Specialty Medication List

Effective January 1, 2016

Listed below in alphabetical order are commonly prescribed Specialty medications. Specialty medications are typically high cost/high-technology drugs that require special dispensing and monitoring. Specialty drug coverage varies by plan. Visit Humana.com and log in to MyHumana to view specific prescription drug benefits, including copayments, limitations and exclusions. You may also call a Humana Customer Service representative at the phone number on the back of the Humana member ID card.

This list is a subset of Humana's current Drug List. This is not a complete list and is subject to change.

Brand-name drugs are listed in UPPER CASE and generic drugs are listed in lower case.

ACTEMRA 162 MG/0.9 ML SUBCUTANEOUS SYRINGE
ACTHAR H.P. 80 UNIT/ML INJECTION GEL
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION
ADASUVE 10 MG BREATH ACTIVATED
ADCIRCA 20 MG TABLET
adefovir dipivoxil 10 mg tab
ADEMPAS 0.5 MG TABLET
ADEMPAS 1 MG TABLET
ADEMPAS 1.5 MG TABLET
ADEMPAS 2 MG TABLET
ADEMPAS 2.5 MG TABLET
AFINITOR 10 MG TABLET
AFINITOR 2.5 MG TABLET
AFINITOR 5 MG TABLET
AFINITOR 7.5 MG TABLET
AFINITOR DISPERZ 2 MG TABLET FOR ORAL SUSPENSION
AFINITOR DISPERZ 3 MG TABLET FOR ORAL SUSPENSION
AFINITOR DISPERZ 5 MG TABLET FOR ORAL SUSPENSION
aminocaproic acid 1,000 mg tab
aminocaproic acid 25% solution
aminocaproic acid 500 mg tab
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE
APTIVUS 100 MG/ML ORAL SOLUTION
APTIVUS 250 MG CAPSULE
ARANESP 10 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE
ARANESP 100 MCG/0.5 ML (IN POLYSORBATE) INJECTION SYRINGE
ARANESP 100 MCG/ML (IN POLYSORBATE) INJECTION
ARANESP 150 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE
ARANESP 150 MCG/0.75 ML (IN POLYSORBATE) INJECTION
ARANESP 200 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE
ARANESP 200 MCG/ML (IN POLYSORBATE) INJECTION
ARANESP 25 MCG/0.42 ML (IN POLYSORBATE) INJECTION SYRINGE
ARANESP 25 MCG/ML (IN POLYSORBATE) INJECTION
ARANESP 300 MCG/0.6 ML (IN POLYSORBATE) INJECTION SYRINGE
ARANESP 300 MCG/ML (IN POLYSORBATE) INJECTION
ARANESP 40 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE
ARANESP 40 MCG/ML (IN POLYSORBATE) INJECTION
ARANESP 500 MCG/ML (IN POLYSORBATE) INJECTION SYRINGE
ARANESP 60 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE
ARANESP 60 MCG/ML (IN POLYSORBATE) INJECTION
ARCALYST 220 MG SUBCUTANEOUS SOLUTION
ATRIPLA 600 MG-200 MG-300 MG TABLET
AUBAGIO 14 MG TABLET
AUBAGIO 7 MG TABLET
AVONEX (WITH ALBUMIN) 30 MCG INTRAMUSCULAR KIT
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN INJECTOR
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT
BARACLUDE 0.05 MG/ML ORAL SOLUTION
BETASERON 0.3 MG SUBCUTANEOUS KIT
BETASERON 0.3 MG SUBCUTANEOUS SOLUTION
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION
BOSULIF 100 MG TABLET
BOSULIF 500 MG TABLET
BUPHENYL 500 MG TABLET
capecitabine 150 mg tablet
capecitabine 500 mg tablet
CAPRELSA 100 MG TABLET
CAPRELSA 300 MG TABLET
CARBAGLU 200 MG DISPERSIBLE TABLET
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION

CERDELGA 84 MG CAPSULE
CHENODAL 250 MG TABLET
CHOLBAM 250 MG CAPSULE
CHOLBAM 50 MG CAPSULE
COMETRIQ 100 MG/DAY(80 MG[1]-20 MG[1]) CAPSULE
COMETRIQ 140 MG/DAY(80 MG[1]-20 MG[3]) CAPSULE
COMETRIQ 60 MG/DAY (20 MG [3]/DAY) CAPSULE
COMPLERA 200 MG-25 MG-300 MG TABLET
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE
COSENTYX (2 SYRINGES) 300 MG (150 MG/ML) SUBCUTANEOUS
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE
COSENTYX PEN (2 PENS) 300 MG (150 MG/ML) SUBCUTANEOUS
COSENTYX PEN 150 MG/ML SUBCUTANEOUS
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER
CYSTARAN 0.44 % EYE DROPS
EDURANT 25 MG TABLET
EGRIFTA 1 MG SUBCUTANEOUS SOLUTION
EGRIFTA 2 MG SUBCUTANEOUS SOLUTION
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE
ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR
entecavir 0.5 mg tablet
entecavir 1 mg tablet
EPOGEN 10,000 UNIT/ML INJECTION SOLUTION
EPOGEN 2,000 UNIT/ML INJECTION SOLUTION
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION
EPOGEN 20,000 UNIT/ML INJECTION SOLUTION
EPOGEN 3,000 UNIT/ML INJECTION SOLUTION
EPOGEN 4,000 UNIT/ML INJECTION SOLUTION
EPZICOM 600 MG-300 MG TABLET
ERIVEDGE 150 MG CAPSULE
etoposide 50 mg capsule
EVOTAZ 300 MG-150 MG TABLET
EXJADE 125 MG DISPERSIBLE TABLET
EXJADE 250 MG DISPERSIBLE TABLET
EXJADE 500 MG DISPERSIBLE TABLET
FARESTON 60 MG TABLET
FARYDAK 10 MG CAPSULE
FARYDAK 15 MG CAPSULE
FARYDAK 20 MG CAPSULE
FERRIPROX 500 MG TABLET
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR
FUZEON 90 MG SUBCUTANEOUS SOLUTION
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT
GENOTROPIN 12 MG/ML (36 UNIT/ML) SUBCUTANEOUS CARTRIDGE
GENOTROPIN 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML SUBCUTANEOUS SYRINGE
GENOTROPIN MINIQUICK 0.4 MG/0.25 ML SUBCUTANEOUS SYRINGE
GENOTROPIN MINIQUICK 0.6 MG/0.25 ML SUBCUTANEOUS SYRINGE
GENOTROPIN MINIQUICK 0.8 MG/0.25 ML SUBCUTANEOUS SYRINGE
GENOTROPIN MINIQUICK 1 MG/0.25 ML SUBCUTANEOUS SYRINGE
GENOTROPIN MINIQUICK 1.2 MG/0.25 ML SUBCUTANEOUS SYRINGE
GENOTROPIN MINIQUICK 1.4 MG/0.25 ML SUBCUTANEOUS SYRINGE
GENOTROPIN MINIQUICK 1.6 MG/0.25 ML SUBCUTANEOUS SYRINGE
GENOTROPIN MINIQUICK 1.8 MG/0.25 ML SUBCUTANEOUS SYRINGE
GENOTROPIN MINIQUICK 2 MG/0.25 ML SUBCUTANEOUS SYRINGE
GILENYA 0.5 MG CAPSULE
GILOTRIF 20 MG TABLET
GILOTRIF 30 MG TABLET
GILOTRIF 40 MG TABLET
glatopa 20 mg/ml subcutaneous syringe
GLEEVEC 100 MG TABLET
GLEEVEC 400 MG TABLET
HARVONI 90 MG-400 MG TABLET
HETLIOZ 20 MG CAPSULE
HEXALEN 50 MG CAPSULE
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT
HUMIRA 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT
HUMIRA CROHN'S DISEASE STARTER PACK 40 MG/0.8 ML SUBCUTANEOUS PEN KIT
HUMIRA PEDIATRIC CROHN'S START PCK 40 MG/0.8 ML SUBCUTANEOUS SYRIN KIT
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS
HUMIRA PSORIASIS STARTER PACK 40 MG/0.8 ML SUBCUTANEOUS PEN KIT
HYCAMTIN 0.25 MG CAPSULE
HYCAMTIN 1 MG CAPSULE
IBRANCE 100 MG CAPSULE
IBRANCE 125 MG CAPSULE
IBRANCE 75 MG CAPSULE
ICLUSIG 15 MG TABLET
ICLUSIG 45 MG TABLET
IMBRUVICA 140 MG CAPSULE
IMPLANON 68 MG IMPLANT
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION
INFERGEN 15 MCG/0.5 ML VIAL
INFERGEN 9 MCG/0.3 ML VIAL
INLYTA 1 MG TABLET
INLYTA 5 MG TABLET
INTELENCE 100 MG TABLET
INTELENCE 200 MG TABLET
INTELENCE 25 MG TABLET
INTRON A 10 MILLION UNIT (1 ML) SOLUTION FOR INJECTION
INTRON A 10 MILLION UNIT/ML INJECTION SOLUTION
INTRON A 18 MILLION UNIT (1 ML) SOLUTION FOR INJECTION

