE	98
DOCEFREZ	35	DROPLET MICRON PEN NEEDLE	98
docetaxel	35	DROPLET PEN NEEDLE	98
docusate calcium	109	DROPSAFE ALCOHOL PREP PADS	98
docusate sodium	109	DROPSAFE PEN NEEDLE	98
DOCUSOL KIDS	109	drospirenone-ethinyl estradiol	82
dofetilide	62	DROXIA	98

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DUAVEE	82	ELIGARD (3 MONTH)	88
duloxetine	27	elinest	82
DUPIXENT PEN	91	ELIQUIS	59
DUPIXENT SYRINGE	91	ELIQUIS DVT-PE TREAT 30D START	59
dutasteride	79	ELLA	82
dutasteride-tamsulosin	79	ELMIRON	79
d10 %-0.45 % sodium chloride	73	ELREXFIO	35
d2.5 %-0.45 % sodium chloride	73	eluryng	82
d5 % and 0.9 % sodium chloride	73	ELZONRIS	35
d5 %-0.45 % sodium chloride	73	EMCYT	35
E		EMGALITY PEN	31
EASY COMFORT ALCOHOL PAD	98	EMGALITY SYRINGE	31
EASY TOUCH ALCOHOL PREP PADS	98	EMPLICITI	36
ec-naproxen	14	EMSAM	27
econtra ez	109	emtricitabine	50
econtra one-step	109	emtricitabine-tenofovir (tdf)	50
ed-apap	109	EMTRIVA	50
EDURANT	50	emzahh	82
efavirenz	50	enalapril maleate	62
efavirenz-emtricitabin-tenofov	50	enalapril-hydrochlorothiazide	62
efavirenz-lamivu-tenofov disop	50	ENBREL	91
EGRIFTA SV	81	ENBREL MINI	91
electrolyte-a	73	ENBREL SURECLICK	91
electrolyte-148	73	endocet	14
electrolyte-48 in d5w	73	enema	109
ELELYSO	78	enema disposable	109

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ENEMEEZ	109	ergotamine-caffeine	31
ENEMEEZ KIDS	109	eribulin	36
ENEMEEZ PLUS	110	ERIVEDGE	36
ENGERIX-B (PF)	91	ERLEADA	36
ENGERIX-B PEDIATRIC (PF)	91	erlotinib	36
ENHERTU	36	errin	82
enilloring	82	ertapenem	20
enoxaparin	59	ery pads	70
enpresse	82	ERYTHROCIN	20
enskyce	82	erythromycin	20, 100
entacapone	46	erythromycin lactobionate	20
entecavir	50	erythromycin with ethanol	70
ENTRESTO	62	escitalopram oxalate	27
ENTRESTO SPRINKLE	62	esomeprazole magnesium	77
enulose	77	estradiol	82, 83
ENVARUSUS XR	91	estradiol valerate	83
EPCLUSA	51	estradiol-norethindrone acet	83
EPIDIOLEX	23	eszopiclone	106
epinephrine	103	ethacrynate sodium	62
epirubicin	36	ethambutol	32
epitol	23	ethosuximide	23
EPIVIR HBV	51	ethynodiol diac-eth estradiol	83
EPKINLY	36	etodolac	14
EPRONTIA	31	etonogestrel-ethinyl estradiol	83
ERBITUX	36	ETOPOPHOS	36
ergocalciferol (vitamin d2)	106, 110	etoposide	36

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etravirine	51	fenofibrate nanocrystallized	63
EULEXIN	36	fenofibrate	14
EUTHYROX	87	fenofibrate citrate	14
everolimus (antineoplastic)	36	fenofibrate citrate (pf)	14
everolimus (immunosuppressive)	91	fesoterodine	79
EVOMELA	36	FETZIMA	27
EVOTAZ	51	FEVERALL	110
exemestane	36	FIASP FLEXTOUCH U-100 INSULIN	55
EXKIVITY	36	FIASP PENFILL U-100 INSULIN	55
EYSUVIS	100	FIASP U-100 INSULIN	55
ezetimibe	62	fiber (calcium polycarbophil)	110
F			
falmina (28)	83	fiber laxative(methylcellulos)	110
famciclovir	51	FIBER THERAPY (M-CELL/SUGAR)	110
famotidine	77, 110	fiber therapy (m-cellulose)	110
famotidine (pf)	77	fiber-lax	110
famotidine (pf)-nacl (iso-os)	77	finasteride	79
FANAPT	47	finolimod	68
FASENRA PEN	103	FINTEPLA	23
febuxostat	31	FIRDAPSE	68
felbamate	23	FIRMAGON	88
felodipine	62	FIRMAGON KIT W DILUENT SYRINGE	88
FEMLYV	83	flecainide	63
femynor	83	FLEET ENEMA	110
fenofibrate	62	FLEET PEDIATRIC	110
fenofibrate micronized	63	fluconazole	30
		fluconazole in nacl (iso-osm)	30

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flucytosine	30	FRUZAQLA	36
fludarabine	36	FULPHILA	59
fludrocortisone	80	fulvestrant	36
flunisolide	103	furosemide	63
fluocinolone	70	FUZEON	51
fluocinolone acetonide oil	102	FYARRO	36
fluocinolone and shower cap	70	FYCOMPA	23
fluorometholone	100		
		G	
fluorouracil	36, 70	gabapentin	23
fluoxetine	27	galantamine	26
fluphenazine decanoate	47	gallifrey	83
fluphenazine hcl	47	GAMUNEX-C	91
flurbiprofen	14	GARDASIL 9 (PF)	91
flurbiprofen sodium	100	GATTEX ONE-VIAL	77
flutamide	36	GATTEX 30-VIAL	77
fluticasone propion-salmeterol	103	GAUZE BANDAGE	98
fluticasone propionate	70, 103	GAUZE PAD	98
fluvastatin	63	gavilax	110
fluvoxamine	27	gavilyte-c	77
FOLOTYN	36	gavilyte-g	77
FORTEO	96	gavilyte-n	77
fosamprenavir	51	GAVRETO	36
fosinopril	63	GAZYVA	36
fosinopril-hydrochlorothiazide	63	gefitinib	36
fosphenytoin	23	gemcitabine	36, 37
FOTIVDA	36	gemfibrozil	63

