

# \$0 PREVENTIVE MEDICATION COVERAGE



Humana makes it easier than ever to get the pharmacy preventive services you need to maintain your overall health. Our plans provide a range of preventive medications at no cost to members.<sup>1</sup>

The medications listed below will be covered **100 percent** when they're prescribed for preventive care purposes. This means no copayments, coinsurance or deductibles when prescriptions are filled by pharmacies in your plan's pharmacy network. You can locate pharmacies in your network by going to [Humana.com/PharmacyLocator](https://www.humana.com/PharmacyLocator).

Remember, preventive care keeps you healthy and may prevent illness.

Covered preventive medication (with a doctor's prescription)	Who's eligible
<b>Aspirin</b>	Adults 45–79 to prevent cardiovascular disease; pregnant women to prevent pre-eclampsia
<b>Atorvastatin, lovastatin and simvastatin</b>	Adults 40 and older to prevent cardiovascular disease
<b>Colonoscopy bowel preparation medications</b>	Adults 50–75 for preventive screening colonoscopy
<b>Contraceptives</b>	Women of reproductive age to prevent pregnancy
<b>Fluoride</b>	Children 6 months to 6 years whose primary water source is deficient in fluoride
<b>Folic acid</b>	Women who plan to become pregnant or may become pregnant
<b>Iron</b>	Children 6–12 months who show no symptoms but are at increased risk for iron deficiency anemia
<b>Preventive vaccines</b>	Children and adults as recommended by the Advisory Committee on Immunization Practices (ACIP)
<b>Smoking cessation medications</b>	Adults 18 and older
<b>Tamoxifen and raloxifene</b>	Women who are at increased risk for breast cancer and at low risk for adverse medication effects
<b>Vitamin D</b>	Adults 65 and older who are at risk for falling and live in a residential care setting

<sup>1</sup>Coverage is dependent upon the plan. Terms of the policy control.

**Humana**  
Pharmacy Solutions.

Coverage is for certain dosage amounts of over-the-counter (OTC) products so check Humana's \$0 Preventive Drug List for specific information, which can be located at **Humana.com/DrugList**. To understand more about your plan's prescription drug benefit, go to **Humana.com** and sign in to MyHumana or go to the MyHumana Mobile app. You can also call a Customer Care specialist using the phone number on the back of your Humana member ID card.

## Discrimination is against the law

Humana Inc. and its subsidiaries comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Humana Inc. and its subsidiaries provide 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, in addition to 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 **1-877-320-1235** or if you use a TTY, call **711**.

If you believe that Humana Inc. and its subsidiaries have 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 Civil Rights/LEP/ADA/Section 1557 Compliance Officer, 500 W. Main Street -10th floor, Louisville, Kentucky 40202

If you need help filing a grievance, call **1-877-320-1235** 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

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**)... 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**)... 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**)... 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**)... 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. ID 카드에 적혀 있는 번호로 전화해 주십시오 (**TTY: 711**)... 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**)... ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении телетайп: (**711**)... 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**)... 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**)... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (**TTY: 711**)... ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (**TTY: 711**)... ATENZIONE: 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**)... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (**TTY: 711**)... 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**)...

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**)...

Díí baa akó nínizin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, námboo ninaaltsoos yézhí, bee nées ho'dółzin bikáá'ígíí bee hólne' (**TTY: 711**)...

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة

بك (**TTY: 711**).

# \$0 Preventive Medication Coverage

Effective January 1, 2017

Humana is committed to meeting your unique healthcare needs. Listed below are medicines available to you at no cost.\* This list may not apply to all healthcare plans and may change over time. To understand your plan's prescription drug benefit, sign in to Humana.com. You can also call a Humana Customer Service representative at the phone number on the back of your Humana member ID card. Some restrictions may apply.

The second column of the chart lists drug names in alphabetical order. Brand name drugs are listed in UPPER CASE and generic drugs are listed in lower case.

\* You must have a prescription from your doctor for us to process a claim for preventive medicines or products under your pharmacy plan. This includes over-the-counter items.

Category	Drug Name	Utilization Management Requirements
Aspirin	Adult Low Dose Aspirin 81 mg tablet, delayed release - MM	
	Aspir-81 81 mg tablet, delayed release - MM	
	ASPIRIN 81 MG CHEWABLE TABLET - MM	
	ASPIRIN ADULT 81 MG CHEW TAB - MM	
	Aspirin Childrens 81 mg chewable tablet - MM	
	ASPIRIN EC 81 MG TABLET - MM	
	Aspirin Low Dose 81 mg tablet, delayed release - MM	
	Aspir-Low 81 mg tablet, delayed release - MM	
	Bayer Chewable Low Dose Aspirin 81 mg tablet - MM	
	Children's Aspirin 81 mg chewable tablet - MM	
	CVS ASPIRIN 81 MG CHEWABLE TAB - MM	
	CVS ASPIRIN EC 81 MG TABLET - MM	
	CVS CHILD ASPIRIN CHEW TAB - MM	
	Ecotrin Low Strength 81 mg tablet, enteric coated - MM	
	Enteric Coated Aspirin 81 mg tablet, delayed release - MM	
	EQ ASPIRIN 81 MG CHEWABLE TAB - MM	
	EQ ASPIRIN EC 81 MG TABLET - MM	
	EQL ASPIRIN 81 MG CHEWABLE TAB - MM	
	EQL ASPIRIN EC 81 MG TABLET - MM	
	GNP ASPIRIN 81 MG CHEWABLE TAB - MM	
	GNP ASPIRIN EC 81 MG TABLET - MM	
	HM ASPIRIN 81 MG CHEWABLE TAB - MM	
	HM ASPIRIN EC 81 MG TABLET - MM	
KRO ASPIRIN 81 MG CHEWABLE TAB - MM		

