Humana 2017 Prior Authorizations

The following drugs will require prior authorization in 2017. For copayment level information, visit **Humana.com**.

Label Name
Abstral 100 mcg sublingual tablet
Abstral 200 mcg sublingual tablet
Abstral 300 mcg sublingual tablet
Abstral 400 mcg sublingual tablet
Abstral 600 mcg sublingual tablet
Abstral 800 mcg sublingual tablet
ACITRETIN 10 MG CAPSULE
ACITRETIN 17.5 MG CAPSULE
ACITRETIN 25 MG CAPSULE
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
ACYCLOVIR 5% OINTMENT
Adasuve 10 mg breath activated
Adcirca 20 mg tablet
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
ALOSETRON HCL 0.5 MG TABLET
ALOSETRON HCL 1 MG TABLET
Aptiom 200 mg tablet
Aptiom 400 mg tablet
Aptiom 600 mg tablet
Aptiom 800 mg tablet

Label Name
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
ARMODAFINIL 150 MG TABLET
ARMODAFINIL 200 MG TABLET
ARMODAFINIL 250 MG TABLET
ARMODAFINIL 50 MG TABLET
Azilect 0.5 mg tablet
Azilect 1 mg tablet
Banzel 200 mg tablet
Banzel 40 mg/mL oral suspension
Banzel 400 mg tablet
Betaseron 0.3 mg subcutaneous kit
Betaseron 0.3 mg subcutaneous solution
Bethkis 300 mg/4 mL solution for nebulization
BEXAROTENE 75 MG CAPSULE
Bosulif 100 mg tablet

Label Name
Bosulif 500 mg tablet
Briviact 10 mg tablet
Briviact 10 mg/mL oral solution
Briviact 100 mg tablet
Briviact 25 mg tablet
Briviact 50 mg tablet
Briviact 75 mg tablet
Brovana 15 mcg/2 mL solution for nebulization
BUPRENORPHINE 2 MG TABLET SL
BUPRENORPHINE 8 MG TABLET SL
Cabometyx 20 mg tablet
Cabometyx 40 mg tablet
Cabometyx 60 mg tablet
CAPECITABINE 150 MG TABLET
CAPECITABINE 500 MG TABLET
Caprelsa 100 mg tablet
Caprelsa 300 mg tablet
Cayston 75 mg/mL solution for nebulization
Cerdelga 84 mg capsule
Cesamet 1 mg capsule
Cholbam 250 mg capsule
Cholbam 50 mg capsule
Cialis 2.5 mg tablet
Cialis 5 mg tablet
Cometriq 100 mg/day (80 mg x 1-20 mg x 1) capsules
Cometriq 140 mg/day (80 mg x 1-20 mg x 3) capsules
Cometriq 60 mg/day (20 mg x 3/day) capsules
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
Cotellic 20 mg tablet
Cresemba 186 mg capsule
CYCLOBENZAPRINE 7.5 MG TABLET
Cystaran 0.44 % eye drops
Daklinza 30 mg tablet
Daklinza 60 mg tablet
Daklinza 90 mg tablet
DRONABINOL 10 MG CAPSULE
DRONABINOL 2.5 MG CAPSULE
DRONABINOL 5 MG CAPSULE