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generlac	77	guaifenesin	110
gengraf	91	guanfacine	63, 68
gentak	100	GVOKE	55
gentamicin	20, 100	GVOKE HYPOPEN 1-PACK	55
gentamicin in nacl (iso-osm)	20	GVOKE HYPOPEN 2-PACK	55
gentle laxative (bisacodyl)	110	GVOKE PFS 1-PACK SYRINGE	55
GENVOYA	51	GVOKE PFS 2-PACK SYRINGE	55
GILOTRIF	37	H	
glatiramer	68	HAEGARDA	91
glatopa	68	hailey	83
GLEOSTINE	37	hailey fe 1.5/30 (28)	83
glimepiride	55	hailey fe 1/20 (28)	83
glipizide	55	hailey 24 fe	83
glipizide-metformin	55	HALAVEN	37
GLUCAGEN HYPOKIT	55	haloette	83
glyburide	55	haloperidol	47
glyburide micronized	55	haloperidol decanoate	47
glyburide-metformin	55	haloperidol lactate	47
glycerin (adult)	110	HARVONI	51
glycerin (child)	110	HAVRIX (PF)	91
glycopyrrolate	77	headache relief (asa-acet-caf)	110
GLYXAMBI	55	healthylax	110
granisetron (pf)	28	heartburn antacid	110
granisetron hcl	28	heartburn relief	110
griseofulvin microsize	30	heartburn relief (famotidine)	110
griseofulvin ultramicrosize	30	heather	83

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heparin (porcine)	59	HUMULIN R REGULAR U-100 INSULN	56
heparin, porcine (pf)	59	HUMULIN 70/30 U-100 INSULIN	56
HEPLISAV-B (PF)	92	HUMULIN 70/30 U-100 KWIKPEN	56
HETLIOZ LQ	106	hydralazine	63
HIBERIX (PF)	92	hydrochlorothiazide	63
HUMALOG JUNIOR KWIKPEN U-100	55	hydrocodone-acetaminophen	14
HUMALOG KWIKPEN INSULIN	55	hydrocodone-ibuprofen	14
HUMALOG MIX 50-50 INSULN U-100	55	hydrocortisone	70, 71, 95
HUMALOG MIX 50-50 KWIKPEN	55	hydrocortisone-acetic acid	102
HUMALOG MIX 75-25 KWIKPEN	55	hydromorphone	14
HUMALOG MIX 75-25(U-100)INSULN	56	hydroxychloroquine	45
HUMALOG TEMPO PEN(U-100)INSULN	56	hydroxyurea	37
HUMALOG U-100 INSULIN	56	hydroxyzine hcl	54
HUMATIN	20	hydroxyzine pamoate	104
HUMIRA	92	HYFTOR	71
HUMIRA PEN	92	HYRIMOZ PEN CROHN'S-UC STARTER	92
HUMIRA PEN CROHNS-UC-HS START	92	HYRIMOZ PEN PSORIASIS STARTER	92
HUMIRA PEN PSOR-UVEITS-ADOL HS	92	HYRIMOZ(CF)	92
HUMIRA(CF)	92	HYRIMOZ(CF) PEDI CROHN STARTER	92
HUMIRA(CF) PEDI CROHNS STARTER	92	HYRIMOZ(CF) PEN	92
HUMIRA(CF) PEN	92		
HUMIRA(CF) PEN CROHNS-UC-HS	92	I	
HUMIRA(CF) PEN PEDIATRIC UC	92	ibandronate	96
HUMIRA(CF) PEN PSOR-UV-ADOL HS	92	IBRANCE	37
HUMULIN N NPH INSULIN KWIKPEN	56	ibu	14
HUMULIN N NPH U-100 INSULIN	56	ibuprofen	14, 110
		ibuprofen ib	110

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icatibant	92	infant's acetaminophen	110
iclevia	83	infants' pain and fever	110
ICLUSIG	37	INGREZZA	68
idarubicin	37	INGREZZA INITIATION PK(TARDIV)	68
IDHIFA	37	INLYTA	37
ifosfamide	37	INQOVI	37
ILEVRO	101	INREBIC	37
imatinib	37	INSULIN LISPRO	56
IMBRUVICA	37	INSULIN SYRINGE	99
IMDELLTRA	37	INSULIN SYRINGE MICROFINE	99
IMFINZI	37	INSULIN SYRINGE-NEEDLE U-100	99
imipenem-cilastatin	20	INTELENCE	51
imipramine hcl	27	INTRALIPID	73
imipramine pamoate	27	INVEGA HAFYERA	47
imiquimod	71	INVEGA SUSTENNA	47, 48
IMJUDO	37	INVEGA TRINZA	48
IMLYGIC	37	INVOKAMET	56
IMOVAX RABIES VACCINE (PF)	92	INVOKAMET XR	56
INBRIJA	46	INVOKANA	56
incassia	83	IONOSOL-B IN D5W	73
INCONTROL ALCOHOL PADS	98	IONOSOL-MB IN D5W	73
INCRELEX	81	IPOL	92
indapamide	63	ipratropium bromide	104
indomethacin	15	ipratropium-albuterol	104
INFANRIX (DTAP) (PF)	92	irbesartan	63
infant pain reliever	110	irbesartan-hydrochlorothiazide	63