Category	Drug Name	Utilization Management Requirements
	KRO ASPIRIN EC 81 MG TABLET - MM	
	Lo-Dose Aspirin 81 mg tablet,delayed release - MM	
	PUB ASPIRIN 81 MG CHEWABLE TAB - MM	
	PV ASPIRIN 81 MG CHEWABLE TAB - MM	
	PV ASPIRIN EC 81 MG TABLET - MM	
	QC ASPIRIN 81 MG CHEWABLE TAB - MM	
	QC ASPIRIN EC 81 MG TABLET - MM	
	RA ASPIRIN 81 MG CHEWABLE TAB - MM	
	RA ASPIRIN EC 81 MG TABLET - MM	
	SB ASPIRIN EC 81 MG TABLET - MM	
	SM ASPIRIN 81 MG CHEWABLE TAB - MM	
	SM ASPIRIN EC 81 MG TABLET - MM	
	St Joseph Aspirin 81 mg chewable tablet - MM	
	St. Joseph Aspirin 81 mg tablet,delayed release - MM	
Bowel Prep Aids	Alophen 5 mg tablet,delayed release	
	BISACODYL EC 5 MG TABLET	
	Bisa-Lax 5 mg tablet,delayed release	
	CASTOR OIL	
	Chocolate Laxative 15 mg chewable tablet	
	Citrate of Magnesia oral	
	Citroma oral solution	
	ClearLax 17 gram oral powder packet	QL May Apply
	ClearLax 17 gram/dose oral powder	QL May Apply
	Colace 2-In-1 8.6 mg-50 mg tablet	
	Colyte with Flavor Packs 240 gram-22.72 g-6.72 g-5.84 g oral solution	
	Correctol 5 mg tablet	
	CVS BISACODYL EC 5 MG TABLET	
	CVS CASTOR OIL	
	CVS CITRATE OF MAGNESIA SOLN	
	CVS MAGNESIUM CITRATE SOLN	
	DOC-Q-LAX TABLET	
	DOK Plus 8.6 mg-50 mg tablet	
	Ducodyl 5 mg tablet,delayed release	
	Dulcolax (bisacodyl) 5 mg tablet,delayed release	
	EQ MAGNESIUM CITRATE SOLUTION	
	EQL CASTOR OIL	
	EQL MAGNESIUM CITRATE SOLUTION	
	Evac-U-Gen (sennosides) 8.6 mg tablet	
	Ex-Lax (sennosides) 15 mg chewable tablet	
	Ex-Lax (sennosides) 15 mg tablet	
	Ex-Lax Maximum Strength 25 mg tablet	
	Fleet Laxative 5 mg tablet,delayed release	
	Gavilax 17 gram/dose oral powder	QL May Apply

Category	Drug Name	Utilization Management Requirements
	Gavilyte-C 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution	
	GaviLyte-G 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution	
	GAVILYTE-H AND BISACODYL KIT	
	GaviLyte-N 420 gram oral solution	
	Gentle Laxative 5 mg tablet, delayed release	
	GentleLax 17 gram/dose oral powder	QL May Apply
	Geri-kot 8.6 mg tablet	
	Gialax 17 gram/scoop oral kit	
	GlycoLax 17 gram/dose oral powder	QL May Apply
	GNP CASTOR OIL	
	Golytely 227.1 gram-21.5 gram-6.36 gram oral powder packet	
	Golytely 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution	
	HealthyLax 17 gram oral powder packet	QL May Apply
	HM CASTOR OIL	
	HM MAGNESIUM CITRATE SOLUTION	
	Laxacin 8.6 mg-50 mg tablet	
	LaxaClear 17 gram/dose oral powder	QL May Apply
	Laxative (bisacodyl) 5 mg tablet	
	Laxative (bisacodyl) 5 mg tablet, delayed release	
	Laxative (sennosides) 15 mg chewable tablet	
	Laxative (sennosides) 25 mg tablet	
	LAXATIVE 15 MG PILLS	
	Laxative Feminine 5 mg tablet	
	Laxative Maximum Strength 25 mg tablet	
	Laxative PEG 3350 17 gram/dose oral powder	QL May Apply
	Laxative Pills 25 mg tablet	
	Laxative Pills Regular 15 mg tablet	
	Laxative Plus Stool Softener 8.6 mg-50 mg tablet	
	Laxative Stool Softener With Senna 8.6 mg-50 mg tablet	
	MAGNESIUM CITRATE SOLUTION	
	MEDI-LAXX TABLET	
	Milk of Magnesia 400 mg/5 mL oral suspension	
	Milk Of Magnesia Concentrated 2,400 mg/10 mL oral suspension	
	Miralax 17 gram oral powder packet	QL May Apply
	Miralax 17 gram/dose oral powder	QL May Apply
	MoviPrep 100 g-7.5 g-2.691 g-4.7 g oral powder packet	
	Natural Laxative 25 mg tablet	
	NATURAL SENNA LAXATIVE TAB	
	Natural Vegetable Laxative (sennosides) 8.6 mg tablet	
	Natura-LAX 17 gram/dose oral powder	QL May Apply
	NuLYTELY with Flavor Packs 420 gram oral solution	
	OsmoPrep 1.5 gram (1.102-0.398) tablet	
	P-COL RITE 8.6 mg-50 mg tablet	

Category	Drug Name	Utilization Management Requirements
	PEG 3350 ELECTROLYTE SOLN	
	PEG 3350-ELECTROLYTE SOLUTION	
	PEG3350 17 gram/dose oral powder	QL May Apply
	PEG-3350 AND ELECTROLYTES SOLN	
	PEG-Prep 5 mg-210 gram oral kit	
	Perdiem Overnight Relief 15 mg tablet	
	PERI-COLACE TABLET	
	Phillips Milk of Magnesia 400 mg/5 mL oral suspension	
	POLYETHYLENE GLYCOL 3350 POWD	QL May Apply
	Powderlax 17 gram/dose oral	QL May Apply
	Prepopik 10 mg-3.5 gram-12 gram oral powder packet	
	Purelax 17 gram oral powder packet	QL May Apply
	Purelax 17 gram/dose oral powder	QL May Apply
	PV CASTOR OIL	
	PV LAXATIVE 15 MG TABLET	
	PV MAGNESIUM CITRATE SOLUTION	
	PV SENNA 8.6 MG SOFTGEL	
	QC CASTOR OIL	
	QC MAGNESIUM CITRATE SOLUTION	
	RA BISACODYL EC 5 MG TABLET	
	RA LAXATIVE 17.2 MG TABLET	
	SB BISACODYL EC 5 MG TABLET	
	Senexon 8.6 mg tablet	
	SENEXON 8.8 MG/5 ML LIQUID	
	Senexon-S 8.6 mg-50 mg tablet	
	senna 176 mg/5 mL syrup	
	senna 8.6 mg tablet	
	senna 8.8 mg/5 mL syrup	
	Senna Lax 8.6 mg tablet	
	Senna Laxative 25 mg tablet	
	Senna Laxative 8.6 mg tablet	
	Senna Laxative-Stool Softener 8.6 mg-50 mg tablet	
	Senna Plus 8.6 mg-50 mg tablet	
	Senna with Docusate Sodium 8.6 mg-50 mg tablet	
	Senna-Extra 17.2 mg tablet	
	SENNALAX-S TABLET	
	Senna-S 8.6 mg-50 mg tablet	
	Senna-Time S 8.6 mg-50 mg tablet	
	Senno 8.6 mg tablet	
	SENNOSIDES-DOCUSATE SODIUM TAB	
	Senokot 8.6 mg tablet	
	Senokot Extra Strength 17.2 mg tablet	
	Senokot-S 8.6 mg-50 mg tablet	

