

2017

# List of Covered Drugs (Formulary)

Humana Gold Plus  
Integrated H0336-001  
(Medicare-Medicaid Plan)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. THIS FORMULARY WAS UPDATED ON 12/26/2017. IF YOU HAVE QUESTIONS, PLEASE CALL HUMANA GOLD PLUS INTEGRATED H0336-001 (MEDICARE-MEDICAID PLAN) AT 1-800-737-3311 (TTY: 711), 8 A.M. to 8 P.M., MONDAY THROUGH FRIDAY, CENTRAL TIME. THIS CALL IS FREE.

**Humana**<sup>®</sup>



## Table of Contents:

Introduction .....	4
Frequently Asked Questions .....	5
List of Covered Drugs .....	11
Index of Drugs .....	138
List of Drugs by Medical Conditions .....	189

---

**If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit **Humana.com**.



## Humana Gold Plus Integrated H0336-001 (Medicare-Medicaid Plan) | 2017 List of Covered Drugs (Formulary)

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

- Humana Gold Plus Integrated H0336-001 is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- Benefits may change on January 1 of each year. You can always check Humana Gold Plus Integrated's up-to-date List of Covered Drugs online at **Humana.com**.
- Limitations and restrictions may apply. For more information, call Humana Gold Plus Integrated Customer Care at 1-800-787-3311 (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Eastern Time or read the Humana Gold Plus Integrated Member Handbook.
- You can get this information for free in Spanish or speak with someone about this information in other languages for free. Call 1-800-787-3311 (TTY: 711), Monday - Friday from 8 a.m. - 8 p.m. Eastern Time. The call is free.
- Puede obtener este documento en español gratuitamente o hablar con alguien sobre esta información en otros idiomas sin cargo. Llame al 1-800-787-3311 (TTY:711) de lunes a viernes de 8 a.m. a 8 p.m. hora del este. La llamada es gratuita.
- You can get this information for free in other formats, such as large print, braille, or audio. Call 1-800-787-3311 (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Eastern Time. The call is free.
- You can make a standing request to get materials, now and in the future, in a language other than English or in an alternate format by calling Customer Care at 1-800-787-3311 (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Eastern Time. The call is free.

---

**If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit **Humana.com**.



## Frequently Asked Questions (FAQ)

Find answers here to questions you have about this List of Covered Drugs. You can read all of the FAQ to learn more, or look for a question and answer.

---

### 1. What prescription drugs are on the List of Covered Drugs? (We call the List of Covered Drugs the “Drug List” for short.)

The drugs on the List of Covered Drugs that starts on page 11, are the drugs covered by Humana Gold Plus Integrated. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

- Humana Gold Plus Integrated will cover all medically necessary drugs on the Drug List if:
  - your doctor or other prescriber says you need them to get better or stay healthy, **and**
  - you fill the prescription at a Humana Gold Plus Integrated network pharmacy.
- Humana Gold Plus Integrated may have additional steps to access certain drugs (see question #5 below).

You can also see an up-to-date list of drugs that we cover on our website at **Humana.com** or call Customer Care at 1-800-787-3311 (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Eastern Time. The call is free.

---

### 2. Does the Drug List ever change?

Yes. Humana Gold Plus Integrated may add or remove drugs on the Drug List during the year. Generally, the Drug List will only change if:

- a cheaper drug comes along that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (*Prior approval* is permission from Humana Gold Plus Integrated before you can get a drug.)
- Add or change the amount of a drug you can get (called “quantity limits”).
- Add or change step therapy restrictions on a drug. (*Step therapy* means you must try one drug before we will cover another drug.)

(For more information on these drug rules, see page 11.)

We will tell you when a drug you are taking is removed from the Drug List. We will also tell you when we change our rules for covering a drug. Questions 3, 4, and 7 below have more information on what happens when the Drug List changes.

- You can always check Humana Gold Plus Integrated's up-to-date Drug List online at **Humana.com**. You can also call Customer Care to check the current Drug List at 1-800-787-3311 (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Eastern Time. The call is free.
- 

### 3. What happens when a cheaper drug comes along that works as well as a drug on the Drug List now?

If you are taking a drug that is removed because a cheaper drug that works just as well comes along, we will tell you. We will tell you at least 60 days before we remove it from the Drug List **or** when you ask for a refill. Then you can get a 60-day supply of the drug before the change to the Drug List is made. You will be notified by mail of any changes.

---

**If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit **Humana.com**.



---

#### 4. What happens when we find out a drug is not safe?

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Drug List right away. We will also send you a letter telling you that. Talk to your doctor about other alternative medicines that could be used to treat your medical conditions.

---

#### 5. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Humana Gold Plus Integrated before you fill your prescription. If you don't get approval, Humana Gold Plus Integrated may not cover the drug.
- **Quantity limits:** Sometimes Humana Gold Plus Integrated limits the amount of a drug you can get.
- **Step therapy:** Sometimes Humana Gold Plus Integrated requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 12. You can also get more information by visiting our website at **Humana.com**. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can also ask for an "exception" from these limits. Please see question 11 for more information on exceptions.

- If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List, or if you cannot easily get the drug you need, we can help. We will cover a 31-day emergency supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Humana Gold Plus Integrated member. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please see question 11 for more information about exceptions.
- 

#### 6. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?

The List of Covered Drugs on page 11 has a column labeled "Necessary actions, restrictions, or limits on use."

---

#### 7. What happens if we change our rules on how we cover some drugs? For example, if we add prior authorization (approval), quantity limits, and/or step therapy restrictions on a drug.

We will tell you if we add prior approval, quantity limits, and/or step therapy restrictions on a drug. We will tell you at least 60 days before the restriction is added or when you next ask for a refill. Then, you can get a 60-day supply of the drug before the change to the Drug List is made. This gives you time to talk to your doctor or other prescriber about what to do next.

---

## 8. How can you find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), **or**
- You can search by medical condition.

To search **alphabetically**, go to the Alphabetical Listing section. You can find it by beginning on page 138.

To search by medical condition, find the section labeled “List of drugs by medical condition” on page 189. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, heart-related conditions. That is where you will find drugs that treat heart conditions.

---

## 9. What if the drug you want to take is not on the Drug List?

If you don't see your drug on the Drug List, call Customer Care at 1-800-787-3111 (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Eastern Time. The call is free. and ask about it. If you learn that Humana Gold Plus Integrated will not cover the drug, you can do one of these things:

- Ask Customer Care for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please see question 11 for more information about exceptions.

---

## 10. What if you are a new Humana Gold Plus Integrated member and can't find your drug on the Drug List or have a problem getting your drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Humana Gold Plus Integrated. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior approval by Humana Gold Plus Integrated, **or**
- you are taking a drug that is part of a step therapy restriction.

If you live in a nursing home or other long-term care facility, you may refill your prescription for as long as 98 days. You may refill the drug multiple times during the 90 days in the plan. This gives your prescriber time to change your drugs to ones on the Drug List or ask for an exception.