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irinotecan	37	JANUMET	56
ISENTRESS	51	JANUMET XR	56
ISENTRESS HD	51	JANUVIA.....	56
isibloom	83	JARDIANCE	56
ISOLYTE-P IN 5 % DEXTROSE	73	jasmiel (28)	83
ISOLYTE-S	73	javygtor	78
isoniazid	32	JAYPIRCA	38
isosorbide dinitrate	63	JEMPERLI	38
isosorbide mononitrate	63	jencycla	83
isosorbide-hydralazine	63	JENTADUETO	56
isotretinoin	71	JENTADUETO XR	56
isradipine	63	JEVTANA.....	38
ISTODAX	37	juleber	83
ISTURISA	88	JULUCA	51
ITOVEBI	37	junel fe 1.5/30 (28)	83
itraconazole	30	junel fe 1/20 (28)	83
IV PREP WIPES	99	junel fe 24	83
ivabradine	63	junel 1.5/30 (21)	83
ivermectin	45	junel 1/20 (21)	83
IWILFIN	38	JYLAMVO	92
IXCHIQ (PF)	92	JYNNEOS (PF)	92
IXEMPRA	38		
		K	
IXIARO (PF)	92	KABIVEN	73
		KADCYLA.....	38
J		kalliga	83
JAKAFI	38	KALYDECO	104
jantoven	59		

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KANJINTI	38	kurvelo (28)	83
kariva (28)	83	KYPROLIS	38
kelnor 1/35 (28)	83	L	
kelnor 1/50 (28)	83	l norgest/e.estradiol-e.estrad	83
KERENDIA	63	labetalol	63, 64
KESIMPTA PEN	68	lacosamide	23
ketoconazole	30	lactated ringers	74, 99
ketorolac	15, 101	lactulose	77
KEVZARA	93	LAGEVRIO (EUA)	99
KEYTRUDA	38	lamivudine	51
KIMMTRAK	38	lamivudine-zidovudine	51
KINRIX (PF)	93	lamotrigine	23
kionex (with sorbitol)	74	LAMPIT	45
KISQALI	38	lansoprazole	77
KISQALI FEMARA CO-PACK	38	LANTUS SOLOSTAR U-100 INSULIN	56
klayesta	30	LANTUS U-100 INSULIN	56
klor-con m10	74	lapatinib	38
KLOR-CON M15	74	larin fe 1.5/30 (28)	84
klor-con m20	74	larin fe 1/20 (28)	84
KLOR-CON 10	74	larin 1.5/30 (21)	83
KLOR-CON 8	74	larin 1/20 (21)	83
KORLYM	99	larin 24 fe	84
KOSELUGO	38	latanoprost	101
kourzeq	69	laxative (bisacodyl)	110
KRAZATI	38	laxative (sennosides)	110
KRINTAFEL	45	LAZCLUZE	38

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leena 28	84	LEVOXYL	87
leflunomide	93	LEXIVA	51
lenalidomide	38	LIBERVANT	24
LENVIMA	38	LIBTAYO	39
lessina	84	lidocaine	16
letrozole	38	lidocaine hcl	16
leucovorin calcium	38, 39	lidocaine viscous	16
LEUKERAN	39	lidocaine-prilocaine	16
leuprolide	88	lincomycin	20
leuprolide (3 month)	88	lindane	71
levetiracetam	23, 24	linezolid	20
levetiracetam in nacl (iso-os)	24	linezolid in dextrose 5%	20
LEVO-T	87	linezolid-0.9% sodium chloride	20
levobunolol	101	LINZESS	77
levocarnitine	74	liothyronine	87
levocarnitine (with sugar)	74	lisinopril	64
levocetirizine	104	lisinopril-hydrochlorothiazide	64
levofloxacin	20	lithium carbonate	54
levofloxacin in d5w	20	lithium citrate	54
levoleucovorin calcium	39	LITHOSTAT	99
levonest (28)	84	lo-zumandimine (28)	84
levonorg-eth estrad triphasic	84	LOESTRIN FE 1.5/30 (28-DAY)	84
levonorgestrel	110	LOESTRIN FE 1/20 (28-DAY)	84
levonorgestrel-ethinyl estrad	84	LOESTRIN 1.5/30 (21)	84
levora-28	84	LOESTRIN 1/20 (21)	84
levothyroxine	87	lojaimiess	84



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LONSURF	39	LYBALVI	48
loperamide	77, 110	lyleq	84
lopinavir-ritonavir	51	lyllana	84
LOQTORZI	39	LYNPARZA	39
loratadine	110	LYSODREN	88
lorazepam	54	LYTGOBI	39
lorazepam intensol	54	LYUMJEV KWIKPEN U-100 INSULIN	56
LORBRENA	39	LYUMJEV KWIKPEN U-200 INSULIN	56
loryna (28)	84	LYUMJEV TEMPO PEN(U-100)INSULN	57
losartan	64	LYUMJEV U-100 INSULIN	57
losartan-hydrochlorothiazide	64	lyza	84
lovastatin	64	M	
low-ogestrel (28)	84	m-dryl	111
loxapine succinate	48	M-M-R II (PF)	93
lubiprostone	77	m-natal plus	74
LUMAKRAS	39	m-pap	111
LUMIGAN	101	mag-al plus	111
LUNSUMIO	39	mag-al plus extra strength	111
LUPRON DEPOT	88	magnesium hydroxide	111
LUPRON DEPOT (3 MONTH)	88	magnesium oxide	111
LUPRON DEPOT (4 MONTH)	88	magnesium sulfate	74
LUPRON DEPOT (6 MONTH)	88	magnesium sulfate in d5w	74
LUPRON DEPOT-PED	88, 89	malathion	71
LUPRON DEPOT-PED (3 MONTH)	89	maraviroc	51
lurasidone	48	MARGENZA	39
lutra (28)	84	marlissa (28)	84