Category	Drug Name	Utilization Management Requirements
	SENOKOTXTRA TABLET	
	Sen-O-Tab 8.6 mg tablet	
	SM CASTOR OIL	
	SM MAGNESIUM CITRATE SOLUTION	
	SmoothLax 17 gram oral powder packet	QL May Apply
	SmoothLax 17 gram/dose oral powder	QL May Apply
	Stimulant Laxative Plus 8.6 mg-50 mg tablet	
	Stool Softener-Laxative 8.6 mg-50 mg tablet	
	Stool Softener-Stimulant Laxative 8.6 mg-50 mg tablet	
	Suprep Bowel Prep Kit 17.5 gram-3.13 gram-1.6 gram oral solution	
	TriLyte With Flavor Packets 420 gram oral solution	
	Vegetable Laxative 8.6 mg tablet	
	Woman's Laxative 5 mg tablet	
	Woman's Laxative 5 mg tablet,delayed release	
	Women's Gentle Laxative (bisacodyl) 5 mg tablet,delayed release	
	Women's Laxative (bisacodyl) 5 mg tablet	
	Women's Laxative (bisacodyl) 5 mg tablet,delayed release	
Breast Cancer RR	RALOXIFENE HCL 60 MG TABLET - MM	QL May Apply
	TAMOXIFEN 10 MG TABLET - MM	
	TAMOXIFEN 20 MG TABLET - MM	
Contraceptives	Aimsco Latex Condom	
	Altavera (28) 0.15 mg-0.03 mg tablet - MM	
	Alyacen 1/35 (28) 1 mg-35 mcg tablet - MM	
	Alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet - MM	
	Amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack - MM	QL May Apply
	Amethia Lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack - MM	QL May Apply
	Amethyst 90 mcg-20 mcg tablet - MM	
	Apri 0.15 mg-0.03 mg tablet - MM	
	Aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet - MM	
	Ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack - MM	QL May Apply
	Aubra 0.1 mg-20 mcg tablet - MM	
	Aviane 0.1 mg-20 mcg tablet - MM	
	Azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet - MM	
	Balziva (28) 0.4 mg-35 mcg tablet - MM	
	Bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet - MM	
	Blisovi 24 Fe 1 mg-20 mcg (24)/75 mg (4) tablet - MM	
	Blisovi Fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet - MM	
	Blisovi Fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet - MM	
	Briellyn 0.4 mg-35 mcg tablet - MM	
	Camila 0.35 mg tablet - MM	
	Caya Contoured 60 mm-85 mm vaginal diaphragm	

Category	Drug Name	Utilization Management Requirements
	Caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet - MM	
	Chateal 0.15 mg-0.03 mg tablet - MM	
	Condoms-Prem Lubricated	
	Cryselle (28) 0.3 mg-30 mcg tablet - MM	
	Cyclafem 1/35 (28) 1 mg-35 mcg tablet - MM	
	Cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet - MM	
	Cyred 0.15 mg-0.03 mg tablet - MM	
	Dasetta 1/35 (28) 1 mg-35 mcg tablet - MM	
	Dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet - MM	
	Daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack - MM QL May Apply	
	Deblitane 0.35 mg tablet - MM	
	Delyla (28) 0.1 mg-20 mcg tablet - MM	
	Depo-SubQ provera 104 104 mg/0.65 mL subcutaneous syringe - MM	QL May Apply
	DESOGEST-ETH ESTRA 0.15-0.03MG - MM	
	DESOGESTREL-ETHINYL ESTRAD TAB - MM	
	DESOGESTR-ETH ESTRAD ETH ESTRA - MM	
	DROSP-EE-LEVOMEF 3-0.02-0.451 - MM	
	DROSPIRENONE-EE 3-0.02 MG TAB - MM	
	DROSPIRENONE-EE 3-0.03 MG TAB - MM	
	Durex Avanti Bare Real Feel Condom	
	EContra EZ 1.5 mg tablet	
	Elinest 0.3 mg-30 mcg tablet - MM	
	Ella 30 mg tablet	QL May Apply
	Emoquette 0.15 mg-0.03 mg tablet - MM	
	Enpresse 50-30 (6)/75-40(5)/125-30(10) tablet - MM	
	Enskyce 0.15 mg-0.03 mg tablet - MM	
	Errin 0.35 mg tablet - MM	
	Estasylla 0.25 mg-35 mcg tablet - MM	
	ETHYNODIOL-ETH ESTRA 1MG-35MCG - MM	
	ETHYNODIOL-ETH ESTRA 1MG-50MCG - MM	
	FALLBACK SOLO 1.5 MG TABLET	
	Falmina (28) 0.1 mg-20 mcg tablet - MM	
	Fantasy Condom	
	Fayosim 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack - MM	QL May Apply
	FC2 Female Condom	
	FemCap 22 mm vaginal device	
	FemCap 26 mm vaginal device	
	FemCap 30 mm vaginal device	
	Femynor 0.25 mg-35 mcg tablet - MM	
	Gildagia 0.4 mg-35 mcg tablet - MM	
	GILDESS 1 MG-20 MCG TABLET - MM	
	GILDESS 1.5 MG-30 MCG TABLET - MM	
	GILDESS 24 FE 1-0.02 MG TABLET - MM	



Category	Drug Name	Utilization Management Requirements
	GILDESS FE 1.5-30 TABLET - MM	
	GILDESS FE 1-20 TABLET - MM	
	Gynol II 3 % vaginal gel	
	Heather 0.35 mg tablet - MM	
	Introvale 0.15 mg-30 mcg tablets,3 month dose pack - MM	QL May Apply
	Isibloom 0.15 mg-0.03 mg tablet - MM	
	Jencycla 0.35 mg tablet - MM	
	Juleber 0.15 mg-0.03 mg tablet - MM	
	Junel 1.5/30 (21) 1.5 mg-30 mcg tablet - MM	
	Junel 1/20 (21) 1 mg-20 mcg tablet - MM	
	Junel FE 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet - MM	
	Junel FE 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet - MM	
	Junel Fe 24 1 mg-20 mcg (24)/75 mg (4) tablet - MM	
	Kaitlib Fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet - MM	
	Kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet - MM	
	Kelnor 1/35 (28) 1 mg-35 mcg tablet - MM	
	Kimidess (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet - MM	
	Kimono Condoms(Non-lubricated)	
	Kimono Maxx Condoms	
	Kimono MicroThin Aqua Lube Condom	
	Kimono MicroThin Condoms	
	Kimono MicroThin Large Condoms	
	Kimono Textured Condoms	
	Kurvelo 0.15 mg-0.03 mg tablet - MM	
	Kyleena 17.5 mcg/24 hour (5 years) intrauterine device - MM	
	Larin 1.5/30 (21) 1.5 mg-30 mcg tablet - MM	
	Larin 1/20 (21) 1 mg-20 mcg tablet - MM	
	Larin 24 Fe 1 mg-20 mcg (24)/75 mg (4) tablet - MM	
	Larin Fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet - MM	
	Larin Fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet - MM	
	Larissia 0.1 mg-20 mcg tablet - MM	
	Lessina 0.1 mg-20 mcg tablet - MM	
	Levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet - MM	
	LEVONO-E ESTRAD 0.10-0.02-0.01 - MM	QL May Apply
	LEVONO-E ESTRAD 0.15-0.03-0.01 - MM	QL May Apply
	LEVONOR-ETH ESTRA 0.09-0.02 MG - MM	
	LEVONOR-ETH ESTRAD 0.1-0.02 MG - MM	
	LEVONOR-ETH ESTRAD 0.15-0.03 - MM	QL May Apply
	LEVONOR-ETH ESTRAD TRIPHASIC - MM	
	LEVONORG 0.15MG-EE 20-25-30MCG - MM	QL May Apply
	LEVONORGESTREL 1.5 MG TABLET	
	Levora-28 0.15 mg-0.03 mg tablet - MM	
	Lillow 0.15 mg-0.03 mg tablet - MM	