Humana wants to be sure that you, as a new or existing member, safely transition into the 2017 plan year. In 2017, you may not be able to receive your current drug therapy if the drug:

- Is not on Humana's drug list *or*
- Requires prior authorization because of quantity limits, step therapy requirements, or confirmation of your clinical history

### Cost-sharing for Drugs provided through the Transition Policy

If you're eligible for the low-income subsidy (LIS) in 2017, your copayment or coinsurance for a temporary supply of drugs provided during your transition period won't exceed your LIS limit. If you don't receive LIS, your copayment or coinsurance will be based on your plan's approved drug cost sharing tiers.

---

**If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit **Humana.com**.



### **One-Time Transition Supply at a Retail or Mail-Order Pharmacy**

When you have limited ability to receive your current prescription therapy:

- Humana will cover a one-time, 30-day supply of a Part D-covered drug *unless* the prescription is written for less than 30 days (in which case Humana will allow multiple fills to provide up to a total of 30 days of medication) during the first 90 days of your eligibility. Humana will provide refills for transition prescriptions dispensed for less than the written amount due to quantity limits for safety purposes or drug utilization edits that are based on approved product labeling.
- After you have your 30-day supply, you'll receive a letter that explains the temporary nature of the transition medication supply. After you receive the letter, talk to your doctor and decide if you should switch to an alternative drug or request an exception or prior authorization. Humana may not pay for refills of temporary supply drugs until an exception or prior authorization has been requested and approved.

### **Transition Supply for Residents of Long-Term Care Facilities**

For those members who are new to the plan and reside in a long-term care facility, Humana will cover a temporary supply of your drug during the first 90 days of your membership in the plan. The total supply allowed will be for a maximum of 98 days, or less if your prescription is written for fewer days. (Please note that the long-term care pharmacy may provide the drug in smaller amounts at a time to prevent waste.) If needed, we will cover additional refills during your first 90 days in the plan.

This coverage is offered anytime during the first 90 days of your eligibility when your current prescription therapy is filled at a long-term care pharmacy. Whether or not you are a new plan member we will cover up to a 31 day supply of the drug you need if it is not on the Drug list, or if you cannot easily get the drug you need, so you can continue therapy while you pursue an exception or prior authorization.

### **Transition Supply for Current Members**

Throughout the plan year, you may have a change in your treatment setting due to the level of care you require. Such transitions include:

- Members discharged from a hospital or skilled nursing facility to a home setting
- Members admitted to a hospital or skilled nursing facility from a home setting
- Members who transfer from one skilled nursing facility to another and serviced by a different pharmacy
- Members who end their skilled nursing facility Medicare Part A stay - where payments include all pharmacy charges - and who need to now use their Part D plan benefit
- Members who give up Hospice status and revert back to standard Medicare Part A and B coverage
- Members discharged from chronic psychiatric hospitals with highly individualized drug regimens

For these changes in treatment settings, Humana will cover up to a 31-day supply of a Part D-covered drug when your prescription is filled at a pharmacy. If you change treatment settings multiple times within the same month, you may have to request an exception or prior authorization and receive approval for continued coverage of your drug.

Humana will review these requests for continuation of therapy on a case-by-case basis when you have a stabilized drug regimen that, if altered, is known to have risks.

### **Transition Extension**

Humana makes arrangements to continue to provide necessary drugs to you via an extension of the transition period, on a case-by case basis, when your exception request or appeal has not been processed by the end of your transition period.

---

**If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit **Humana.com**.





## Public Notice of Transition Policy

This Transition Policy is available on Humana's Website, **Humana.com**, in the same area where the Part D Formulary is displayed.

If you need help understanding this information, please contact Customer Care at 1-800-787-3311 (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Eastern time for free language translator services. The call is free.

---

### 11. Can you ask for an exception to cover your drug?

Yes. You can ask Humana Gold Plus Integrated to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, Humana Gold Plus Integrated may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
  - Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.
- 

### 12. How long does it take to get an exception?

First, we must get a statement from your prescriber supporting your request for an exception. After we get the statement, we will give you a decision on your exception request within 72 hours.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

---

### 13. How can you ask for an exception?

To ask for an exception, call Humana Clinical Pharmacy Review (HCPR) at 1-800-555-CLIN (2546) (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Eastern Time. Humana Clinical Pharmacy Review will work with you and your provider to help you ask for an exception.

---

### 14. What are generic drugs?

*Generic drugs* are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

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

---

### 15. What are OTC drugs?

*OTC* stands for "over-the-counter".

Humana Gold Plus Integrated covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Humana Gold Plus Integrated Drug List to see what OTC drugs are covered.

---

### 16. What is your copay?

As a Humana Gold Plus Integrated Plan member, you have no copays for prescription and OTC drugs as long as you follow Humana Gold Plus Integrated's rules.

---

**If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit **Humana.com**.



---

## 17. What are drug tiers?

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are generic drugs
- Tier 2 drugs brand name drugs
- Tier 3 drugs are Non-Medicare Rx Drugs
- Tier 4 drugs are Non-Medicare OTC drugs



## List of Covered Drugs

The list of covered drugs that begins on the next page gives you information about the drugs covered by Humana Gold Plus Integrated. If you have trouble finding your drug in the list, turn to the Index that begins on page 138.

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., ABILIFY) and generic drugs are listed in lower-case italics (e.g., acarbose).

The information in the necessary actions, restrictions, or limits on use column tells you if Humana Gold Plus Integrated has any rules for covering your drug.

**Note:** The (\*) next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. These drugs also have different rules for appeals. An *appeal* is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid. If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Customer Care at 1-800-787-3311 (TTY: 711), Monday - Friday, from 8 a.m. - 8 p.m. Eastern Time. The call is free. You can also read the Member Handbook to learn how to appeal a decision.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

QL = Quantity Limit: only a specific quantity of a drug is allowed per a given period of days.

PA = Prior authorization (approval): you must have approval from the plan before you can get this drug.

ST = Step therapy: you must try another drug before you can get this one.

BvsD = Medicare Part B or Part D review (approval): administration location of the drug is reviewed and must be approved before the plan will cover the cost of this drug.

(\*) = Not a Part D Drug.

MO = Drug is typically available through mail-order.

## List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, heart-related conditions. That is where you will find drugs that treat heart conditions.