Label Name
Duavee 0.45 mg-20 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
Entresto 24 mg-26 mg tablet
Entresto 49 mg-51 mg tablet
Entresto 97 mg-103 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
Erivedge 150 mg capsule
Exjade 125 mg dispersible tablet
Exjade 250 mg dispersible tablet
Exjade 500 mg dispersible tablet
Farydak 10 mg capsule
Farydak 15 mg capsule
Farydak 20 mg capsule
FENTANYL CIT OTFC 1,200 MCG
FENTANYL CIT OTFC 1,600 MCG
FENTANYL CITRATE OTFC 200 MCG
FENTANYL CITRATE OTFC 400 MCG
FENTANYL CITRATE OTFC 600 MCG
FENTANYL CITRATE OTFC 800 MCG
Ferriprox 500 mg tablet
Fetzima 120 mg capsule,extended release
Fetzima 20 mg (2)-40 mg (26) capsule,extended release,24 hr,dose pack
Fetzima 20 mg capsule,extended release
Fetzima 40 mg capsule,extended release
Fetzima 80 mg capsule,extended release
Firazyr 30 mg/3 mL subcutaneous syringe
Forteo 20 mcg/dose (600 mcg/2.4 mL) subcutaneous pen injector
Fycompa 0.5 mg/mL oral suspension
Fycompa 10 mg tablet
Fycompa 12 mg tablet
Fycompa 2 mg (7)-4 mg (7) tablets in a dose pack
Fycompa 2 mg tablet
Fycompa 4 mg tablet

Label Name
Fycompa 6 mg tablet
Fycompa 8 mg tablet
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
Giazo 1.1 gram tablet
Gilenya 0.5 mg capsule
Gilotrif 20 mg tablet
Gilotrif 30 mg tablet
Gilotrif 40 mg tablet
Grastek 2,800 BAU sublingual tablet
Harvoni 90 mg-400 mg tablet
Hetlioz 20 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 Pediatric Crohn's Starter 40 mg/0.8 mL subcutaneous syringe kit
Humira Pen 40 mg/0.8 mL subcutaneous
Humira Pen Crohn's-Ulc Colitis-Hidr Sup Starter 40 mg/0.8 mL sub-Q kit
Humira Pen Psoriasis-Uveitis Starter 40 mg/0.8 mL subcutaneous kit
Ibrance 100 mg capsule
Ibrance 125 mg capsule

Label Name
Ibrance 75 mg capsule
Iclusig 15 mg tablet
Iclusig 45 mg tablet
IMATINIB MESYLATE 100 MG TAB
IMATINIB MESYLATE 400 MG TAB
Imbruvica 140 mg capsule
Increlex 10 mg/mL subcutaneous solution
Inlyta 1 mg tablet
Inlyta 5 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
Iressa 250 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
Kalydeco 150 mg tablet
Kalydeco 50 mg oral granules in packet
Kalydeco 75 mg oral granules in packet
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
Lazanda 100 mcg/spray nasal spray
Lazanda 300 mcg/spray nasal spray
Lazanda 400 mcg/spray nasal spray
Lenvima 10 mg/day (10 mg x 1/day) capsule
Lenvima 14 mg/day(10 mg x 1-4 mg x 1) capsule
Lenvima 18 mg/day (10 mg x 1 and 4 mg x 2) capsule
Lenvima 20 mg/day (10 mg x 2) capsule
Lenvima 24 mg per day (10 mg x 2 and 4 mg x 1) capsule
Lenvima 8 mg/day (4 mg x 2) capsule
Letairis 10 mg tablet
Letairis 5 mg tablet