INTRON A 50 MILLION UNIT (1 ML) SOLUTION FOR INJECTION
INTRON A 6 MILLION UNIT/ML INJECTION SOLUTION
INVIRASE 200 MG CAPSULE
INVIRASE 500 MG TABLET
IRESSA 250 MG TABLET
ISENTRESS 100 MG CHEWABLE TABLET
ISENTRESS 100 MG ORAL POWDER PACKET
ISENTRESS 25 MG CHEWABLE TABLET
ISENTRESS 400 MG TABLET
JAKAFI 10 MG TABLET
JAKAFI 15 MG TABLET
JAKAFI 20 MG TABLET
JAKAFI 25 MG TABLET
JAKAFI 5 MG TABLET
JUXTAPID 10 MG CAPSULE
JUXTAPID 20 MG CAPSULE
JUXTAPID 30 MG CAPSULE
JUXTAPID 40 MG CAPSULE
JUXTAPID 5 MG CAPSULE
JUXTAPID 60 MG CAPSULE
KALETRA 100 MG-25 MG TABLET
KALETRA 200 MG-50 MG TABLET
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION
KALYDECO 150 MG TABLET
KALYDECO 50 MG ORAL GRANULES IN PACKET
KALYDECO 75 MG ORAL GRANULES IN PACKET
KINERET 100 MG/0.67 ML SUBCUTANEOUS SYRINGE
KORLYM 300 MG TABLET
KUVAN 100 MG ORAL POWDER PACKET
KUVAN 100 MG SOLUBLE TABLET
KUVAN 500 MG ORAL POWDER PACKET
KYNAMRO 200 MG/ML SUBCUTANEOUS SYRINGE
LENVIMA 10 MG/DAY (10 MG [1]/DAY) CAPSULE
LENVIMA 14 MG (10 MG[1]-4 MG[1])/DAY CAPSULE
LENVIMA 20 MG/DAY (10 MG [2]/DAY) CAPSULE
LENVIMA 24 MG (10 MG[2]-4 MG[1])/DAY CAPSULE
LETAIRIS 10 MG TABLET
LETAIRIS 5 MG TABLET
LEUKINE 250 MCG SOLUTION FOR INJECTION
leukine 500 mcg/ml vial
LEXIVA 50 MG/ML ORAL SUSPENSION
LEXIVA 700 MG TABLET
LILETTA 18.6 MCG/24 HOUR (3 YEARS) INTRAUTERINE DEVICE
LUPANETA PACK (1 MONTH) 3.75 MG-5 MG (30) KIT, IM SYRINGE, ORAL TABLET
LUPANETA PACK (3 MONTH) 11.25 MG-5 MG(90) KIT, IM SYRINGE, ORAL TABLET
LYNPARZA 50 MG CAPSULE
LYSODREN 500 MG TABLET
MATULANE 50 MG CAPSULE
MEKINIST 0.5 MG TABLET
MEKINIST 2 MG TABLET
MESNEX 400 MG TABLET
MIRENA 20 MCG/24 HR (5 YEARS) INTRAUTERINE DEVICE
moderiba dose pack 400 mg (7)-400 mg (7) tablets
moderiba dose pack 600 mg (7)-600 mg (7) tablets
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE
NEULASTA 6 MG/0.6 ML WITH WEARABLE SUBCUTANEOUS INJECTOR
NEUMEGA 5 MG SUBCUTANEOUS SOLUTION
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE
NEUPOGEN 300 MCG/ML INJECTION SOLUTION
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION
NEXAVAR 200 MG TABLET
NEXPLANON 68 MG SUBDERMAL IMPLANT
NILANDRON 150 MG TABLET
NORTHERA 100 MG CAPSULE
NORTHERA 200 MG CAPSULE
NORTHERA 300 MG CAPSULE
NUTROPIN 10 MG VIAL
NUTROPIN AQ 10 MG/2 ML (5 MG/ML) SUBCUTANEOUS CARTRIDGE
NUTROPIN AQ 20 MG/2 ML (10 MG/ML) SUBCUTANEOUS CARTRIDGE
NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML) SUBCUTANEOUS CARTRIDGE
NUTROPIN AQ NUSPIN 20 MG/2 ML (10 MG/ML) SUBCUTANEOUS CARTRIDGE
NUTROPIN AQ NUSPIN 5 MG/2 ML (2.5 MG/ML) SUBCUTANEOUS CARTRIDGE
octreotide 1,000 mcg/5 ml vial
octreotide 1,000 mcg/ml vial
octreotide 5,000 mcg/5 ml vial
octreotide acet 100 mcg/ml amp
octreotide acet 100 mcg/ml syr
octreotide acet 100 mcg/ml vl
octreotide acet 200 mcg/ml vl
octreotide acet 50 mcg/ml amp
octreotide acet 50 mcg/ml syr
octreotide acet 50 mcg/ml vial
octreotide acet 500 mcg/ml amp
octreotide acet 500 mcg/ml syr
octreotide acet 500 mcg/ml vl
OFEV 100 MG CAPSULE
OFEV 150 MG CAPSULE
OPSUMIT 10 MG TABLET
ORENITRAM 0.125 MG TABLET,EXTENDED RELEASE
ORENITRAM 0.25 MG TABLET,EXTENDED RELEASE
ORENITRAM 1 MG TABLET,EXTENDED RELEASE
ORENITRAM 2.5 MG TABLET,EXTENDED RELEASE
ORFADIN 10 MG CAPSULE
ORFADIN 2 MG CAPSULE
ORFADIN 5 MG CAPSULE
OTEZLA 30 MG TABLET
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLETS IN A DOSE PACK
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK
PANRETIN 0.1 % TOPICAL GEL
PARAGARD T 380A 380 SQUARE MM INTRAUTERINE DEVICE
PEGINTRON 120 MCG/0.5 ML SUBCUTANEOUS KIT
PEGINTRON 150 MCG/0.5 ML SUBCUTANEOUS KIT
PEGINTRON 50 MCG/0.5 ML SUBCUTANEOUS KIT