**If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit **Humana.com**.

**ANTI-INFECTIVE AGENTS - Drugs used to treat an infection**

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
<i>abacavir 20 mg/ml solution</i> <sup>MO</sup>	\$0 (Tier 1)	QL (960 per 30 days)
<i>abacavir 300 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
<i>abacavir-lamivudine 600-300 mg</i> <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
<i>abacavir-lamivudine-zidov tab</i> <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	B vs D
<i>acyclovir 200 mg capsule; acyclovir 200 mg/5 ml susp; acyclovir 400 mg, 800 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>acyclovir 1,000 mg/20 ml vial; acyclovir sodium 50 mg/ml, 500 mg vial</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D
<i>adefovir dipivoxil 10 mg tab</i> <sup>MO</sup>	\$0 (Tier 1)	
ALBENZA 200 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
ALINIA 100 MG/5 ML ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	QL (150 per 30 days)
ALINIA 500 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (40 per 30 days)
AMBISOME 50 MG INTRAVENOUS SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	B vs D
<i>amikacin sulf 500 mg/2 ml vial</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>amoxicillin 125 mg, 250 mg tab chew; amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml susp; amoxicillin 250 mg, 500 mg capsule; amoxicillin 500 mg, 875 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>amox-clav 200-28.5 mg, 400-57 mg tab chew; amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml sus; amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml susp; amox-clav 250-125 mg, 500-125 mg, 875-125 mg tablet; amox-clav er 1,000-62.5 mg tab</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>amphotericin b 50 mg vial</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D
<i>ampicillin 125 mg/5 ml, 250 mg/5 ml susp; ampicillin 250 mg, 500 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>ampicillin 1 gm vial; ampicillin 1 gram, 10 gram, 125 mg vial; ampicillin 10 gm vial</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial</i> <sup>MO</sup>	\$0 (Tier 1)	
APTIVUS 100 MG/ML ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	QL (120 per 30 days)
<i>atovaquone 750 mg/5 ml susp</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25</i> <sup>MO</sup>	\$0 (Tier 1)	
ATRIPLA 600 MG-200 MG-300 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
<i>azithromycin 1 gm pwd packet; azithromycin 100 mg/5 ml, 200 mg/5 ml susp; azithromycin 250 mg, 500 mg, 600 mg tablet; azithromycin i.v. 500 mg vial</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>aztreonam 1 gm vial; aztreonam 2 gm vial</i> <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>bacitracin 50,000 unit vial</i> <sup>MO</sup>	\$0 (Tier 1)	
BARACLUDE 0.05 MG/ML ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	QL (630 per 30 days)
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (224 per 28 days)
BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE; BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	
CANCIDAS 50 MG, 70 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
CAPASTAT 1 GRAM SOLUTION FOR INJECTION <sup>MO</sup>	\$0 (Tier 2)	
<i>caspofungin acetate 50 mg, 70 mg vial</i> <sup>MO</sup>	\$0 (Tier 1)	
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (84 per 28 days)
<i>cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml susp; cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml suspen; cefaclor 250 mg, 500 mg capsule; cefaclor er 500 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>cefadroxil 1 gm tablet; cefadroxil 250 mg/5 ml, 500 mg/5 ml susp; cefadroxil 500 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>cefazolin 1 gm vial; cefazolin 1 gram, 10 gram, 500 mg vial; cefazolin 10 gm vial</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>cefazolin 1 g/50 ml-dextrose; cefazolin 2 g/100 ml-dextrose</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>cefdinir 125 mg/5 ml, 250 mg/5 ml susp; cefdinir 300 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>cefotaxime sodium 1 gm vial; cefotaxime sodium 1 gram, 10 gram, 2 gram, 500 mg vial; cefotaxime sodium 10 gm vial; cefotaxime sodium 2 gm vial</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>cefpodoxime 100 mg, 200 mg tablet; cefpodoxime 100 mg/5 ml, 50 mg/5 ml susp</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>cefprozil 125 mg/5 ml, 250 mg/5 ml susp; cefprozil 250 mg, 500 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>ceftriaxone 1 gm vial; ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm add vial</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>cefuroxime axetil 250 mg, 500 mg tab</i> <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg vial; cefuroxime sod 7.5 gm vial <sup>MO</sup>	\$0 (Tier 1)	
cephalexin 125 mg/5 ml, 250 mg/5 ml susp; cephalexin 250 mg, 500 mg tablet; cephalexin 250 mg, 500 mg, 750 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
chloramphen na succ 1 gm vial <sup>MO</sup>	\$0 (Tier 1)	
chloroquine ph 250 mg, 500 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
ciprofloxacin hcl 100 mg, 250 mg, 500 mg, 750 mg tab <sup>MO</sup>	\$0 (Tier 1)	
ciprofloxacin-d5w 200 mg/100 ml, 400 mg/200 ml <sup>MO</sup>	\$0 (Tier 1)	
clarithromycin 125 mg/5 ml, 250 mg/5 ml sus; clarithromycin 250 mg, 500 mg tablet; clarithromycin er 500 mg tab <sup>MO</sup>	\$0 (Tier 1)	
clindamycin hcl 150 mg, 300 mg, 75 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
clindamycin 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml-ns <sup>MO</sup>	\$0 (Tier 1)	
clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml <sup>MO</sup>	\$0 (Tier 1)	
clindamycin 75 mg/5 ml soln <sup>MO</sup>	\$0 (Tier 1)	
clindamycin pediatric 75 mg/5 ml oral solution <sup>MO</sup>	\$0 (Tier 1)	
clindamycin ph 900 mg/6 ml vial <sup>MO</sup>	\$0 (Tier 1)	
COARTEM 20 MG-120 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (24 per 30 days)