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MARPLAN	27	methocarbamol	105
MATULANE	39	methotrexate sodium	93
meclizine	28, 111	methotrexate sodium (pf)	93
medroxyprogesterone	84	methoxsalen	71
mefloquine	45	methsuximide	24
megestrol	84	methyl dopa	64
MEKINIST	39	methyl dopa-hydrochlorothiazide	64
MEKTOVI	39	methylphenidate hcl	68
meloxicam	15	methylprednisolone	80
melphalan	39	methylprednisolone acetate	80
melphalan hcl	39	methylprednisolone sodium succ	80
memantine	26	metoclopramide hcl	29
MENACTRA (PF)	93	metolazone	64
MENEST	84	metoprolol succinate	64
MENQUADFI (PF)	93	metoprolol ta-hydrochlorothiaz	64
MENVEO A-C-Y-W-135-DIP (PF)	93	metoprolol tartrate	64
mercaptopurine	39	metronidazole	20, 21
meropenem	20	metronidazole in nacl (iso-os)	21
meropenem-0.9% sodium chloride	20	metyrosine	64
mesalamine	95	MICAFUNGIN IN 0.9 % SODIUM CHL	30
MESNEX	39	miconazole nitrate	111
metformin	57	miconazole-3	30, 111
methadone	15	miconazole-7	111
methazolamide	64	microgestin fe 1.5/30 (28)	85
methenamine hippurate	20	microgestin fe 1/20 (28)	85
methimazole	89	microgestin 1.5/30 (21)	84

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microgestin 1/20 (21)	84	mono-lynyah	85
microgestin 24 fe	85	montelukast	104
midodrine	64	morphine	15
mifepristone	99	morphine concentrate	15
migraine formula	111	motion sickness	111
migraine relief	111	motion sickness (meclizine)	111
mili	85	motion sickness relief	111
milk of magnesia	111	motion sickness relief(mecliz)	111
milk of magnesia concentrated	111	motion-time	111
mimvey	85	MOUNJARO	57
minocycline	21	MOVANTIK	77
minoxidil	64	moxifloxacin	21, 101
mintox maximum strength	111	moxifloxacin-sod.chloride(iso)	21
mintox plus	111	MOZOBIL	59
MIRCETTE (28)	85	MRESVIA (PF)	93
mirtazapine	27	MUCINEX	111
misoprostol	77	MUCINEX DM	111
MITIGARE	31	mucus dm	111
mitomycin	39	mucus dm max er	111
mitoxantrone	39	mucus relief er	111
modafinil	106	MUCUS-CHEST CONGESTION	111
moexipril	64	mucus-er max	111
molindone	48	MULTAQ	64
mometasone	71	mupirocin	71
mondoxyne nl	21	MUTAMYCIN	39
MONJUVI	93	MVASI	39



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my choice	111	nausea relief	112
my way	112	NAYZILAM	24
MYALEPT	77	nebivolol	64
mycophenolate mofetil	93	NEBUPENT	45
mycophenolate mofetil (hcl)	93	necon 0.5/35 (28)	85
mycophenolate sodium	93	nefazodone	27
MYLOTARG	39	nelarabine	39
myorisan	71	neo-polycin	101
MYRBETRIQ	79	neo-polycin hc	101
N			
nabumetone	15	neo-vital rx	74
nafcillin	21	neomycin	21
nafcillin in dextrose iso-osm	21	neomycin-bacitracin-poly-hc	101
nalmefene	16	neomycin-bacitracin-polymyxin	101
naloxone	16, 17	neomycin-polymyxin b-dexameth	101
naltrexone	17	neomycin-polymyxin-gramicidin	101
NAMZARIC	26	neomycin-polymyxin-hc	101, 102
naproxen	15	NEONATAL COMPLETE	74
naproxen sodium	15, 112	NEONATAL PLUS VITAMIN	74
naratriptan	31	NEONATAL-DHA	74
nasal decongestant (pseudoeph)	112	NERLYNX	40
NATACYN	101	NEULASTA	59
nateglinide	57	NEULASTA ONPRO	59
NATPARA	96	nevirapine	51, 52
natura-lax	112	new day	112
natural fiber laxative	112	NEXLETOL	64
		NEXLIZET	64