PEGINTRON 80 MCG/0.5 ML SUBCUTANEOUS KIT
PEGINTRON REDIPEN 120 MCG/0.5 ML SUBCUTANEOUS KIT
PEGINTRON REDIPEN 150 MCG/0.5 ML SUBCUTANEOUS KIT
PEGINTRON REDIPEN 50 MCG/0.5 ML SUBCUTANEOUS KIT
PEGINTRON REDIPEN 80 MCG/0.5 ML SUBCUTANEOUS KIT
POMALYST 1 MG CAPSULE
POMALYST 2 MG CAPSULE
POMALYST 3 MG CAPSULE
POMALYST 4 MG CAPSULE
PREZCOBIX 800 MG-150 MG TABLET
PREZISTA 100 MG/ML ORAL SUSPENSION
PREZISTA 150 MG TABLET
PREZISTA 400 MG TABLET
PREZISTA 600 MG TABLET
PREZISTA 75 MG TABLET
PREZISTA 800 MG TABLET
PROCRIT 10,000 UNIT/ML INJECTION SOLUTION
PROCRIT 2,000 UNIT/ML INJECTION SOLUTION
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION
PROCRIT 20,000 UNIT/ML INJECTION SOLUTION
PROCRIT 3,000 UNIT/ML INJECTION SOLUTION
PROCRIT 4,000 UNIT/ML INJECTION SOLUTION
PROCRIT 40,000 UNIT/ML INJECTION SOLUTION
PROCYSBI 25 MG CAPSULE,DELAYED RELEASE SPRINKLE
PROCYSBI 75 MG CAPSULE,DELAYED RELEASE SPRINKLE
PROMACTA 12.5 MG TABLET
PROMACTA 25 MG TABLET
PROMACTA 50 MG TABLET
PROMACTA 75 MG TABLET
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION
RADIOGARDASE 0.5 GRAM CAPSULE
RAVICTI 1.1 GRAM/ML ORAL LIQUID
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML SUBCUTANEOUS SYRINGE
REBIF (WITH ALBUMIN) 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE
REBIF REBIDOSE 22 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR
REBIF REBIDOSE 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR
REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ.
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE
RELISTOR 12 MG/0.6 ML KIT
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE
REVATIO 10 MG/ML ORAL SUSPENSION
REVLIMID 10 MG CAPSULE
REVLIMID 15 MG CAPSULE
REVLIMID 2.5 MG CAPSULE
REVLIMID 20 MG CAPSULE
REVLIMID 25 MG CAPSULE
REVLIMID 5 MG CAPSULE
REYATAZ 150 MG CAPSULE
REYATAZ 200 MG CAPSULE
REYATAZ 300 MG CAPSULE
REYATAZ 50 MG ORAL POWDER PACKET
RIBASPHERE RIBAPAK 400 MG (7)-400 MG (7) TABLETS IN A DOSE PACK
RIBASPHERE RIBAPAK 600 MG (7)-600 MG (7) TABLETS IN A DOSE PACK
riluzole 50 mg tablet
SABRIL 500 MG ORAL POWDER PACKET
SABRIL 500 MG TABLET
SAMSCA 15 MG TABLET
SAMSCA 30 MG TABLET
SELZENTRY 150 MG TABLET
SELZENTRY 300 MG TABLET
SEROSTIM 4 MG SUBCUTANEOUS SOLUTION
SEROSTIM 5 MG SUBCUTANEOUS SOLUTION
SEROSTIM 6 MG SUBCUTANEOUS SOLUTION
SIGNIFOR 0.3 MG/ML (1 ML) SUBCUTANEOUS SOLUTION
SIGNIFOR 0.6 MG/ML (1 ML) SUBCUTANEOUS SOLUTION
SIGNIFOR 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR
SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS SYRINGE
SKYLA 14 MCG/24 HOUR (3 YEARS) INTRAUTERINE DEVICE
sodium phenylbutyrate powder
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE
SOMAVERT 10 MG SUBCUTANEOUS SOLUTION
SOMAVERT 15 MG SUBCUTANEOUS SOLUTION
SOMAVERT 20 MG SUBCUTANEOUS SOLUTION
SOMAVERT 25 MG SUBCUTANEOUS SOLUTION
SOMAVERT 30 MG SUBCUTANEOUS SOLUTION
SOVALDI 400 MG TABLET
SPRYCEL 100 MG TABLET
SPRYCEL 140 MG TABLET
SPRYCEL 20 MG TABLET
SPRYCEL 50 MG TABLET
SPRYCEL 70 MG TABLET
SPRYCEL 80 MG TABLET
STIVARGA 40 MG TABLET
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET
SUCRAID 8,500 UNIT/ML ORAL SOLUTION
SUSTIVA 200 MG CAPSULE
SUSTIVA 50 MG CAPSULE
SUSTIVA 600 MG TABLET
SUTENT 12.5 MG CAPSULE
SUTENT 25 MG CAPSULE
SUTENT 37.5 MG CAPSULE
SUTENT 50 MG CAPSULE
SYLATRON 200 MCG 4-PACK
SYLATRON 200 MCG SUBCUTANEOUS KIT
SYLATRON 300 MCG 4-PACK
SYLATRON 300 MCG SUBCUTANEOUS KIT
SYLATRON 600 MCG SUBCUTANEOUS KIT
SYNAREL 2 MG/ML NASAL SPRAY
TAFINLAR 50 MG CAPSULE
TAFINLAR 75 MG CAPSULE