Label Name
Leukine 250 mcg solution for injection
LEUPROLIDE 1 MG/0.2 ML VIAL
LEUPROLIDE 2WK 1 MG/0.2 ML KIT
LIDOCAINE 5% PATCH
Lonsurf 15 mg-6.14 mg tablet
Lonsurf 20 mg-8.19 mg tablet
Lupaneta Pack (1 month) 3.75 mg IM syringe and 5 mg (30) tablets,kit
Lupaneta Pack (3 month) 11.25 mg IM syringe and 5 mg (90) tablets,kit
Lynparza 50 mg capsule
Mekinist 0.5 mg tablet
Mekinist 2 mg tablet
MINOCYCLINE ER 135 MG TABLET
MINOCYCLINE ER 45 MG TABLET
MINOCYCLINE ER 90 MG TABLET
Mirapex ER 3.75 mg tablet,extended release
MODAFINIL 100 MG TABLET
MODAFINIL 200 MG TABLET
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
Neupro 1 mg/24 hour transdermal 24 hour patch
Neupro 2 mg/24 hour transdermal 24 hour patch
Neupro 3 mg/24 hour transdermal 24 hour patch
Neupro 4 mg/24 hour transdermal 24 hour patch
Neupro 6 mg/24 hour transdermal 24 hour patch
Neupro 8 mg/24 hour transdermal 24 hour patch
Nexavar 200 mg tablet
NIACIN ER 1,000 MG TABLET
NIACIN ER 500 MG TABLET
NIACIN ER 750 MG TABLET
Northera 100 mg capsule
Northera 200 mg capsule
Northera 300 mg capsule
Noxafil 100 mg tablet,delayed release
Noxafil 200 mg/5 mL (40 mg/mL) oral suspension
Nuplazid 17 mg tablet
OCTREOTIDE 1,000 MCG/5 ML VIAL
OCTREOTIDE 1,000 MCG/ML VIAL
OCTREOTIDE 5,000 MCG/5 ML VIAL
OCTREOTIDE ACET 0.05 MG/ML VL
OCTREOTIDE ACET 100 MCG/ML AMP
OCTREOTIDE ACET 100 MCG/ML SYR

Label Name
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
Odomzo 200 mg capsule
Ofev 100 mg capsule
Ofev 150 mg capsule
Onfi 10 mg tablet
Onfi 2.5 mg/mL oral suspension
Onfi 20 mg tablet
Opsumit 10 mg tablet
Oralair 100 index of reactivity sublingual tablet
Oralair 100 Index of Reactivity(3)/300 Idx React.(6) sublingual tablet
Oralair 300 IR sublingual 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
Orkambi 200 mg-125 mg tablet
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
Oxaydo 5 mg tablet,oral ONLY (not feeding tubes)
Oxaydo 7.5 mg tablet,oral ONLY (not for feeding tubes)
OXECTA 5 MG TABLET
OXECTA 7.5 MG TABLET
PALIPERIDONE ER 1.5 MG TABLET
PALIPERIDONE ER 3 MG TABLET
PALIPERIDONE ER 6 MG TABLET
PALIPERIDONE ER 9 MG TABLET
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
Perforomist 20 mcg/2 mL solution for nebulization

Label Name
Pomalyst 1 mg capsule
Pomalyst 2 mg capsule
Pomalyst 3 mg capsule
Pomalyst 4 mg capsule
Potiga 200 mg tablet
Potiga 300 mg tablet
Potiga 400 mg tablet
Potiga 50 mg tablet
Praluent Pen 150 mg/mL subcutaneous pen injector
Praluent Pen 75 mg/mL subcutaneous pen injector
Praluent Syringe 150 mg/mL subcutaneous
Praluent Syringe 75 mg/mL subcutaneous
PRAMIPEXOLE ER 0.375 MG TABLET
PRAMIPEXOLE ER 0.75 MG TABLET
PRAMIPEXOLE ER 1.5 MG TABLET
PRAMIPEXOLE ER 2.25 MG TABLET
PRAMIPEXOLE ER 3 MG TABLET
PRAMIPEXOLE ER 3.75 MG TABLET
PRAMIPEXOLE ER 4.5 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
QUININE SULFATE 324 MG CAPSULE
Ragwitek 12 Amb a 1 unit sublingual tablet
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
Revatio 10 mg/mL oral suspension
Revlimid 10 mg capsule