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niacin	64	NORMOSOL-M IN 5 % DEXTROSE	74
niacor	64	NORMOSOL-R	74
nicotine	112	NORMOSOL-R IN 5 % DEXTROSE	74
nicotine (polacrilex)	112	NORMOSOL-R PH 7.4	74
NICOTROL NS	17	nortrel 0.5/35 (28)	85
nifedipine	64	nortrel 1/35 (21)	85
nikki (28)	85	nortrel 1/35 (28)	85
nilutamide	40	nortrel 7/7/7 (28)	85
nimodipine	64, 65	nortriptyline	27
NINLARO	40	NORVIR	52
nitazoxanide	45	NOVOLIN N FLEXPEN	57
nitisinone	78	NOVOLIN N NPH U-100 INSULIN	57
nitrofurantoin macrocrystal	21	NOVOLIN R FLEXPEN	57
nitrofurantoin monohyd/m-cryst	21	NOVOLIN R REGULAR U100 INSULIN	57
nitroglycerin	65, 99	NOVOLIN 70-30 FLEXPEN U-100	57
NITROSTAT	65	NOVOLIN 70/30 U-100 INSULIN	57
NIVESTYM	59	NOVOLOG FLEXPEN U-100 INSULIN	57
nizatidine	77	NOVOLOG MIX 70-30 U-100 INSULN	57
non-aspirin pain relief	112	NOVOLOG MIX 70-30FLEXPEN U-100	57
NORA-BE	85	NOVOLOG PENFILL U-100 INSULIN	57
noreth-ethinyl estradiol-iron	85	NOVOLOG U-100 INSULIN ASPART	57
norethindrone (contraceptive)	85	NOVOPEN ECHO	99
norethindrone ac-eth estradiol	85	NOXAFIL	30
norethindrone acetate	85	NUBEQA	40
norethindrone-e.estradiol-iron	85	NUCALA	104
norgestimate-ethinyl estradiol	85	NUEDEXTA	68

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NUPLAZID	48	OMNITROPE	81
NUTRILIPID	74	ONCASPAR	40
nyamyc	30	ondansetron	29
nylia 1/35 (28)	85	ondansetron hcl	29
nylia 7/7/7 (28)	85	ondansetron hcl (pf)	29
nymyo	85	ONIVYDE	40
nystatin	30	ONUREG	40
nystatin-triamcinolone	30	opcicon one-step	112
nystop	30	OPDIVO	40
O			
ocella	85	OPDUALAG	40
octreotide acetate	89	OPSUMIT	104
octreotide,microspheres	89	OPSYNVI	104
ODEFSEY	52	option-2	112
ODOMZO	40	ORACIT	106
OFEV	104	oralone	69
ofloxacin	21, 101, 102	ORBACTIV	21
OGSIVEO	40	ORGOVYX	89
OJEMDA	40	ORKAMBI	104
OJJAARA	40	ORSERDU	40
olanzapine	48	ORTHO-NOVUM 7/7/7 (28)	85
olmesartan	65	oseltamivir	52
olmesartan-hydrochlorothiazide	65	OSPHENA	85
olopatadine	101	OTEZLA	71
omega-3 acid ethyl esters	65	OTEZLA STARTER	71
omeprazole	77	oxaliplatin	40
		oxandrolone	85

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oxazepam	54	PASER	32
oxcarbazepine	24	PAXLOVID	99
oxybutynin chloride	79	pazopanib	40
oxycodone	15	PEDIA-LAX	112
oxycodone-acetaminophen	15	pedia-lax stool softener	112
OZEMPIC	57	PEDIARIX (PF)	93
P			
PACERONE	65	PEDVAX HIB (PF)	93
paclitaxel	40	peg 3350-electrolytes	78
paclitaxel protein-bound	40	peg-electrolyte soln	78
PADCEV	40	PEGASYS	93
pain relief (acetaminophen)	112	PEMAZYRE	40
pain relief es (acetaminophen)	112	pemetrexed	40
pain reliever (acetaminophen)	112	pemetrexed disodium	41
pain reliever es(acetaminophn)	112	PEMRYDI RTU	41
pain reliever plus	112	PEN NEEDLE, DIABETIC	99
paliperidone	48	PENBRAYA (PF)	93
pamidronate	96	penicillamine	74
PANRETIN	40	penicillin g potassium	21
pantoprazole	77	penicillin g procaine	21
pantoprazole in 0.9% sod chlor	77, 78	penicillin g sodium	21
paraplatin	40	penicillin v potassium	21
paricalcitol	96	PENTACEL (PF)	93
paroex oral rinse	69	PENTAM	45
paromomycin	21	pentamidine	45
paroxetine hcl	27	pentoxifylline	65
		PERIKABIVEN	74

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perindopril erbumine	65	pioglitazone	57
periogard	69	piperacillin-tazobactam	21
PERJETA	41	PIQRAY	41
permethrin	71	pirfenidone	104
perphenazine	48	pirmella	85
perphenazine-amitriptyline	28	piroxicam	15
PERSERIS	48	PLASMA-LYTE A	74
pfizerpen-g	21	PLASMA-LYTE 148	74
phenelzine	28	plerixafor	59
phenobarbital	24	podofilox	71
PHENYTEK	24	POLIVY	41
phenytoin	24	polycin	101
phenytoin sodium	24	polyethylene glycol 3350	112
phenytoin sodium extended	24	polymyxin b sulf-trimethoprim	101
PHOSPHOLINE IODIDE	101	polymyxin b sulfate	21
PHYSIOLYTE	99	POMALYST	41
PHYSIOSOL IRRIGATION	99	portia 28	86
phytonadione (vitamin k1)	106	PORTRAZZA	41
PIFELTRO	52	posaconazole	30
pilocarpine hcl	69, 101	potassium chlorid-d5-0.45%nacl	74
pimecrolimus	71	potassium chloride	74, 75
pimozide	48	potassium chloride in lr-d5	75
pimtrea (28)	85	potassium chloride in water	75
pinaway	112	potassium chloride in 0.9%nacl	75
pink bismuth	112	potassium chloride in 5 % dex	75
pinworm treatment	112	potassium chloride-d5-0.2%nacl	75