Category	Drug Name	Utilization Management Requirements
	Lo Loestrin Fe 1 mg-10 mcg (24)/10 mcg (2) tablet - MM	
	Lomedia 24 Fe 1 mg-20 mcg (24)/75 mg (4) tablet - MM	
	Loryna (28) 3 mg-20 mcg tablet - MM	
	Low-Ogestrel (28) 0.3 mg-30 mcg tablet - MM	
	Lutera (28) 0.1 mg-20 mcg tablet - MM	
	Lyza 0.35 mg tablet - MM	
	Marlissa 0.15 mg-0.03 mg tablet - MM	
	MEDROXYPROGESTERONE 150 MG/ML - MM	QL May Apply
	Melodetta 24 Fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet - MM	
	Mibelas 24 Fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet - MM	
	Microgestin 1/20 (21) 1 mg-20 mcg tablet - MM	
	Mirena 20 mcg/24 hr (5 years) intrauterine device - MM	
	Mono-Linyah 0.25 mg-35 mcg tablet - MM	
	My Way 1.5 mg tablet	
	Myzilra 50-30 (6)/75-40(5)/125-30(10) tablet - MM	
	Natazia 3 mg/2 mg-2 mg/2 mg-3 mg/1 mg tablet - MM	
	Necon 0.5/35 (28) 0.5 mg-35 mcg tablet - MM	
	Necon 1/50 (28) 1 mg-50 mcg tablet - MM	
	NECON 10-11-28 TABLET - MM	
	NECON 1-35-28 TABLET - MM	
	Nexplanon 68 mg subdermal implant	
	Next Choice One Dose 1.5 mg tablet	
	Nikki (28) 3 mg-20 mcg tablet - MM	
	NORET-ESTR-FE 0.4-0.035(21)-75 - MM	
	NORETH-ESTRAD-FE 1-0.02(21)-75 - MM	
	NORETH-ESTRAD-FE 1-0.02(24)-75 - MM	
	NORETHIND-ETH ESTRAD 1-0.02 MG - MM	
	NORETHINDRONE 0.35 MG TABLET - MM	
	NORETHIN-ESTRA-FE 0.8-0.025 MG - MM	
	NORG-EE 0.18-0.215-0.25/0.025 - MM	
	NORG-EE 0.18-0.215-0.25/0.035 - MM	
	NORG-ETHIN ESTRA 0.25-0.035 MG - MM	
	NORINYL 1+50-28 TABLET - MM	
	Norlyda 0.35 mg tablet - MM	
	Norlyroc 0.35 mg tablet - MM	
	Nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet - MM	
	Nortrel 1/35 (21) 1 mg-35 mcg tablet - MM	
	Nortrel 1/35 (28) 1 mg-35 mcg tablet - MM	
	Nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet - MM	
	NuvaRing 0.12 mg -0.015 mg/24 hr vaginal - MM	QL May Apply
	Ogestrel (28) 0.5 mg-50 mcg tablet - MM	
	Opcicon One-Step 1.5 mg tablet	
	Option-2 1.5 mg tablet	

Category	Drug Name	Utilization Management Requirements
	Orsythia 0.1 mg-20 mcg tablet - MM	
	ParaGard T 380A 380 square mm intrauterine device - MM	
	Philith 0.4 mg-35 mcg tablet - MM	
	Pimtrex (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet - MM	
	Pirmella 0.5/0.75/1 mg-35 mcg tablet - MM	
	Pirmella 1 mg-35 mcg tablet - MM	
	Portia 0.15 mg-0.03 mg tablet - MM	
	Previfem 0.25 mg-35 mcg tablet - MM	
	Quasense 0.15 mg-30 mcg tablets,3 month dose pack - MM	QL May Apply
	Rajani (28) 3 mg-0.02 mg-0.451 mg (24)/0.451 mg (4) tablet - MM	
	REACT 1.5 MG TABLET	
	Reclipsen (28) 0.15 mg-0.03 mg tablet - MM	
	Safyral 3 mg-0.03 mg-0.451 mg (21)/0.451 mg (7) tablet - MM	
	Setlakin 0.15 mg-30 mcg tablets,3 month dose pack - MM	QL May Apply
	Sharobel 0.35 mg tablet - MM	
	Skyla 14 mcg/24 hour (3 years) intrauterine device - MM	
	Sprintec (28) 0.25 mg-35 mcg tablet - MM	
	Sronyx 0.1 mg-20 mcg tablet - MM	
	Syeda 3 mg-0.03 mg tablet - MM	
	Tarina Fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet - MM	
	Taytulla 1 mg-20 mcg (24)/75 mg (4) capsule - MM	
	Tilia Fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet - MM	
	Today Contraceptive Sponge 1,000 mg vaginal contraceptive sponge	
	Tri Femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet - MM	
	Tri-Estarylla 0.18/0.215/0.25 mg-35 mcg(28) tablet - MM	
	Tri-Legest Fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet - MM	
	Tri-Linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet - MM	
	Tri-Lo-Estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet - MM	
	Tri-Lo-Marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet - MM	
	Tri-Lo-Sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet - MM	
	Tri-Previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet - MM	
	Tri-Sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet - MM	
	Trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet - MM	
	Trustex Latex Condom	
	Trustex Lubricated Condoms	
	Trustex Non-Lubricated Condoms	
	Trustex-RIA Lubricated Condoms	
	Trustex-RIA Lubricated/Spermicide Condom	
	Trustex-RIA Non-Lubricated Condoms	
	Vaginal Contraceptive Film 28 %	
	Vaginal Contraceptive Foam 12.5 %	
	VCF Contraceptive Film 28 % vaginal	
	VCF Contraceptive Gel 4 % gel	