colistimethate 150 mg vial <sup>MO</sup>	\$0 (Tier 1)	
COMPLERA 200 MG-25 MG-300 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
CRESEMBA 186 MG CAPSULE; CRESEMBA 372 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
CRIXIVAN 200 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	QL (270 per 30 days)
CUBICIN 500 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
CUBICIN RF 500 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
cycloserine 250 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
DAKLINZA 30 MG, 60 MG, 90 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (28 per 28 days)
dapsone 100 mg, 25 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
daptomycin 500 mg vial <sup>MO</sup>	\$0 (Tier 1)	
DARAPRIM 25 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
demeclocycline 150 mg, 300 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
DESCOVY 200 MG-25 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
dicloxacillin 250 mg, 500 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
didanosine dr 125 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (90 per 30 days)
didanosine dr 200 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
didanosine dr 250 mg, 400 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIFICID 200 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	ST,QL (20 per 10 days)
DORIBAX 500 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
<i>doripenem 250 mg, 500 mg vial<sup>MO</sup></i>	\$0 (Tier 1)	
<i>doxy-100 100 mg intravenous solution<sup>MO</sup></i>	\$0 (Tier 1)	
<i>doxycycline hyc 100 mg vial; doxycycline hyclate 100 mg tab; doxycycline hyclate 100 mg, 50 mg cap<sup>MO</sup></i>	\$0 (Tier 1)	
<i>doxycycline 25 mg/5 ml susp; doxycycline mono 100 mg, 150 mg, 50 mg, 75 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>doxycycline mono 100 mg, 50 mg, 75 mg cap; doxycycline mono 100 mg, 50 mg, 75 mg capsule<sup>MO</sup></i>	\$0 (Tier 1)	QL (60 per 30 days)
EDURANT 25 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
<i>entecavir 0.5 mg, 1 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	QL (30 per 30 days)
EPCLUSA 400 MG-100 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (28 per 28 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
EPZICOM 600 MG-300 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
ERAXIS(WATER DILUENT) 100 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
<i>erythromycin 250 mg, 500 mg filmtab<sup>MO</sup></i>	\$0 (Tier 1)	
<i>ethambutol hcl 100 mg, 400 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
EVOTAZ 300 MG-150 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
<i>famciclovir 125 mg, 250 mg, 500 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>fluconazole 10 mg/ml, 40 mg/ml susp; fluconazole 100 mg, 150 mg, 200 mg, 50 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>fluconazole-dext 400 mg/200 ml<sup>MO</sup></i>	\$0 (Tier 1)	
<i>fluconazole-nacl 200 mg/100 ml, 400 mg/200 ml<sup>MO</sup></i>	\$0 (Tier 1)	
<i>flucytosine 250 mg, 500 mg capsule<sup>MO</sup></i>	\$0 (Tier 1)	
<i>fosamprenavir 700 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>foscarnet 24 mg/ml infus btt<sup>MO</sup></i>	\$0 (Tier 1)	B vs D
FUZEON 90 MG SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
<i>ganciclovir 500 mg vial<sup>MO</sup></i>	\$0 (Tier 1)	B vs D
<i>gentamicin 80 mg/2 ml vial<sup>MO</sup></i>	\$0 (Tier 1)	
<i>gentamicin 70 mg/ns 50 ml pb; gentamicin 90 mg/ns 100 ml pb; iso gentamicin 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml; isoton gentamicin 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml<sup>MO</sup></i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
griseofulvin 125 mg/5 ml susp <sup>MO</sup>	\$0 (Tier 1)	
griseofulvin ultra 125 mg, 250 mg tab <sup>MO</sup>	\$0 (Tier 1)	
HARVONI 90 MG-400 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (28 per 28 days)
hydroxychloroquine 200 mg tab <sup>MO</sup>	\$0 (Tier 1)	
imipenem-cilastatin 250 mg, 500 mg v <sup>MO</sup>	\$0 (Tier 1)	
INTELENCE 100 MG, 25 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (120 per 30 days)
INTELENCE 200 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML INJECTION SOLUTION; INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML SOLUTION FOR INJECTION <sup>MO</sup>	\$0 (Tier 2)	PA
INVANZ 1 GRAM, 1 GRAM INTRAVENOUS SOLUTION; INVANZ 1 GRAM, 1 GRAM SOLUTION FOR INJECTION <sup>MO</sup>	\$0 (Tier 2)	
INVIRASE 200 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	QL (300 per 30 days)
INVIRASE 500 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (120 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET <sup>MO</sup>	\$0 (Tier 2)	QL (300 per 30 days)
ISENTRESS 100 MG, 25 MG CHEWABLE TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (180 per 30 days)
ISENTRESS 400 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (120 per 30 days)
ISENTRESS HD 600 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
isoniazid 100 mg, 300 mg tablet; isoniazid 100 mg/ml, 50 mg/5 ml solution; isoniazid 100 mg/ml, 50 mg/5 ml vial <sup>MO</sup>	\$0 (Tier 1)	
itraconazole 100 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (120 per 30 days)
ivermectin 3 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
JULUCA 50 MG-25 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
KALETRA 100 MG-25 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (150 per 30 days)
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
KETEK 300 MG, 400 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
ketoconazole 200 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
lamivudine 10 mg/ml oral soln <sup>MO</sup>	\$0 (Tier 1)	QL (960 per 30 days)
lamivudine 150 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
lamivudine 300 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
lamivudine hbv 100 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
lamivudine-zidovudine tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).





DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levofloxacin 25 mg/ml solution; levofloxacin 250 mg, 500 mg, 750 mg tablet; levofloxacin 500 mg/20 ml vial <sup>MO</sup>	\$0 (Tier 1)	
levofloxacin 500 mg/100 ml, 750 mg/150 ml-d5w <sup>MO</sup>	\$0 (Tier 1)	
LEXIVA 50 MG/ML ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	QL (1575 per 28 days)
LEXIVA 700 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (120 per 30 days)
lincomycin hcl 600 mg/2 ml v <sup>MO</sup>	\$0 (Tier 1)	
linezolid 100 mg/5 ml susp; linezolid 600 mg tablet; linezolid 600 mg/300 ml iv sol <sup>MO</sup>	\$0 (Tier 1)	
linezolid-0.9% nacl 600 mg/300 <sup>MO</sup>	\$0 (Tier 1)	
lopinavir-ritonavir 80-20mg/ml <sup>MO</sup>	\$0 (Tier 1)	
mefloquine hcl 250 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg vial <sup>MO</sup>	\$0 (Tier 1)	
meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50 <sup>MO</sup>	\$0 (Tier 1)	
methenamine hipp 1 gm tablet <sup>MO</sup>	\$0 (Tier 1)	
metronidazole 250 mg, 500 mg tablet; metronidazole 375 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
metronidazole 500 mg/100 ml <sup>MO</sup>	\$0 (Tier 1)	
minocycline 100 mg, 50 mg, 75 mg capsule; minocycline hcl 100 mg, 50 mg, 75 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
nafcillin 1 gm vial; nafcillin 10 gm vial <sup>MO</sup>	\$0 (Tier 1)	
nafcillin 1 gm/ 50 ml inj <sup>MO</sup>	\$0 (Tier 1)	
NEBUPENT 300 MG SOLUTION FOR INHALATION <sup>MO</sup>	\$0 (Tier 2)	B vs D
neomycin 500 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
nevirapine 200 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
nevirapine 50 mg/5 ml susp <sup>MO</sup>	\$0 (Tier 1)	QL (1200 per 30 days)
nevirapine er 100 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (120 per 30 days)
nevirapine er 400 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
nitrofurantoin 25 mg/5 ml susp <sup>MO</sup>	\$0 (Tier 1)	
nitrofurantoin mcr 100 mg, 50 mg cap <sup>MO</sup>	\$0 (Tier 1)	
nitrofurantoin mono-mcr 100 mg <sup>MO</sup>	\$0 (Tier 1)	
NORVIR 100 MG CAPSULE; NORVIR 100 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	QL (480 per 30 days)
NOXAFIL 100 MG TABLET,DELAYED RELEASE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
nystatin 100,000 unit/ml susp; nystatin 500,000 unit oral tab <sup>MO</sup>	\$0 (Tier 1)	
ODEFSEY 200 MG-25 MG-25 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ofloxacin 300 mg, 400 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>okebo 100 mg, 75 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
<i>oseltamivir 6 mg/ml suspension</i> <sup>MO</sup>	\$0 (Tier 1)	QL (720 per 365 days)
<i>oseltamivir phos 30 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	QL (112 per 365 days)
<i>oseltamivir phos 45 mg, 75 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	QL (56 per 365 days)
<i>paromomycin 250 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET <sup>MO</sup>	\$0 (Tier 2)	
PEGINTRON 120 MCG KIT; PEGINTRON 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML SUBCUTANEOUS KIT; PEGINTRON 150 MCG KIT; PEGINTRON 80 MCG KIT <sup>MO</sup>	\$0 (Tier 2)	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 120 MCG 4PK; PEGINTRON REDIPEN 150 MCG; PEGINTRON REDIPEN 50 MCG; PEGINTRON REDIPEN 80 MCG <sup>MO</sup>	\$0 (Tier 2)	PA,QL (4 per 28 days)
<i>penicillin g k 20 million unit, 5 million unit; penicillin gk 20 million unit, 5 million unit</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>penicillin g na 5 million unit</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>penicillin vk 125 mg/5 ml, 250 mg/5 ml soln; penicillin vk 250 mg, 500 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
PENTAM 300 MG SOLUTION FOR INJECTION <sup>MO</sup>	\$0 (Tier 2)	
<i>pfizerpen-g 20 million unit, 5 million unit solution for injection</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>piperacil-tazobact 13.5 gm vl; piperacil-tazobact 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram; piperacil-tazobact 2.25 gm vl; piperacil-tazobact 3.375 gm vl; piperacil-tazobact 4.5 gm vial</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>polymyxin b sulfate vial</i> <sup>MO</sup>	\$0 (Tier 1)	
PREZCOBIX 800 MG-150 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	QL (360 per 30 days)
PREZISTA 150 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (240 per 30 days)
PREZISTA 600 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
PREZISTA 75 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (480 per 30 days)
PREZISTA 800 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
PRIFTIN 150 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
<i>primaquine 26.3 mg tablet</i> <sup>MO</sup>	\$0 (Tier 2)	
PRIMSOL 50 MG/5 ML ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
<i>pyrazinamide 500 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>quinine sulfate 324 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	PA,QL (42 per 7 days)
REBETOL 40 MG/ML ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	QL (1000 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 180 days)
RESCRIPTOR 100 MG DISPERSIBLE TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (360 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RESCRIPTOR 200 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
REYATAZ 150 MG, 200 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
REYATAZ 300 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
REYATAZ 50 MG ORAL POWDER PACKET <sup>MO</sup>	\$0 (Tier 2)	
<i>ribasphere 200 mg capsule; ribasphere 200 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	QL (168 per 28 days)
<i>ribavirin 200 mg capsule; ribavirin 200 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	QL (168 per 28 days)
<i>ribavirin 6 gm inhalation vial</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D
<i>rifabutin 150 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	
RIFAMATE 300 MG-150 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	
<i>rifampin 150 mg, 300 mg capsule; rifampin iv 600 mg vial</i> <sup>MO</sup>	\$0 (Tier 1)	
RIFATER 50 MG-120 MG-300 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
<i>rimantadine hcl 100 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
SELZENTRY 150 MG, 25 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (240 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	QL (920 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (120 per 30 days)
SIRTURO 100 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (68 per 28 days)
SIVEXTRO 200 MG INTRAVENOUS SOLUTION; SIVEXTRO 200 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (6 per 28 days)
SOVALDI 400 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (28 per 28 days)
<i>stavudine 1 mg/ml solution</i> <sup>MO</sup>	\$0 (Tier 1)	QL (2400 per 30 days)
<i>stavudine 15 mg, 20 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	QL (120 per 30 days)
<i>stavudine 30 mg, 40 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
<i>streptomycin sulf 1 gm vial</i> <sup>MO</sup>	\$0 (Tier 1)	
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
<i>sulfadiazine 500 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp inj vial; sulfamethoxazole-tmp ss tablet; sulfamethoxazole-tmp susp</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>sulfasalazine 500 mg, 500 mg tablet; sulfasalazine dr 500 mg, 500 mg tab</i> <sup>MO</sup>	\$0 (Tier 1)	
SUPRAX 400 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	
SUSTIVA 200 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	QL (480 per 30 days)
SUSTIVA 600 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT <sup>MO</sup>	\$0 (Tier 2)	PA,QL (4 per 28 days)
SYNAGIS 100 MG/ML, 50 MG/0.5 ML INTRAMUSCULAR SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYNERCID 500 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
TAMIFLU 30 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	QL (112 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	QL (56 per 365 days)
TAMIFLU 6 MG/ML ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	QL (720 per 365 days)
TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
<i>terbinafine hcl 250 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	QL (90 per 365 days)
<i>tetracycline 250 mg, 500 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>tigecycline 50 mg vial</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>tinidazole 250 mg, 500 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
TIVICAY 10 MG, 25 MG, 50 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
TOBI PODHALER 28 MG, 28 MG CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG, 28 MG CAPSULES FOR INHALATION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (224 per 28 days)
<i>tobramycin 10 mg/ml, 40 mg/ml vial</i> <sup>MO</sup>	\$0 (Tier 1)	
TRECTOR 250 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
<i>trimethoprim 100 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
TRIUMEQ 600 MG-50 MG-300 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
TRUVADA 100 MG-150 MG TABLET; TRUVADA 133 MG-200 MG TABLET; TRUVADA 167 MG-250 MG TABLET; TRUVADA 200 MG-300 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
TYGACIL 50 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
TYZEKA 600 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
<i>valacyclovir hcl 1 gram, 500 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	QL (90 per 30 days)
<i>valganciclovir 450 mg tablet; valganciclovir hcl 50 mg/ml</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>vancomycin 1 gm vial; vancomycin 1,000 mg, 10 gram, 500 mg vial; vancomycin hcl 10 gm vial; vancomycin hcl 125 mg, 250 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	
VEMLIDY 25 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	QL (1200 per 30 days)
VIRACEPT 250 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (300 per 30 days)
VIRACEPT 625 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (120 per 30 days)
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION <sup>MO</sup>	\$0 (Tier 2)	B vs D
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER <sup>MO</sup>	\$0 (Tier 2)	QL (240 per 30 days)
VITEKTA 150 MG, 85 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
<i>voriconazole 200 mg vial</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>voriconazole 200 mg, 50 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	PA,QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
voriconazole 40 mg/ml susp <sup>MO</sup>	\$0 (Tier 1)	PA,QL (400 per 30 days)
XIFAXAN 200 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (84 per 28 days)
ZERBAXA 1.5 GRAM INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
ZERIT 1 MG/ML ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	QL (2400 per 30 days)
ZIAGEN 20 MG/ML ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	QL (960 per 30 days)
zidovudine 100 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (180 per 30 days)
zidovudine 300 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup <sup>MO</sup>	\$0 (Tier 1)	QL (1680 per 28 days)
ZYVOX 100 MG/5 ML ORAL SUSPENSION; ZYVOX 600 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	