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potassium chloride-d5-0.3%nacl	75	prenatal plus vitamin-mineral	75
potassium chloride-d5-0.9%nacl	75	PRENATE ELITE	75
potassium chloride-0.45 % nacl	75	prevalite	65
potassium citrate	75	PREVYMIS	52
POTELIGEO	41	PREZCOBIX	52
pr natal 400	75	PREZISTA	52
pr natal 400 ec	75	PRIFTIN	32
pr natal 430	75	primaquine	45
pr natal 430 ec	75	primidone	24
pralatrexate	41	PRIMSOL	21
pramipexole	46	PRIORIX (PF)	93
prasugrel	59	PRO COMFORT ALCOHOL PADS	99
pravastatin	65	probenecid	31
prazosin	65	probenecid-colchicine	31
prednisolone	80	procainamide	65
prednisolone acetate	101	prochlorperazine	29
prednisolone sodium phosphate	80, 101	prochlorperazine edisylate	29
prednisone	80	prochlorperazine maleate	29
prednisone intensol	80	PROCRIT	59
pregabalin	68	procto-med hc	71
PREHEVBRIO (PF)	93	proctosol hc	71
PREMARIN	86	proctozone-hc	71
PREMASOL 10 %	75	progesterone	86
PRENATA	75	progesterone micronized	86
PRENATABS FA	75	PROGRAF	93
prenatal plus (calcium carb)	75	PROLEUKIN	41



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PROLIA	96	quinine sulfate	45
PROMACTA	59, 60	QULIPTA	31
promethazine	29	R	
promethazine-codeine	106	RABAVERT (PF)	93
propafenone	65	raloxifene	86
proparacaine	101	ramipril	65
propranolol	65	ranolazine	65
propranolol-hydrochlorothiazid	65	rasagiline	46
propylthiouracil	89	RAYALDEE	96
PROQUAD (PF)	93	ready-to-use enema	112
protriptyline	28	reclipsen (28)	86
pseudoephedrine hcl	112	RECOMBIVAX HB (PF)	94
PULMOZYME	104	RECTIV	99
PURE COMFORT ALCOHOL PADS	99	reese's pinworm medicine	112
PURIXAN	41	RELENZA DISKHALER	52
pyrazinamide	32	repaglinide	57
pyridostigmine bromide	32	REPATHA PUSHTRONEX	66
pyridoxine (vitamin b6)	106	REPATHA SURECLICK	66
PYRUKYND	60	REPATHA SYRINGE	66
Q		RESTASIS	101
QINLOCK	41	RESTASIS MULTIDOSE	101
QUADRACEL (PF)	93	RETACRIT	60
quetiapine	48	RETEVMO	41
quinapril	65	RETROVIR	52
quinapril-hydrochlorothiazide	65	REVUFORJ	41
quinidine sulfate	65	REXULTI	48

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REYATAZ	52	ROTATEQ VACCINE	94
REZLIDHIA	41	roweepra	24
REZUROCK	94	roweepra xr	24
RHOPRESSA	101	ROZLYTREK	41
RIABNI	41	RUBRACA	41
ribavirin	52, 99	rufinamide	24
rifabutin	32	RUKOBIA	52
rifampin	33	RUXIENCE	41
riluzole	68	RYBELSUS	57
rimantadine	52	RYBREVANT	41
ringer's	75, 99	RYDAPT	41
RINVOQ	94	RYLAZE	41
RINVOQ LQ	94	RYTELO	41
risedronate	96		
RISPERDAL CONSTA	48		
risperidone	48, 49		
ritonavir	52		
rivastigmine tartrate	26		
rizatriptan	32		
robafen	112		
ROCKLATAN	101		
roflumilast	104		
romidepsin	41		
ropinirole	46		
rosuvastatin	66		
ROTARIX	94		
		S	
		sajazir	94
		SANCUSO	29
		SANDIMMUNE	94
		SANDOSTATIN LAR DEPOT	89
		SANTYL	71
		sapropterin	78
		SARCLISA	42
		SAVELLA	68
		saxagliptin	57
		SCSEMBLIX	42
		scopolamine base	29
		se-natal 19 chewable	75



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SECUADO	49	simvastatin	66
selegiline hcl	46	sirolimus.....	94
SELZENTRY.....	52	SIRTURO	33
senexon-s	112	SKYCLARYS	68
senna.....	112	SKYRIZI	94
senna lax	113	SMOFLIPID	75
senna laxative	113	smooth antacid	113
senna plus	113	sodium bicarbonate	75, 113
senna-time s	113	SODIUM BICARBONATE (BULK)	113
sennosides.....	113	sodium chloride	75, 99
sennosides-docusate sodium	113	sodium chloride 0.45 %	76
SENOKOT	113	sodium chloride 0.9 %	76
SENOKOT EXTRA STRENGTH	113	sodium chloride 3 % hypertonic	76
SENOKOT-S	113	sodium chloride 5 % hypertonic	76
sertraline	28	sodium citrate-citric acid	106, 113
setlakin	86	sodium oxybate	106
sevelamer carbonate.....	75	sodium phenylbutyrate	78
sharobel	86	sodium polystyrene sulfonate	76
SHINGRIX (PF)	94	sodium,potassium,mag sulfates	78
SIGNIFOR	89	solifenacin	79
sildenafil (pulm.hypertension)	104	SOLQUA 100/33	57
silodosin	79	SOLTAMOX	42
silver sulfadiazine	71	SOLU-MEDROL	80
SIMBRINZA	101	SOLU-MEDROL (PF)	80
simliya (28)	86	SOMATULINE DEPOT	89
SIMULECT.....	94	SOMAVERT	89