Category	Drug Name	Utilization Management Requirements
	Velivet Triphasic Regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet - MM	
	Vestura (28) 3 mg-20 mcg tablet - MM	
	Vienva 0.1 mg-20 mcg tablet - MM	
	Viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet - MM	
	Vyfemla (28) 0.4 mg-35 mcg tablet - MM	
	Wera (28) 0.5 mg-35 mcg tablet - MM	
	Wide-Seal Diaphragm 60 mm vaginal	
	Wide-Seal Diaphragm 65 mm vaginal	
	Wide-Seal Diaphragm 70 mm vaginal	
	Wide-Seal Diaphragm 75 mm vaginal	
	Wide-Seal Diaphragm 80 mm vaginal	
	Wide-Seal Diaphragm 85 mm vaginal	
	Wide-Seal Diaphragm 90 mm vaginal	
	Wide-Seal Diaphragm 95 mm vaginal	
	Wymzya Fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet - MM	
	Xulane 150 mcg-35 mcg/24 hr transdermal patch - MM	QL May Apply
	Zarah 3 mg-0.03 mg tablet - MM	
	Zenchent (28) 0.4 mg-35 mcg tablet - MM	
	ZENCHENT FE TABLET CHEWABLE - MM	
	ZEOSA CHEWABLE TABLET - MM	
	Zovia 1/35E (28) 1 mg-35 mcg tablet - MM	
	Zovia 1/50E (28) 1 mg-50 mcg tablet - MM	
Fluoride	Floriva (fluoride-vitamin D3) 0.25 mg (0.55 mg)-400 unit/mL oral drops	
	Floriva Plus 0.25 mg fluoride (0.55 mg)/mL oral drops	
	Fluorabon 0.25 mg fluoride (0.55 mg sodium fluoride)/0.6 mL oral drops - MM	
	FLUOR-A-DAY 0.5 MG TAB CHEW - MM	
	Fluor-a-day 2.5 mg fluoride (5.56 mg sodium fluoride)/mL oral drops - MM	
	Fluor-a-day(with Xylitol) 0.25 mg fluoride(0.55 mg)-236.79 mg chew tab - MM	
	Fluor-a-day(with Xylitol) 1 mg fluoride (2.2 mg)-236.79 mg chew tablet - MM	
	FLUORIDE 0.25 MG TABLET CHEW - MM	
	FLUORIDE 0.5 MG TABLET CHEW - MM	
	FLUORIDE 1 MG TABLET CHEWABLE - MM	
	FLUORITAB 0.125 MG/DRP DROPS - MM	
	Fluoritab 0.5 mg fluoride (1.1 mg sodium fluoride) chewable tablet - MM	
	Fluoritab 1 mg fluoride (2.2 mg sodium fluoride) chewable tablet - MM	
	Flura-Drops 0.25 mg fluoride (0.55 mg sodium fluoride)/drop oral - MM	
	Ludent Fluoride 0.25 mg fluoride (0.55 mg sod.fluorid) chewable tablet - MM	
	Ludent Fluoride 0.5 mg fluoride (1.1 mg sod.fluoride) chewable tablet - MM	

Category	Drug Name	Utilization Management Requirements
	Ludent Fluoride 1 mg fluoride (2.2 mg sodium fluoride) chewable tablet - MM	
	NEUTRAL SODIUM FLUORIDE - MM	QL May Apply
	PreviDent 0.2 % dental solution - MM	QL May Apply
	SODIUM FLUORIDE 0.5 MG(1.1 MG) - MM	
	SODIUM FLUORIDE 0.5 MG/ML DROP - MM	
	SODIUM FLUORIDE 1 MG (2.2 MG) - MM	
Iron	Abatron 100 mg iron-0.8 mg-10 mg/5 mL oral liquid	
	CHILD FERROUS SULFATE 15 MG/ML	
	Children's Iron 15 mg iron (75 mg)/mL oral drops	
	Fer-In-Sol 15 mg iron (75 mg)/mL oral drops	
	FER-IRON 15 MG/1 ML DROPS	
	FeroSul 220 mg (44 mg iron)/5 mL oral elixir	
	Ferretts Carbonyl Iron 18 mg iron chewable tablet	
	Ferretts IPS 40 mg/15 mL oral liquid	
	FERROUS SULF 15 MG IRON/ML DRP	
	FERROUS SULF 220 MG/5 ML ELIX	
	FERROUS SULF 220 MG/5 ML LIQ	
	FERROUS SULF 300 MG/5 ML LIQ	
	Icar 15 mg/1.25 mL oral suspension	
	IRON 15 MG/ML DROPS	
	Iron Chews 15 mg tablet	
	IronUp 15 mg iron/0.5 mL oral drops	
	Iro-Plex (iron polysaccharide) 165 mg iron-600 mg-2 mg/5 mL oral liqd	
	MaxFe 160 mg iron-60 mcg/10 mL oral liquid	
	MaxFe Drops 20 mg iron-10 mcg-10 mg/mL oral	
	MYKIDZ IRON 10 SUSPENSION	
	NovaFerrum 125 125 mg iron-100 unit/5 mL oral liquid	
	NovaFerrum 15 mg iron/mL oral drops	
	Wee Care 15 mg/1.25 mL oral suspension	
Prenatal Folic Acid	CVS FOLIC ACID 800 MCG TABLET - MM	
	Daily Prenatal 28 mg-800 mcg-440 mg oral pack - MM	
	Deplin (algal oil) 15 mg-90.314 mg capsule	
	Deplin (algal oil) 7.5 mg-90.314 mg capsule	
	Elfolate 15 mg tablet	
	Elfolate 7.5 mg tablet	
	EQL FOLIC ACID 400 MCG TAB - MM	
	FA-8 0.8 mg capsule - MM	
	FOLIC ACID 0.4 MG TABLET - MM	
	FOLIC ACID 0.8 MG TABLET - MM	
	FOLIC ACID 1 MG TABLET - MM	
	FOLIC ACID 1,000 MCG TABLET - MM	
	FOLIC ACID 20 MG CAPSULE - MM	
	FOLIC ACID 400 MCG TABLET - MM	

Category	Drug Name	Utilization Management Requirements
	FOLIC ACID 800 MCG CAPSULE - MM	
	FOLIC ACID 800 MCG TABLET - MM	
	GNP FOLIC ACID 400 MCG TABLET - MM	
	HM FOLIC ACID 400 MCG TABLET - MM	
	KPN 9 mg iron-267 mcg tablet - MM	
	KPN tablet - MM	
	LEVOMEFOLATE-ALGAL 15 MG CAP	
	LEVOMEFOLATE-ALGAL 7.5 MG CAP	
	L-Methylfolate 15 mg tablet	
	L-Methylfolate 7.5 mg tablet	
	L-METHYLFOLATE CALCIUM 15 MG	
	L-METHYLFOLATE CALCIUM 7.5 MG	
	L-METHYLFOLATE FORMULA 15 MG	
	L-METHYLFOLATE FORMULA 7.5 MG	
	L-Methylfolate Forte 15 mg-90.314 mg capsule	
	L-Methylfolate Forte 7.5 mg-90.314 mg capsule	
	Nestabs ONE 38 mg-1 mg-225 mg capsule - MM	
	One A Day Women's Prenatal DHA 28 mg iron-800 mcg oral pack - MM	
	One Daily Prenatal 28 mg iron-800 mcg oral pack - MM	
	One Daily Prenatal 28 mg-800 mcg-440 mg oral pack - MM	
	Perry Prenatal 13.5 mg-0.4 mg capsule - MM	
	Prenatal 28 mg iron-800 mcg tablet - MM	
	Prenatal Complete 14 mg iron-400 mcg tablet - MM	
	Prenatal Multi-DHA (algal oil) 27 mg iron-800 mcg-250 mg capsule - MM	
	PRENATAL TABLET - MM	
	Prenatal Tablet 28 mg iron-800 mcg - MM	
	Prenatal Vitamin tablet - MM	
	Prenatal Vitamins with Minerals 28 mg iron-800 mcg tablet - MM	
	PREQUE 10 TABLET - MM	
	PV FOLIC ACID 400 MCG TABLET - MM	
	PV FOLIC ACID 800 MCG TABLET - MM	
	RA FOLIC ACID 0.4 MG TABLET - MM	
	RA FOLIC ACID 800 MCG TABLET - MM	
	Right Step Prenatal Vitamins 27 mg iron-0.8 mg tablet - MM	
	SM FOLIC ACID 0.4 MG TABLET - MM	
	SM FOLIC ACID 400 MCG TABLET - MM	
	SV FOLIC ACID 800 MCG TABLET - MM	
	Urosex 0.5 mg-75 mg-75 mg-9 mg tablet	
	XaQuil XR 30 mg tablet,extended release	
Smoking Cessation	BUPROBAN 150 MG TABLET	QL May Apply
	BUPROPION HCL SR 150 MG TABLET	QL May Apply
	Chantix 0.5 mg tablet	QL May Apply
	Chantix 1 mg tablet	QL May Apply