#### ANTIHISTAMINE DRUGS - Drugs used to treat allergies

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clemastine fum 2.68 mg tab <sup>MO</sup>	\$0 (Tier 1)	
cyproheptadine 2 mg/5 ml syrup; cyproheptadine 4 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
diphenhydramine 50 mg/ml vial <sup>MO</sup>	\$0 (Tier 1)	
levocetirizine 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
promethazine 12.5 mg, 25 mg, 50 mg tablet; promethazine 6.25 mg/5 ml syr <sup>MO</sup>	\$0 (Tier 1)	
promethegan 12.5 mg, 25 mg, 50 mg rectal suppository <sup>MO</sup>	\$0 (Tier 1)	

#### ANTINEOPLASTIC AGENTS - Drugs used to treat cancer

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ABRAXANE 100 MG INTRAVENOUS SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	PA
adriamycin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml intravenous solution <sup>MO</sup>	\$0 (Tier 1)	B vs D
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	PA
ALECENSA 150 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (240 per 30 days)
ALIMTA 100 MG, 500 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALIQOPA 60 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (3 per 28 days)
ALKERAN 2 MG TABLET; ALKERAN 50 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
ALUNBRIG 30 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (180 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
<i>azacitidine 100 mg vial</i> <sup>MO</sup>	\$0 (Tier 1)	PA
BAVENCIO 20 MG/ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
BENDEKA 25 MG/ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
BESPONSA 0.9 MG(0.25 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
<i>bexarotene 75 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	PA,QL (300 per 30 days)
<i>bicalutamide 50 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
BICNU 100 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
<i>bleomycin sulfate 15 unit, 30 unit vial</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D
BOSULIF 100 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (120 per 30 days)
BOSULIF 400 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 1 days)
BOSULIF 500 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
<i>busulfan 60 mg/10 ml vial</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
CABOMETYX 20 MG, 40 MG, 60 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
CALQUENCE 100 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
CAPRELSA 100 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
<i>carboplatin 50 mg/5 ml vial</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D
<i>cisplatin 50 mg/50 ml vial</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D
<i>cladribine 10 mg/10 ml vial</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D
<i>clofarabine 20 mg/20 ml vial</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES <sup>MO</sup>	\$0 (Tier 2)	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES <sup>MO</sup>	\$0 (Tier 2)	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES <sup>MO</sup>	\$0 (Tier 2)	PA,QL (84 per 28 days)
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
COTELLIC 20 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (63 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg vial; cyclophosphamide 2 gm vial; cyclophosphamide 25 mg, 50 mg capsule <sup>MO</sup>	\$0 (Tier 1)	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (200 per 28 days)
cytarabine 20 mg/ml vial <sup>MO</sup>	\$0 (Tier 1)	B vs D
cytarabine 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml vial; cytarabine 100 mg/5 ml vial; cytarabine 2 g/20 ml vial <sup>MO</sup>	\$0 (Tier 1)	B vs D
dacarbazine 100 mg, 200 mg vial <sup>MO</sup>	\$0 (Tier 1)	B vs D
dactinomycin 0.5 mg vial <sup>MO</sup>	\$0 (Tier 1)	B vs D
DARZALEX 20 MG/ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (400 per 30 days)
daunorubicin 20 mg/4 ml vial <sup>MO</sup>	\$0 (Tier 1)	B vs D
DAUNOXOME 50 MG (2 MG/ML) VIAL <sup>MO</sup>	\$0 (Tier 2)	B vs D
decitabine 50 mg vial <sup>MO</sup>	\$0 (Tier 1)	PA
DOCEFREZ 20 MG, 80 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
docetaxel 160 mg/16 ml vial; docetaxel 160 mg/8 ml vial; docetaxel 20 mg/2 ml vial; docetaxel 20 mg/ml vial; docetaxel 200 mg/10 ml vial; docetaxel 80 mg/4 ml vial; docetaxel 80 mg/8 ml vial <sup>MO</sup>	\$0 (Tier 1)	B vs D
docetaxel 200 mg/20 ml vial <sup>MO</sup>	\$0 (Tier 2)	B vs D
doxorubicin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg, 50 mg/25 ml vial; doxorubicin 150 mg/75 ml vial <sup>MO</sup>	\$0 (Tier 1)	B vs D
doxorubicin liposome 50mg/25ml <sup>MO</sup>	\$0 (Tier 1)	PA
DROXIA 200 MG, 300 MG, 400 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	
EMCYT 140 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	
EMPLICITI 300 MG, 400 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
epirubicin 200 mg, 200 mg/100 ml, 50 mg, 50 mg/25 ml vial; epirubicin hcl 200 mg, 200 mg/100 ml, 50 mg, 50 mg/25 ml vial <sup>MO</sup>	\$0 (Tier 1)	B vs D
ERBITUX 100 MG/50 ML, 200 MG/100 ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
ERIVEDGE 150 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (28 per 28 days)
ERWINAZE 10,000 UNIT SOLUTION FOR INJECTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 28 days)
ETOPOPHOS 100 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
etoposide 100 mg/5 ml vial <sup>MO</sup>	\$0 (Tier 1)	B vs D
EVOMELA 50 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
FARYDAK 10 MG, 15 MG, 20 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (6 per 21 days)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	B vs D,QL (30 per 30 days)
fludarabine 50 mg, 50 mg/2 ml vial <sup>MO</sup>	\$0 (Tier 1)	B vs D

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml vial; fluorouracil 1,000 mg/20 ml vial; fluorouracil 2,500 mg/50 ml vial; fluorouracil 5,000 mg/100 ml</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D
<i>flutamide 125 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (120 per 28 days)
<i>gemcitabine 1 gram/26.3 ml vial; gemcitabine 2 gram/52.6 ml vial; gemcitabine 200 mg/5.26 ml vial; gemcitabine hcl 1 gram, 1 gram/26.3 ml (38 mg/ml), 2 gram, 2 gram/52.6 ml (38 mg/ml), 200 mg, 200 mg/5.26 ml (38 mg/ml) vial</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D
GILOTRIF 20 MG, 30 MG, 40 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
GLEEVEC 100 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (180 per 30 days)
GLEEVEC 400 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
GLEOSTINE 10 MG, 100 MG, 40 MG, 5 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	
HALAVEN 1 MG/2 ML (0.5 MG/ML) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
HERCEPTIN 150 MG, 440 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
HEXALEN 50 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	
HYCAMTIN 4 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
<i>hydroxyurea 500 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (21 per 28 days)
ICLUSIG 15 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
ICLUSIG 45 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
IDAMYCIN PFS 1 MG/ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
<i>idarubicin hcl 20 mg/20 ml vial</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D
IDHIFA 100 MG, 50 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
<i>ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/ 60 ml vial</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D
IMBRUVICA 140 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (120 per 30 days)
IMFINZI 50 MG/ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION FOR INJECTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION FOR INJECTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (8 per 28 days)
INLYTA 1 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
IRESSA 250 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
<i>irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vial; irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vial</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).





DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
IXEMPRA 15 MG, 45 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
JEVTANA 10 MG/ML (FIRST DILUTION) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
KADCYLA 100 MG, 160 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
KEYTRUDA 25 MG/ML, 50 MG INTRAVENOUS SOLUTION; KEYTRUDA 25 MG/ML, 50 MG VIAL <sup>MO</sup>	\$0 (Tier 2)	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (91 per 28 days)
KYPROLIS 30 MG, 60 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
LARTRUVO 10 MG/ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
LENVIMA 10 MG/DAY (10 MG X 1/DAY) CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE; LENVIMA 24 MG PER DAY (10 MG X 2 AND 4 MG X 1) CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (90 per 30 days)
LEUKERAN 2 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
LONSURF 15 MG-6.14 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (80 per 30 days)
LYNPARZA 100 MG, 150 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (120 per 30 days)
LYNPARZA 50 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (448 per 28 days)
LYSODREN 500 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
MARQIBO 5 MG/31 ML (0.16 MG/ML) (FINAL CONC.) INTRAVENOUS KIT <sup>MO</sup>	\$0 (Tier 2)	PA
MATULANE 50 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	
MEKINIST 0.5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
<i>melphalan 2 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D
<i>melphalan 50 mg vial w-diluent</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D
<i>mercaptopurine 50 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>methotrexate 2.5 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D
<i>methotrexate 50 mg/2 ml vial</i> <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methotrexate 1 gm vial; methotrexate 50 mg/2 ml vial <sup>MO</sup>	\$0 (Tier 1)	
mitomycin 20 mg, 40 mg, 5 mg vial <sup>MO</sup>	\$0 (Tier 1)	B vs D
mitoxantrone 25 mg/12.5 ml vial <sup>MO</sup>	\$0 (Tier 1)	
MUSTARGEN 10 MG SOLUTION FOR INJECTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
NERLYNX 40 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (180 per 30 days)
NEXAVAR 200 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
nilutamide 150 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (3 per 28 days)
ODOMZO 200 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
ONCASPAR 750 UNIT/ML INJECTION SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
ONIVYDE 4.3 MG/ML INTRAVENOUS DISPERSION <sup>MO</sup>	\$0 (Tier 2)	PA
OPDIVO 100 MG/10 ML, 40 MG/4 ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (80 per 28 days)
oxaliplatin 100 mg, 100 mg/20 ml, 50 mg, 50 mg/10 ml (5 mg/ml) vial; oxaliplatin 50 mg/10 ml vial <sup>MO</sup>	\$0 (Tier 1)	B vs D
paclitaxel 100 mg/16.7 ml vial <sup>MO</sup>	\$0 (Tier 1)	B vs D
PERJETA 420 MG/14 ML (30 MG/ML) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (100 per 21 days)
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
PURIXAN 20 MG/ML ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	QL (300 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (28 per 28 days)
RHEUMATREX 2.5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	B vs D
RITUXAN 10 MG/ML CONCENTRATE, INTRAVENOUS <sup>MO</sup>	\$0 (Tier 2)	PA
RITUXAN HYCELA 1,400 MG/11.7 ML (120 MG/ML) SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (46.8 per 28 days)
RITUXAN HYCELA 1,600 MG/13.4 ML (120 MG/ML) SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (13.4 per 28 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (120 per 30 days)
RYDAPT 25 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (224 per 28 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (90 per 30 days)
STIVARGA 40 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (84 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (28 per 28 days)
SYLVANT 100 MG, 400 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
TAFINLAR 50 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
TARCEVA 100 MG, 150 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (90 per 30 days)
TARGRETIN 75 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (120 per 30 days)
TAXOTERE 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (20 per 21 days)
TEMODAR 100 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (27 per 30 days)
<i>thiotepa 15 mg vial<sup>MO</sup></i>	\$0 (Tier 1)	B vs D
<i>toposar 20 mg/ml intravenous solution<sup>MO</sup></i>	\$0 (Tier 1)	B vs D
<i>topotecan hcl 4 mg, 4 mg/4 ml (1 mg/ml) vial; topotecan hcl 4 mg/4 ml vial<sup>MO</sup></i>	\$0 (Tier 1)	B vs D
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST DILUTION) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (8 per 28 days)
TREANDA 100 MG, 180 MG/2 ML, 25 MG, 45 MG/0.5 ML INTRAVENOUS POWDER FOR SOLUTION; TREANDA 100 MG, 180 MG/2 ML, 25 MG, 45 MG/0.5 ML VIAL <sup>MO</sup>	\$0 (Tier 2)	PA
<i>tretinoin 10 mg capsule<sup>MO</sup></i>	\$0 (Tier 1)	
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	B vs D
TRISENOX 10 MG/10 ML, 2 MG/ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
TYKERB 250 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (150 per 30 days)
UNITUXIN 3.5 MG/ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (40 per 30 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (4 per 21 days)
VENCLEXTA 10 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (28 per 28 days)
VENCLEXTA 100 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (120 per 30 days)
VENCLEXTA 50 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (14 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK <sup>MO</sup>	\$0 (Tier 2)	PA,QL (42 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
vinblastine 1 mg/ml vial <sup>MO</sup>	\$0 (Tier 1)	B vs D
vincasar pfs 1 mg/ml, 2 mg/2 ml intravenous solution <sup>MO</sup>	\$0 (Tier 1)	B vs D
vincristine 1 mg/ml, 2 mg/2 ml vial <sup>MO</sup>	\$0 (Tier 1)	B vs D
vinorelbine 10 mg/ml, 50 mg/5 ml vial <sup>MO</sup>	\$0 (Tier 1)	B vs D
VOTRIENT 200 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (120 per 30 days)
VYXEOS 44 MG-100 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
XALKORI 200 MG, 250 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
XATMEP 2.5 MG/ML ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (120 per 28 days)
XTANDI 40 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (120 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (280 per 21 days)
YERVOY 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (250 per 21 days)
YONDELIS 1 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (40 per 28 days)
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
ZEJULA 100 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (90 per 30 days)
ZELBORAF 240 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (240 per 30 days)
ZOLINZA 100 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (150 per 30 days)
ZYTIGA 250 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (120 per 30 days)
ZYTIGA 500 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)

#### ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES - Drugs used to help prevent and fight diseases

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
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 <sup>MO</sup>	\$0 (Tier 2)	
BCG VACCINE (TICE STRAIN) VIAL <sup>MO</sup>	\$0 (Tier 2)	
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 <sup>MO</sup>	\$0 (Tier 2)	
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP <sup>MO</sup>	\$0 (Tier 2)	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION; ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	B vs D
ENGERIX-B 10 MCG/0.5 ML PED VL; ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	B vs D
GAMUNEX-C 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) INJECTION SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
GARDASIL SYRINGE; GARDASIL VIAL <sup>MO</sup>	\$0 (Tier 2)	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION; GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (1.5 per 365 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION; HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
HYPERRAB S/D (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
IMOGAM RABIES-HT (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
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 <sup>MO</sup>	\$0 (Tier 2)	
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION <sup>MO</sup>	\$0 (Tier 2)	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	
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 <sup>MO</sup>	\$0 (Tier 2)	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
MENHIBRIX (PF) 5 MCG-2.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
MENOMUNE-A-C-Y-W-135 W-DILUENT <sup>MO</sup>	\$0 (Tier 2)	
MENOMUNE-A-C-Y-W-135 W-DILUENT <sup>MO</sup>	\$0 (Tier 2)	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT <sup>MO</sup>	\$0 (Tier 2)	
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT <sup>MO</sup>	\$0 (Tier 2)	
PRIVIGEN 10 % INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION; RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	B vs D
ROTARIX 10EXP6 CCID50/ML SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	
ROTATEQ VACCINE 2 ML ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
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 <sup>MO</sup>	\$0 (Tier 2)	
<i>diphtheria-tetanus toxoids-ped</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>tetanus diphtheria toxoids</i> <sup>MO</sup>	\$0 (Tier 1)	
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE; TWINRIX VACCINE VIAL <sup>MO</sup>	\$0 (Tier 2)	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION; TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SUSPENSION; VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	
VARIZIG 125 UNIT INTRAMUSCULAR POWDER FOR SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (10 per 30 days)
VARIZIG 125 UNIT/1.2 ML INTRAMUSCULAR SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (12 per 30 days)
WINRHO SDF 1,500 UNIT/1.3 ML, 15,000 UNIT/13 ML, 2,500 UNIT/2.2 ML, 5,000 UNIT/4.4 ML INJECTION SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	QL (1 per 365 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