TARCEVA 100 MG TABLET
TARCEVA 150 MG TABLET
TARCEVA 25 MG TABLET
TARGRETIN 1 % TOPICAL GEL
TASIGNA 150 MG CAPSULE
TASIGNA 200 MG CAPSULE
TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE
TECFIDERA 240 MG CAPSULE,DELAYED RELEASE
temozolomide 100 mg capsule
temozolomide 140 mg capsule
temozolomide 180 mg capsule
temozolomide 20 mg capsule
temozolomide 250 mg capsule
temozolomide 5 mg capsule
THALOMID 100 MG CAPSULE
THALOMID 150 MG CAPSULE
THALOMID 200 MG CAPSULE
THALOMID 50 MG CAPSULE
TIVICAY 50 MG TABLET
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE
TOBI PODHALER 28 MG CAPSULES FOR INHALATION
TRACLEER 125 MG TABLET
TRACLEER 62.5 MG TABLET
tretinoin 10 mg capsule
TRIUMEQ 600 MG-50 MG-300 MG TABLET
TRUVADA 200 MG-300 MG TABLET
TYKERB 250 MG TABLET
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION
TYVASO INSTITUTIONAL STARTER KIT 1.74 MG/2.9 ML SOLN FOR NEBULIZATION
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION
TYZEKA 600 MG TABLET
VALCHLOR 0.016 % TOPICAL GEL
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION
VIRACEPT 250 MG TABLET
VIRACEPT 625 MG TABLET
VIREAD 150 MG TABLET
VIREAD 200 MG TABLET
VIREAD 250 MG TABLET
VIREAD 300 MG TABLET
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER
VITEKTA 150 MG TABLET
VITEKTA 85 MG TABLET
VOTRIENT 200 MG TABLET
XALKORI 200 MG CAPSULE
XALKORI 250 MG CAPSULE
XELJANZ 5 MG TABLET
XENAZINE 12.5 MG TABLET
XENAZINE 25 MG TABLET
XTANDI 40 MG CAPSULE
XYREM 500 MG/ML ORAL SOLUTION
ZAVESCA 100 MG CAPSULE
ZELBORAF 240 MG TABLET
ZOLINZA 100 MG CAPSULE
ZORBTIVE 8.8 MG SUBCUTANEOUS SOLUTION
ZYDELIG 100 MG TABLET
ZYDELIG 150 MG TABLET
ZYKADIA 150 MG CAPSULE
ZYTIGA 250 MG TABLET

Humana®

Humana.com

Discrimination is Against the Law

Humana Inc. and its subsidiaries ("Humana") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana provides:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call the number on your ID card or send an email to accessibility@humana.com, or if you use a TTY, call 711.

If you believe that Humana has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512 - 4618

If you need help filing a grievance, call the number on your ID card, or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800–368–1019, 800-537-7697 (TDD)
Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 (TTY：711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (TTY: 711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . ID 카드에 적혀 있는 번호로 전화해 주십시오 (TTY: 711).

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre (ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (TTY: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちの ID カードに記載されている電話番号までご連絡ください (TTY：711)。

فارسی (Farsi):
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
با شماره تلفن روی کارت شناسایی تان تماس بگیرید (TTY: 711).

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, námboo ninaaltsoos yézhí, bee néé ho'dólzin bikáá'ígíí bee hólne' (TTY: 711).

العربية (Arabic):
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (رقم هاتف الصم والبكم: 711).