Category	Drug Name	Utilization Management Requirements
	Chantix Continuing Month Box 1 mg tablet	QL May Apply
	Chantix Starting Month Box 0.5 mg (11)-1 mg (42) tablets in dose pack	QL May Apply
	CVS NICOTINE 14 MG/24 HR PATCH	
	CVS NICOTINE 14 MG/24HR PATCH	
	CVS NICOTINE 2 MG CHEWING GUM	
	CVS NICOTINE 2 MG LOZENGE	
	CVS NICOTINE 2 MG MINI LOZENGE	
	CVS NICOTINE 4 MG CHEWING GUM	
	CVS NICOTINE 4 MG LOZENGE	
	CVS NICOTINE 4 MG MINI LOZENGE	
	CVS NICOTINE 7 MG/24HR PATCH	
	EQ NICOTINE 14 MG/24HR PATCH	
	EQ NICOTINE 2 MG CHEWING GUM	
	EQ NICOTINE 2 MG LOZENGE	
	EQ NICOTINE 21 MG/24HR PATCH	
	EQ NICOTINE 4 MG CHEWING GUM	
	EQ NICOTINE 4 MG LOZENGE	
	EQ NICOTINE 7 MG/24HR PATCH	
	EQL NICOTINE 2 MG CHEWING GUM	
	EQL NICOTINE 2 MG LOZENGE	
	EQL NICOTINE 4 MG CHEWING GUM	
	EQL NICOTINE 4 MG LOZENGE	
	GNP NICOTINE 2 MG CHEWING GUM	
	GNP NICOTINE 2 MG LOZENGE	
	GNP NICOTINE 2 MG MINI LOZENGE	
	GNP NICOTINE 21 MG/24HR PATCH	
	GNP NICOTINE 4 MG CHEWING GUM	
	GNP NICOTINE 4 MG LOZENGE	
	GNP NICOTINE 4 MG MINI LOZENGE	
	HM NICOTINE 14 MG/24HR PATCH	
	HM NICOTINE 2 MG CHEWING GUM	
	HM NICOTINE 2 MG LOZENGE	
	HM NICOTINE 21 MG/24HR PATCH	
	HM NICOTINE 4 MG CHEWING GUM	
	HM NICOTINE 4 MG LOZENGE	
	HM NICOTINE 7 MG/24HR PATCH	
	KRO NICOTINE 14 MG/24HR PATCH	
	KRO NICOTINE 2 MG CHEWING GUM	
	KRO NICOTINE 2 MG LOZENGE	
	KRO NICOTINE 2 MG MINI LOZENGE	
	KRO NICOTINE 21 MG/24HR PATCH	
	KRO NICOTINE 4 MG CHEWING GUM	

Category	Drug Name	Utilization Management Requirements
	KRO NICOTINE 4 MG LOZENGE	
	KRO NICOTINE 4 MG MINI LOZENGE	
	KRO NICOTINE 7 MG/24HR PATCH	
	LDR NICOTINE 2 MG CHEWING GUM	
	LDR NICOTINE 4 MG CHEWING GUM	
	Nicoderm CQ 14 mg/24 hr daily transdermal patch	
	Nicoderm CQ 21 mg/24 hr daily transdermal patch	
	Nicoderm CQ 7 mg/24 hr daily transdermal patch	
	Nicorelief 2 mg gum	
	Nicorelief 4 mg gum	
	Nicorette 2 mg buccal lozenge	
	Nicorette 2 mg buccal mini lozenge	
	Nicorette 2 mg gum	
	Nicorette 4 mg buccal lozenge	
	Nicorette 4 mg buccal mini lozenge	
	Nicorette 4 mg gum	
	NICOTINE 14 MG/24 HR PATCH	
	NICOTINE 14 MG/24HR PATCH	
	NICOTINE 2 MG CHEWING GUM	
	NICOTINE 2 MG LOZENGE	
	NICOTINE 2 MG MINI LOZENGE	
	NICOTINE 21 MG/24 HR PATCH	
	NICOTINE 21 MG/24HR PATCH	
	NICOTINE 22 MG/24HR PATCH	
	NICOTINE 4 MG CHEWING GUM	
	NICOTINE 4 MG LOZENGE	
	NICOTINE 4 MG MINI LOZENGE	
	NICOTINE 7 MG/24HR PATCH	
	NICOTINE TRANSDERMAL SYSTEM	
	Nicotrol 10 mg inhalation cartridge	
	Nicotrol NS 10 mg/mL nasal spray	
	NTS Step 1 21 mg/24 hr transdermal 24 hour patch	
	PC NICOTINE 2 MG CHEWING GUM	
	PV NICOTINE 14 MG/24 HR PATCH	
	PV NICOTINE 2 MG CHEWING GUM	
	PV NICOTINE 21 MG/24 HR PATCH	
	PV NICOTINE 4 MG CHEWING GUM	
	PV NICOTINE 7 MG/24 HR PATCH	
	Quit 2 mg buccal lozenge	
	Quit 2 mg gum	
	Quit 4 mg buccal lozenge	
	Quit 4 mg gum	
	RA NICOTINE 14 MG/24HR PATCH	