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sorafenib	42	streptomycin	21
SORBITOL	113	STRIBILD	52
sorine	66	STRIVERDI RESPIMAT	104
sotalol	66	subvenite	24
sotalol af	66	subvenite starter (blue) kit	24
SPIRIVA RESPIMAT	104	subvenite starter (green) kit	25
SPIRIVA WITH HANDIHALER	104	subvenite starter (orange) kit	25
spironolacton-hydrochlorothiaz	66	SUCRAID	79
spironolactone	66	sucralfate	78
sprintec (28)	86	sudogest	113
SPRITAM	24	sulfacetamide sodium	21, 102
SPRYCEL	42	sulfacetamide-prednisolone	102
SPS (WITH SORBITOL)	76	sulfadiazine	21
sronyx	86	sulfamethoxazole-trimethoprim	21
SSD	71	sulfasalazine	95
stavudine	52	sulindac	16
STELARA	94	sumatriptan	32
stimulant laxative plus	113	sumatriptan succinate	32
STIOLTO RESPIMAT	104	sunitinib malate	42
STIVARGA	42	SUNLENCA	52
stomach relief	113	suphedrin	113
stool softener	113	SURE COMFORT ALCOHOL PREP PADS	99
stool softener (docusate cal)	113	SURE-PREP ALCOHOL PREP PADS	99
stool softener-laxative	113	syeda	86
stool softener-stimulant laxat	113	SYLVANT	94
STRENSIQ	79	SYMBICORT	105

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SYMDEKO	105	TASIGNA	42
SYMFI	52	tasimelteon	106
SYMFI LO	52	tazarotene	71
SYMLINPEN 120	57	taztia xt	66
SYMLINPEN 60	58	TAZVERIK	42
SYMPAZAN	25	TDVAX	94
SYMTUZA	53	TECENTRIQ	42
SYNAREL	89	TECENTRIQ HYBREZA	42
SYNJARDY	58	TECVAYLI	42
SYNJARDY XR	58	TEFLARO	22
SYNRIBO	42	telmisartan	66
SYNTHROID	88	telmisartan-amlodipine	66
T		temazepam	106
TABLOID	42	TEMIXYS	53
TABRECTA	42	temsirolimus	42
tacrolimus	71, 94	TENIVAC (PF)	94
tadalafil (pulm. hypertension)	105	tenofovir disoproxil fumarate	53
TAFINLAR	42	TEPMETKO	42
TAGRISSE	42	terazosin	66
TALVEY	42	terbinafine hcl	30
TALZENNA	42	terconazole	31
tamoxifen	42	teriflunomide	68
tamsulosin	79	testosterone	86
tarina fe 1-20 eq (28)	86	testosterone cypionate	86
tarina fe 1/20 (28)	86	testosterone enanthate	86
tarina 24 fe	86	TETANUS,DIPHTHERIA TOX PED(PF)	94

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tetrabenazine	68	tobramycin-dexamethasone	102
TEVIMBRA	42	tolterodine	79
THALOMID	42	topiramate	32
theophylline	105	topotecan	43
thiamine hcl (vitamin b1)	106	toremifene	43
thioridazine	49	torpenz	43
thiotepa	42	torsemide	66
thiothixene	49	TOUJEO MAX U-300 SOLOSTAR	58
tiadylt er	66	TOUJEO SOLOSTAR U-300 INSULIN	58
tiagabine	25	TPN ELECTROLYTES	76
TIBSOVO	43	TRADJENTA	58
TICOVAC	94	tramadol	16
tigecycline	22	tramadol-acetaminophen	16
tilia fe.....	86	trandolapril	66
timolol maleate.....	66, 102	tranexamic acid	60
timolol maleate (pf)	102	tranylcypromine	28
tinidazole	22	TRAVASOL 10 %	76
tioconazole	113	travoprost	102
tioconazole-1	113	TRAZIMERA	43
TIVDAK	43	trazodone	28
TIVICAY	53	TRECTOR	33
TIVICAY PD	53	TRELEGY ELLIPTA	105
tizanidine	49	TRELSTAR	89
tobramycin	102	TRESIBA FLEXTOUCH U-100	58
tobramycin in 0.225 % nacl	22	TRESIBA FLEXTOUCH U-200	58
tobramycin sulfate	22	TRESIBA U-100 INSULIN	58

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tretinoin	71	trimipramine	28
tretinoin (antineoplastic)	43	trinatal rx 1	76
tri femynor	86	TRINTELLIX	28
tri-buffered aspirin	113	TRISENOX	43
tri-legest fe	86	TRIUMEQ	53
tri-linyah	86	TRIUMEQ PD	53
tri-lo-estarylla	86	trivora (28)	87
tri-lo-marzia	86	TRIZIVIR	53
tri-lo-mili	86	TRODELVY	43
tri-lo-sprintec	86	TROGARZO	53
tri-mili	86	TROPHAMINE 10 %	76
tri-nymyo	86	TRUE COMFORT ALCOHOL PADS	99
tri-sprintec (28)	86	TRUE COMFORT PRO ALCOHOL PADS	99
tri-vylibra	86	TRULICITY	58
tri-vylibra lo	86	TRUMENBA	94
triamcinolone acetonide	69, 80	TRUQAP	43
triamterene-hydrochlorothiazid	66	TRUSELTIQ	43
triderm	80	TUKYSA	43
trientine	76	tulana	87
trifluoperazine	49	TURALIO	43
trifluridine	102	turqoz (28)	87
trihexyphenidyl	46	tusnel diabetic	113
TRIJARDY XR	58	tusnel-ex	113
TRIKAFTA	105	tussin	113
trimethobenzamide	29	tussin dm	113
trimethoprim	22	tussin dm clear	114