Label Name
Revlimid 15 mg capsule
Revlimid 2.5 mg capsule
Revlimid 20 mg capsule
Revlimid 25 mg capsule
Revlimid 5 mg capsule
Sabril 500 mg oral powder packet
Sabril 500 mg tablet
Saphris (black cherry) 10 mg sublingual tablet
Saphris (black cherry) 2.5 mg sublingual tablet
Saphris (black cherry) 5 mg sublingual tablet
SAPHRIS 10 MG TAB SUBLINGUAL
SAPHRIS 5 MG TABLET SUBLINGUAL
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
SILDENAFIL 20 MG TABLET
Simponi 100 mg/mL subcutaneous pen injector
Simponi 100 mg/mL subcutaneous syringe
Sirturo 100 mg tablet
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
Strensiq 100 mg/mL subcutaneous solution
Strensiq 40 mg/mL subcutaneous solution
Suboxone 12 mg-3 mg sublingual film
Suboxone 2 mg-0.5 mg sublingual film
Suboxone 4 mg-1 mg sublingual film
Suboxone 8 mg-2 mg sublingual film
Sutent 12.5 mg capsule

Label Name
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
Tagrisso 40 mg tablet
Tagrisso 80 mg tablet
Tarceva 100 mg tablet
Tarceva 150 mg tablet
Tarceva 25 mg tablet
Targretin 1 % topical gel
Targretin 75 mg capsule
Tasigna 150 mg capsule
Tasigna 200 mg capsule
TEMOZOLOMIDE 100 MG CAPSULE
TEMOZOLOMIDE 140 MG CAPSULE
TEMOZOLOMIDE 180 MG CAPSULE
TEMOZOLOMIDE 20 MG CAPSULE
TEMOZOLOMIDE 250 MG CAPSULE
TEMOZOLOMIDE 5 MG CAPSULE
Testopel 75 mg implant pellet
TETRABENAZINE 12.5 MG TABLET
TETRABENAZINE 25 MG TABLET
Thalomid 100 mg capsule
Thalomid 150 mg capsule
Thalomid 200 mg capsule
Thalomid 50 mg capsule
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
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

Label Name
Tyvaso Starter Kit 1.74 mg/2.9 mL solution for nebulization
Valchlor 0.016 % topical gel
Venclexta 10 mg tablet
Venclexta 100 mg tablet
Venclexta 50 mg tablet
Venclexta Starting Pack 10 mg-50 mg-100 mg tablets in a dose pack
Ventavis 10 mcg/mL solution for nebulization
Ventavis 20 mcg/mL solution for nebulization
Viberzi 100 mg tablet
Viberzi 75 mg tablet
Vimpat 10 mg/mL oral solution
Vimpat 100 mg tablet
Vimpat 150 mg tablet
Vimpat 200 mg tablet
Vimpat 50 mg (14)-100 mg (14) tablets in a dose pack
Vimpat 50 mg tablet
VORICONAZOLE 200 MG TABLET
VORICONAZOLE 40 MG/ML SUSP
VORICONAZOLE 50 MG TABLET
Votrient 200 mg tablet
Xalkori 200 mg capsule
Xalkori 250 mg capsule
Xeljanz 5 mg tablet
Xeljanz XR 11 mg tablet,extended release
Xifaxan 200 mg tablet
Xifaxan 550 mg tablet
Xtandi 40 mg capsule
Xuriden 2 gram oral granules in packet
Xyrem 500 mg/mL oral solution
Zarxio 300 mcg/0.5 mL injection syringe
Zarxio 480 mcg/0.8 mL injection syringe
Zelboraf 240 mg tablet
Zolinza 100 mg capsule
Zontivity 2.08 mg tablet
Zorbtive 8.8 mg subcutaneous solution
Zortress 0.25 mg tablet
Zortress 0.5 mg tablet
Zortress 0.75 mg tablet
Zydelig 100 mg tablet
Zydelig 150 mg tablet
Zykadia 150 mg capsule
Zytiga 250 mg tablet

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 the Summary of Benefits or **Humana.com** for the 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 the Humana member ID card.

Go to Humana.com for a current Drug List

Visit Humana's Website for the most up-to-date Drug List. The online list is updated regularly. You can also learn more about the prescription drug benefit and copayments. It is suggested that before members go to the pharmacy, they go to **Humana.com**, and log in to *My*Humana or click on "Register Now" for access to this information and more.

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 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 nééé 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).