Category	Drug Name	Utilization Management Requirements
	RA NICOTINE 2 MG CHEWING GUM	
	RA NICOTINE 2 MG LOZENGE	
	RA NICOTINE 2 MG MINI LOZENGE	
	RA NICOTINE 21 MG/24HR PATCH	
	RA NICOTINE 4 MG CHEWING GUM	
	RA NICOTINE 4 MG LOZENGE	
	RA NICOTINE 4 MG MINI LOZENGE	
	RA NICOTINE 7 MG/24HR PATCH	
	SM NICOTINE 14 MG/24HR PATCH	
	SM NICOTINE 2 MG CHEWING GUM	
	SM NICOTINE 2 MG LOZENGE	
	SM NICOTINE 21 MG/24HR PATCH	
	SM NICOTINE 4 MG CHEWING GUM	
	SM NICOTINE 4 MG LOZENGE	
	SM NICOTINE 7 MG/24HR PATCH	
	Stop Smoking Aid 2 mg buccal lozenge	
	Stop Smoking Aid 4 mg buccal lozenge	
	SW NICOTINE 2 MG CHEWING GUM	
	SW NICOTINE 2 MG LOZENGE	
	SW NICOTINE 4 MG CHEWING GUM	
	SW NICOTINE 4 MG LOZENGE	
	Zyban 150 mg tablet,extended release	QL May Apply
Statins	ATORVASTATIN 10 MG TABLET - MM	QL May Apply
	ATORVASTATIN 20 MG TABLET - MM	QL May Apply
	ATORVASTATIN 40 MG TABLET - MM	QL May Apply
	ATORVASTATIN 80 MG TABLET - MM	QL May Apply
	LOVASTATIN 10 MG TABLET - MM	QL May Apply
	LOVASTATIN 20 MG TABLET - MM	QL May Apply
	LOVASTATIN 40 MG TABLET - MM	QL May Apply
	SIMVASTATIN 10 MG TABLET - MM	QL May Apply
	SIMVASTATIN 20 MG TABLET - MM	QL May Apply
	SIMVASTATIN 40 MG TABLET - MM	QL May Apply
	SIMVASTATIN 5 MG TABLET - MM	QL May Apply
	SIMVASTATIN 80 MG TABLET - MM	QL May Apply
Vaccines	ActHIB (PF) 10 mcg/0.5 mL intramuscular solution	
	Adacel (Tdap Adolesn/Adult)(PF)2 Lf-(2.5-5-3-5)-5 Lf/0.5 mL IM syringe	
	Adacel (Tdap Adolesn/Adult)(PF)2Lf-(2.5-5-3-5mcg)-5 Lf/0.5 mL IM susp	
	AFLURIA 2016-2017 SYRINGE	
	AFLURIA 2016-2017 VIAL	
	Afluria 2017-2018 (PF) 45 mcg(15 mcg x 3)/0.5 mL intramuscular syringe	
	Afluria 2017-2018 45 mcg (15 mcg x 3)/0.5 mL intramuscular suspension	
	AFLURIA QUAD 2016-2017 SYRINGE	
	AFLURIA QUAD 2016-2017 VIAL	

Category	Drug Name	Utilization Management Requirements
	Afluria Quad 2017-2018 (PF) 60 mcg/0.5 mL intramuscular syringe	
	Afluria Quad 2017-2018 60 mcg/0.5 mL intramuscular suspension	
	Bexsero 50 mcg-50 mcg-50 mcg-25 mcg/0.5 mL intramuscular syringe	
	Boostrix Tdap 2.5 Lf unit-8 mcg-5 Lf/0.5 mL intramuscular suspension	
	Boostrix Tdap 2.5 Lf unit-8 mcg-5 Lf/0.5 mL intramuscular syringe	
	CERVARIX VACCINE SYRINGE	
	Daptacel (DTaP Pediatric) (PF) 15 Lf unit-10 mcg-5 Lf/0.5 mL IM susp	
	DIPHTHERIA-TETANUS TOXOIDS-PED	
	Engerix-B (PF) 20 mcg/mL intramuscular suspension	
	Engerix-B (PF) 20 mcg/mL intramuscular syringe	
	ENGERIX-B 10 MCG/0.5 ML PED VL	
	Engerix-B Pediatric (PF) 10 mcg/0.5 mL intramuscular syringe	
	EZ FLU 16-17 (FLUZON QUAD PED)	
	EZ FLU 2016-17 (AFLURIA) KIT	
	EZ FLU 2016-17 (FLUVIRIN) KIT	
	FLUAD 2016-2017 SYRINGE	
	Fluad 2017-18 65yr up(PF)45 mcg(15 mcgx3)/0.5 mL intramuscular syringe	
	FLUARIX QUAD 2016-2017 SYRINGE	
	Fluarix Quad 2017-2018 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	
	FLUBLOK 2016-2017 VIAL	
	Flublok 2017-2018 (PF) 135 mcg (45 mcg x 3)/0.5 mL IM solution	
	Flublok Quad 2017-2018 (PF) 180 mcg (45 mcg x 4)/0.5 mL IM syringe	
	FLUCELVAX QUAD 2016-2017 SYR	
	Flucelvax Quad 2017-2018 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	
	Flucelvax Quad 2017-2018 60 mcg (15 mcg x 4)/0.5 mL IM suspension	
	FLULAVAL QUAD 2016-2017 SYR	
	FLULAVAL QUAD 2016-2017 VIAL	
	Flulaval Quad 2017-2018 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	
	Flulaval Quad 2017-2018 60 mcg (15 mcg x 4)/0.5 mL IM suspension	
	Flumist Quad 2017-2018 10exp6.5-7.5 FF unit/0.2 mL nasal spray syringe	
	FLUMIST QUAD NASAL 2016-17 VAC	
	FLUVIRIN 2016-2017 SYRINGE	
	FLUVIRIN 2016-2017 VIAL	
	Fluvirin 2017-2018 (PF) 45 mcg(15 mcg x3)/0.5 mL intramuscular syringe	
	Fluvirin 2017-2018 45 mcg (15 mcg x 3)/0.5 mL intramuscular suspension	
	FLUZONE HIGH-DOSE 2016-17 SYR	
	Fluzone High-Dose 2017-2018 (PF) 180 mcg/0.5 mL intramuscular syringe	
	FLUZONE INTRADERM QUAD 2016-17	
	Fluzone Intraderm Quad 2017-2018(PF) 36 mcg/0.1 mL intradermal syringe	
	FLUZONE QUAD 2016-2017 SYRINGE	
	FLUZONE QUAD 2016-2017 VIAL	