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tussin mucus-chest congestion	114	vancomycin	22
TWINRIX (PF)	94	VANFLYTA	43
TYBLUME	87	VAQTA (PF)	95
TYBOST	53	varenicline	17
TYMLOS	96	VARIVAX (PF)	95
TYPHIM VI	94	VARIZIG	95
U			
UBRELVY	99	VASCEPA	66
UDENYCA	60	VAXCHORA VACCINE	95
UDENYCA AUTOINJECTOR	60	VECTIBIX	43
UDENYCA ONBODY	60	vegetable laxative	114
ULTILET ALCOHOL SWAB	99	velivet triphasic regimen (28)	87
UNITHROID	88	VELTASSA	76
UNITUXIN	43	VEMLIDY	53
ursodiol	78	VENCLEXTA	43
UVADEX	71	VENCLEXTA STARTING PACK	43
V			
valacyclovir	53	venlafaxine	28
VALCHLOR	43	VENTOLIN HFA	105
valganciclovir	53	verapamil	66, 67
valproate sodium	25	VERIPRED 20	80
valproic acid	25	VERQUOVO	67
valproic acid (as sodium salt)	25	VERSACLOZ	49
valsartan	66	VERZENIO	43
valsartan-hydrochlorothiazide	66	vestura (28)	87
VALTOCO	25	VICTOZA 2-PAK	58
vanadom	105	VICTOZA 3-PAK	58
		vienva	87

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vigabatrin	25	VOTRIENT	44
vigadrone	25	VRAYLAR	49
VIGAFYDE	25	VUMERITY	69
vigpoder	25	vylibra	87
VIIBRYD	28	VYLOY	44
vilazodone	28	VYNDAQEL	79
vinblastine	43	VYXEOS	44
vincasar pfs	43	W	
vincristine	43	warfarin	60
vinorelbine	43	water for irrigation, sterile	99
viorele (28)	87	WEBCOL	99
VIRACEPT	53	WELIREG	44
VIREAD	53	wera (28)	87
virt-nate dha	76	wesnatal dha complete	76
VISTOGARD	43	wesnate dha	76
vitamin d2	106	westab plus	76
vitamin k1	106	WINRHO SDF	95
VITRAKVI	43, 44	wixela inhub	105
VIVITROL	17	women's gentle laxative(bisac)	114
VIZIMPRO	44	wymzya fe	87
VOCABRIA	53	X	
volnea (28)	87	XALKORI	44
VONJO	44	XARELTO	60
VORANIGO	44	XARELTO DVT-PE TREAT 30D START	60
voriconazole	31	XATMEP	95
VOSEVI	53	XCOPRI	25
		XCOPRI MAINTENANCE PACK	25

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XCOPRI TITRATION PACK	25	ZEPZELCA	44
XDEMVI	99	ZERBAXA	22
XGEVA	96	ZEVALIN (Y-90)	100
XIFAXAN	78	zidovudine	53
XOLAIR	95	ziprasidone hcl	49
XOSPATA	44	ziprasidone mesylate	49
XPOVIO	44	ZIRABEV	44
XTAMPZA ER	16	ZIRGAN	53
XTANDI	44	ZOKINVY	79
XULTOPHY 100/3.6	58	ZOLADEX	89
Y		zoledronic ac-mannitol-0.9nacl	96
YERVOY	44	zoledronic acid	96
YF-VAX (PF)	95	zoledronic acid-mannitol-water	96
YONDELIS	44	ZOLINZA	44
Z		zolpidem	106
zafirlukast	105	ZONISADE	25
zaleplon	106	zonisamide	25
ZALTRAP	44	zovia 1-35 (28)	87
ZANOSAR	44	ZTALMY	25
zarah	87	ZUBSOLV	17
ZARXIO	60	zumandimine (28)	87
ZEGALOGUE AUTOINJECTOR	58	ZURZUVAE	28
ZEGALOGUE SYRINGE	58	ZYDELIG	44
ZEJULA	44	ZYKADIA	45
ZELBORAF	44	ZYNLONTA	45
ZEMAIRA	79	ZYNYZ	45
zenatane	72		

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ZYPITAMAG	67
ZYPREXA RELPREVV	49
3-day vaginal	106



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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.....	60
Local pain.....	16	Nervous system conditions.....	67
Addiction and substance abuse.....	16	Dental and oral conditions.....	69
Bacterial infections.....	17	Skin conditions.....	69
Seizures.....	22	Vitamin deficiencies.....	72
Dementia.....	26	Gastrointestinal conditions.....	76
Depression.....	26	Genetic disorders.....	78
Nausea and vomiting.....	28	Bladder and prostate conditions.....	79
Fungal infections.....	29	Inflammation.....	80
Gout.....	31	Pituitary hormone replacement.....	81
Migraines.....	31	Sex hormone imbalances.....	81
Myasthenia gravis.....	32	Thyroid hormone replacement.....	87
Tuberculosis.....	32	Adrenal cancer.....	88
Cancer.....	33	Pituitary hormone conditions.....	88
Parasitic infections.....	45	Overactive thyroid conditions.....	89
Parkinson's disease.....	45	Immune system conditions and vaccines.....	90
Mood and psychological conditions.....	46	Crohn's disease and ulcerative colitis.....	95
Muscle spasms.....	49	Bone conditions.....	96
Viral infections.....	49	Miscellaneous.....	97
Anxiety.....	53	Eye conditions.....	100
Bipolar disorder.....	54	Ear conditions.....	102
Diabetes.....	55	Asthma and COPD.....	102
Blood Products and Modifiers.....	58	Muscle relaxants.....	105

Sleep disorders.....105
.....106
Over the Counter Drugs.....106



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- You can also file a civil rights complaint with the:
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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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