

Humana RxPlus Asthma

Effective January 1, 2015

Welcome to Humana

On the following pages, you will find a list of commonly prescribed asthma drugs in alphabetical order. This provides information about Humana's RxPlus Drug List. The RxPlus Drug List is a subset of Humana's current Drug List. This is not a complete list and is subject to change. The RxPlus list allows members to receive reduced copayments / cost-share. Copayment amounts vary by plan.

Some Humana customers have the Standard RxPlus List and some have the Expanded RxPlus List.

Standard RxPlus List – This benefit only includes Tier 1 and Tier 2 drugs.

Expanded RxPlus List – This benefit also includes Tier 3 products in the program.

Please check your benefits to see which applies to your plan.

DRUG NAME	Rx3	Rx4	DRUG NAME	Rx3	Rx4
Advair Diskus 100 mcg-50 mcg/dose powder for inhalation	2	2	Asmanex Twisthaler 110 mcg (7 doses) breath activated	2	2
Advair Diskus 250 mcg-50 mcg/dose powder for inhalation	2	2	Asmanex Twisthaler 220 mcg (120 doses) breath activated	2	2
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	2	2	Asmanex Twisthaler 220 mcg (14 doses) breath activated	2	2
Advair HFA 115 mcg-21 mcg/actuation aerosol inhaler	2	2	Asmanex Twisthaler 220 mcg (30 doses) breath activated	2	2
Advair HFA 230 mcg-21 mcg/actuation aerosol inhaler	2	2	Asmanex Twisthaler 220 mcg (60 doses) breath activated	2	2
Advair HFA 45 mcg-21 mcg/actuation aerosol inhaler	2	2	BUDESONIDE 0.25 MG/2 ML SUSP	1	3
ALBUTEROL 0.083% INHAL SOLN	1	1	BUDESONIDE 0.5 MG/2 ML SUSP	1	3
ALBUTEROL 2.5 MG/0.5 ML SOL	1	1	CROMOLYN 20 MG/2 ML NEB SOLN	1	3
ALBUTEROL 5 MG/ML SOLUTION	1	1	Dulera 100 mcg-5 mcg/actuation HFA aerosol inhaler	2	2
ALBUTEROL SUL 0.63 MG/3 ML SOL	1	1	Dulera 200 mcg-5 mcg/actuation HFA aerosol inhaler	2	2
ALBUTEROL SUL 1.25 MG/3 ML SOL	1	1	Elixophyllin 80 mg/15 mL oral elixir	3	4
ALBUTEROL SULF 2 MG/5 ML SYRUP	1	1	Flovent Diskus 100 mcg/actuation powder for inhalation	2	2
ALBUTEROL SULFATE 2 MG TAB	1	3	Flovent Diskus 250 mcg/actuation powder for inhalation	2	2
ALBUTEROL SULFATE 4 MG TAB	1	3	Flovent Diskus 50 mcg/actuation powder for inhalation	2	2
ALBUTEROL SULFATE ER 4 MG TAB	1	3	Flovent HFA 110 mcg/actuation aerosol inhaler	2	2
ALBUTEROL SULFATE ER 8 MG TAB	1	3			
Asmanex Twisthaler 110 mcg (30 doses) breath activated	2	2			

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DRUG NAME	Rx3	Rx4
Flovent HFA 220 mcg/actuation aerosol inhaler	2	2
Flovent HFA 44 mcg/actuation aerosol inhaler	2	2
Foradil Aerolizer 12 mcg capsule with inhalation device	2	2
METAPROTERENOL 10 MG TABLET	1	1
METAPROTERENOL 10 MG/5 ML SYR	1	1
METAPROTERENOL 20 MG TABLET	1	1
MONTELUKAST SOD 10 MG TABLET	1	1
MONTELUKAST SOD 4 MG GRANULES	1	3
MONTELUKAST SOD 4 MG TAB CHEW	1	1
MONTELUKAST SOD 5 MG TAB CHEW	1	1
ProAir HFA 90 mcg/actuation aerosol inhaler	2	2
Proventil HFA 90 mcg/actuation aerosol inhaler	2	2
Pulmicort Flexhaler 180 mcg/actuation breath activated	3	3
Pulmicort Flexhaler 90 mcg/actuation breath activated	3	3
Qvar 40 mcg/actuation Metered Aerosol oral inhaler	2	2

DRUG NAME	Rx3	Rx4
Qvar 80 mcg/actuation Metered Aerosol oral inhaler	2	2
Serevent Diskus 50 mcg/dose powder for inhalation	2	2
TERBUTALINE SULFATE 2.5 MG TAB	1	2
TERBUTALINE SULFATE 5 MG TAB	1	2
Theo-24 100 mg capsule,extended release	3	3
Theo-24 200 mg capsule,extended release	3	3
Theo-24 300 mg capsule,extended release	3	3
Theo-24 400 mg capsule,extended release	3	3
Theochron 100 mg tablet,extended release	1	1
Theochron 200 mg tablet,extended release	1	1
Theochron 300 mg tablet,extended release	1	1
THEOPHYLLINE ER 100 MG TABLET	1	2
THEOPHYLLINE ER 200 MG TABLET	1	2
THEOPHYLLINE ER 300 MG TAB	1	2
THEOPHYLLINE ER 400 MG TABLET	1	2
THEOPHYLLINE ER 450 MG TAB	1	2
THEOPHYLLINE ER 600 MG TABLET	1	2
Ventolin HFA 90 mcg/actuation aerosol inhaler	2	2

Please Note: This is a partial list.

All lists are subject to change. Benefits vary by plan. This Drug List may not apply to all plans. Please check your Summary of Benefits or **Humana.com** for your specific prescription drug benefit including copayments, limitations and exclusions. You may also call a Humana Customer Service representative at the phone number on the back of your Humana Member ID card.

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Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Our health benefit plans have limitations and exclusions.

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