Category	Drug Name	Utilization Management Requirements
	Fluzone Quad 2017-18(PF) 60 mcg(15 mcgx4)/0.5 mL intramuscular syringe	
	Fluzone Quad 2017-2018 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM suspension	
	Fluzone Quad 2017-2018 60 mcg (15 mcg x 4)/0.5 mL IM suspension	
	FLUZONE QUAD PEDI 2016-17 SYR	
	Fluzone Quad Pedi 2017-2018 (PF) 30 mcg(7.5 mcg x4)/0.25 mL IM syringe	
	Gardasil 9 (PF) 0.5 mL intramuscular suspension	QL May Apply
	Gardasil 9 (PF) 0.5 mL intramuscular syringe	QL May Apply
	GARDASIL SYRINGE	QL May Apply
	GARDASIL VIAL	QL May Apply
	Havrix (PF) 1,440 Elisa unit/mL intramuscular suspension	
	Havrix (PF) 1,440 Elisa unit/mL intramuscular syringe	
	Havrix (PF) 720 Elisa unit/0.5 mL intramuscular suspension	
	Havrix (PF) 720 Elisa unit/0.5 mL intramuscular syringe	
	Hiberix (PF) 10 mcg/0.5 mL intramuscular solution	
	Infanrix (DTaP) (PF) 25 Lf unit-58 mcg-10 Lf/0.5mL intramuscular susp	
	Infanrix (DTaP)(PF) 25 Lf unit-58mcg-10 Lf/0.5mL intramuscular syringe	
	IPOL 40 unit-8 unit-32 unit/0.5 mL suspension for injection	
	Kinrix (PF) 25 Lf-58 mcg-10 Lf/0.5 mL intramuscular suspension	
	Kinrix (PF) 25 Lf-58 mcg-10 Lf/0.5 mL intramuscular syringe	
	Menactra (PF) 4 mcg/0.5 mL intramuscular solution	
	Menhibrix (PF) 5 mcg-2.5 mcg/0.5 mL intramuscular solution	
	MenomuneA/C/Y/W-135 (PF) 50 mcg subcutaneous solution	
	MenomuneA/C/Y/W-135 50 mcg subcutaneous solution	
	Menveo A-C-Y-W-135-Dip (PF) 10 mcg-5 mcg/0.5 mL intramuscular kit	
	Menveo MenA Component (PF) 10 mcg/0.5 mL (final) IM solution	
	Menveo MenCYW-135 Component (PF) 5 mcg x 3/0.5 mL (final) IM solution	
	M-M-R II (PF) 1,000-12,500 TCID50/0.5 mL subcutaneous solution	
	Pediarix (PF) 10 mcg-25 Lf-25 mcg-10 Lf/0.5 mL intramuscular syringe	
	Pedvax HIB (PF) 7.5 mcg/0.5 mL intramuscular solution	
	Pentacel (PF) 15 Lf unit-20 mcg-5 Lf /0.5 mL intramuscular kit	
	Pentacel ActHIB Component (PF) 10 mcg/0.5 mL intramuscular solution	
	Pentacel DTaP-IPV Component (PF) 15 Lf-48 mcg-5 Lf unit/0.5 mL IM susp	
	Pneumovax 23 25 mcg/0.5 mL injection solution	
	Pneumovax 23 25 mcg/0.5 mL injection syringe	
	Pprevnar 13 (PF) 0.5 mL intramuscular syringe	
	ProQuad (PF) 10exp3-4.3-3-3.99TCID50/0.5mL subcutaneous suspension	
	Quadracel (PF) 15 Lf-48 mcg-5 Lf unit/0.5 mL intramuscular suspension	
	Recombivax HB (PF) 10 mcg/mL intramuscular suspension	
	Recombivax HB (PF) 10 mcg/mL intramuscular syringe	
	Recombivax HB (PF) 40 mcg/mL intramuscular suspension	

Category	Drug Name	Utilization Management Requirements
	Recombivax HB (PF) 5 mcg/0.5 mL intramuscular suspension	
	Recombivax HB (PF) 5 mcg/0.5 mL intramuscular syringe	
	Rotarix 10exp6 CCID50/mL suspension	
	RotaTeq Vaccine 2 mL oral solution	
	Tenivac (PF) 5 Lf unit-2 Lf unit/0.5 mL intramuscular suspension	
	Tenivac (PF) 5 Lf unit-2 Lf unit/0.5 mL intramuscular syringe	
	TETANUS DIPHTHERIA TOXOIDS	
	Trumenba 120 mcg/0.5 mL intramuscular syringe	
	Twinrix (PF) 720 Elisa unit-20 mcg/mL intramuscular syringe	
	TWINRIX VACCINE VIAL	
	Vaqta (PF) 25 unit/0.5 mL intramuscular suspension	
	Vaqta (PF) 25 unit/0.5 mL intramuscular syringe	
	Vaqta (PF) 50 unit/mL intramuscular suspension	
	Vaqta (PF) 50 unit/mL intramuscular syringe	
	Varivax (PF) 1,350 unit/0.5 mL subcutaneous suspension	
	Zostavax (PF) 19,400 unit/0.65 mL subcutaneous suspension	QL May Apply
Vitamin D	Baby Ddrops 400 unit/drop oral	
	Baby Vitamin D3 400 unit/drop oral drops	
	Calcidol 8,000 unit/mL oral drops	
	CALCIFEROL 8,000 UNIT/ML DROPS	
	CVS VIT D3 1,000 UNIT GUMMIES	
	CVS VIT D3 1,000 UNIT TAB CHEW	
	CVS VITAMIN D3 1,000 UNIT SFGL	
	CVS VITAMIN D3 400 UNIT SFTGL	
	CVS VITAMIN D3 400 UNIT/DROP	
	D3 + K2 DOTS 1000 unit-90 mcg disintegrating tablet	
	Ddrops 1,000 unit/drop oral	
	Delta D3 400 unit tablet	
	DRISDOL 8,000 UNITS/ML DROPS	
	D-Vi-Sol 400 unit/mL oral drops	
	D-VITA 400 UNIT/ML DROP	
	EQL VITAMIN D3 1,000 UNIT SFGL	
	EQL VITAMIN D3 400 UNIT SFTGL	
	ERGOCALCIFEROL 8,000 UNITS/ML	
	GNP VIT D3 400 UNIT TAB CHEW	
	GNP VITAMIN D3 1,000 UNIT TAB	
	GNP VITAMIN D3 400 UNIT TABLET	
	Just D 400 unit/mL oral drops	
	K2 Plus D3 1,000 unit-100 mcg tablet	
	Kids Vitamin D3 400 unit chewable tablet	
	PV VIT D3 1,000 UNIT TAB CHEW	
	PV VIT D3 400 UNIT TAB CHEW	
	PV VITAMIN D3 1,000 UNIT SFTGL	

Category	Drug Name	Utilization Management Requirements
	PV VITAMIN D3 1,000 UNIT TAB	
	RA VITAMIN D3 1,000 UNIT TAB	
	Roxifol-D 500 unit-1 mg tablet	
	Super Daily D3 1,000 unit/drop oral drops	
	VitaJoy Daily D 1,000 unit chewable tablet	
	VITAMIN D2 400 UNIT TABLET	
	Vitamin D3 1,000 unit capsule	
	Vitamin D3 1,000 unit chewable tablet	
	VITAMIN D3 1,000 UNIT GUMMIES	
	VITAMIN D3 1,000 UNIT SOFTGEL	
	VITAMIN D3 1,000 UNIT TABLET	
	Vitamin D3 400 unit capsule	
	Vitamin D3 400 unit chewable tablet	
	VITAMIN D3 400 UNIT SOFTGEL	
	VITAMIN D3 400 UNIT TAB CHEW	
	Vitamin D3 400 unit tablet	
	VITAMIN D3 400 UNIT/5 ML LIQ	
	VITAMIN D3 400 UNIT/ML DROP	
	VITAMIN D3 800 UNIT GUMMY	

Humana Plans are offered by the Family of Insurance and Health Plan Companies including Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plans of Michigan, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. – A Health Maintenance Organization or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, EmpheSys Insurance Company, or Humana Insurance of Puerto Rico, Inc. License # 00187-0009 or administered by Humana Insurance Company or Humana Health Plan, Inc.

For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by EmpheSys Insurance Company or insured or administered by Humana Insurance Company or Humana Health Plan, Inc.

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.



## 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](mailto: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'anída'áwo'déé', t'áá jiik'eh, éí ná hóló, námboo ninaaltsoos yézhí, bee nées ho'dółzin 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).