**AUTONOMIC DRUGS - Drugs used to treat an autoimmune disorder**

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml solution; albuterol sul 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol sul 2.5 mg/3 ml soln<sup>MO</sup></i>	\$0 (Tier 1)	B vs D
<i>albuterol sulf 2 mg/5 ml syrup; albuterol sulfate 2 mg, 4 mg tab; albuterol sulfate er 4 mg, 8 mg tab<sup>MO</sup></i>	\$0 (Tier 1)	
<i>alfuzosin hcl er 10 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	QL (30 per 30 days)
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER <sup>MO</sup>	\$0 (Tier 2)	QL (25.8 per 30 days)
<i>baclofen 10 mg, 20 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>bethanechol 10 mg, 25 mg, 5 mg, 50 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (120 per 30 days)
<i>carisoprodol 350 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
CHANTIX 0.5 MG, 1 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK <sup>MO</sup>	\$0 (Tier 2)	QL (56 per 28 days)
<i>cyclobenzaprine 10 mg, 5 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>dantrolene sodium 100 mg, 25 mg, 50 mg cap<sup>MO</sup></i>	\$0 (Tier 1)	
<i>dicyclomine 10 mg capsule; dicyclomine 10 mg/5 ml soln; dicyclomine 20 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>dihydroergotamine 1 mg/ml amp<sup>MO</sup></i>	\$0 (Tier 1)	
<i>donepezil hcl 10 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>donepezil hcl 10 mg, 5 mg, 5 mg tablet; donepezil hcl odt 10 mg, 5 mg, 5 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	QL (30 per 30 days)
EPINEPHRINE 0.15 MG AUTO-INJCT <sup>MO</sup>	\$0 (Tier 1)	
<i>epinephrine 0.3 mg auto-inject<sup>MO</sup></i>	\$0 (Tier 1)	
EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR <sup>MO</sup>	\$0 (Tier 2)	
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR <sup>MO</sup>	\$0 (Tier 2)	
EPIPEN JR 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR <sup>MO</sup>	\$0 (Tier 2)	
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR <sup>MO</sup>	\$0 (Tier 2)	
ERGOMAR 2 MG SUBLINGUAL TABLET <sup>MO</sup>	\$0 (Tier 2)	
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR TRANSDERMAL <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
<i>galantamine 4 mg/ml oral soln<sup>MO</sup></i>	\$0 (Tier 1)	QL (200 per 30 days)
<i>galantamine er 16 mg, 24 mg, 8 mg capsule<sup>MO</sup></i>	\$0 (Tier 1)	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
galantamine hbr 12 mg, 4 mg, 8 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
glycopyrrolate 0.2 mg/ml vial; glycopyrrolate 1 mg, 2 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
guanidine hcl 125 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
ipratropium br 0.02% soln <sup>MO</sup>	\$0 (Tier 1)	B vs D
iprat-albut 0.5-3(2.5) mg/3 ml <sup>MO</sup>	\$0 (Tier 1)	B vs D
metaproterenol 10 mg, 20 mg tablet; metaproterenol 10 mg/5 ml syr <sup>MO</sup>	\$0 (Tier 1)	
metaxalone 400 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (120 per 30 days)
metaxalone 800 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
methocarbamol 500 mg, 750 mg tablet <sup>MO</sup>	\$0 (Tier 2)	
midodrine hcl 10 mg, 2.5 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
NICOTROL NS 10 MG/ML NASAL SPRAY <sup>MO</sup>	\$0 (Tier 2)	
NORTHERA 100 MG, 200 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (90 per 30 days)
NORTHERA 300 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (180 per 30 days)
orphenadrine er 100 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
PERFORMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (120 per 30 days)
pilocarpine hcl 5 mg, 7.5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
propantheline 15 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
pyridostigmine br 60 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
rivastigmine 1.5 mg, 3 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (90 per 30 days)
rivastigmine 4.5 mg, 6 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <sup>MO</sup>	\$0 (Tier 2)	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION <sup>MO</sup>	\$0 (Tier 2)	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <sup>MO</sup>	\$0 (Tier 2)	QL (4 per 30 days)
tamsulosin hcl 0.4 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
terbutaline sulf 1 mg/ml vial; terbutaline sulfate 2.5 mg, 5 mg tab <sup>MO</sup>	\$0 (Tier 1)	
tizanidine hcl 2 mg, 4 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER <sup>MO</sup>	\$0 (Tier 2)	QL (36 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).





**BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs used to treat blood clotting**

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AMICAR 1,000 MG, 500 MG TABLET; AMICAR 250 MG/ML (25 %) ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
<i>anagrelide hcl 0.5 mg, 1 mg capsule<sup>MO</sup></i>	\$0 (Tier 1)	
BRILINTA 60 MG, 90 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
<i>cilostazol 100 mg, 50 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>clopidogrel 300 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>clopidogrel 75 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	QL (30 per 30 days)
COUMADIN 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
EFFIENT 10 MG, 5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
ELIQUIS 5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (74 per 30 days)
<i>enoxaparin 100 mg/ml, 150 mg/ml syringe<sup>MO</sup></i>	\$0 (Tier 1)	QL (28 per 28 days)
<i>enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr<sup>MO</sup></i>	\$0 (Tier 1)	QL (22.4 per 28 days)
<i>enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr<sup>MO</sup></i>	\$0 (Tier 1)	QL (16.8 per 28 days)
<i>enoxaparin 300 mg/3 ml vial<sup>MO</sup></i>	\$0 (Tier 1)	QL (84 per 28 days)
<i>enoxaparin 40 mg/0.4 ml syr<sup>MO</sup></i>	\$0 (Tier 1)	QL (11.2 per 28 days)
EPOGEN 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (28 per 30 days)
<i>fondaparinux 10 mg/0.8 ml syr<sup>MO</sup></i>	\$0 (Tier 1)	QL (24 per 30 days)
<i>fondaparinux 2.5 mg/0.5 ml syr<sup>MO</sup></i>	\$0 (Tier 1)	QL (15 per 30 days)
<i>fondaparinux 5 mg/0.4 ml syr<sup>MO</sup></i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>fondaparinux 7.5 mg/0.6 ml syr<sup>MO</sup></i>	\$0 (Tier 1)	QL (18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (6 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	QL (22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (9 per 30 days)
GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (7 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (11.2 per 28 days)
heparin 40,000 units/4 ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vial <sup>MO</sup>	\$0 (Tier 1)	
heparin 20,000 unit/500 ml-d5w <sup>MO</sup>	\$0 (Tier 1)	
heparin-1/2ns 25,000 units/500 <sup>MO</sup>	\$0 (Tier 1)	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
LEUKINE 250 MCG SOLUTION FOR INJECTION <sup>MO</sup>	\$0 (Tier 2)	PA
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (9.6 per 30 days)
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE; NEULASTA 6 MG/0.6 ML, 6 MG/0.6ML WITH WEARABLE SUBCUTANEOUS INJECTOR <sup>MO</sup>	\$0 (Tier 2)	PA,QL (1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (22.4 per 30 days)
pentoxifylline er 400 mg tab <sup>MO</sup>	\$0 (Tier 1)	
prasugrel 10 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
PROCRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML INJECTION SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (28 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (90 per 30 days)
ticlopidine 250 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
tranexamic acid 1,000 mg/10 ml <sup>MO</sup>	\$0 (Tier 1)	PA
tranexamic acid 650 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 5 days)
warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
XARELTO 10 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (35 per 60 days)
XARELTO 15 MG (42)-20 MG (9) TABLETS IN A DOSE PACK <sup>MO</sup>	\$0 (Tier 2)	QL (51 per 30 days)
XARELTO 15 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
XARELTO 20 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (11.2 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZONTIVITY 2.08 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)

### CARDIOVASCULAR DRUGS - Drugs used to treat heart-related conditions

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acebutolol 200 mg, 400 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
ADCIRCA 20 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
afeditab cr 30 mg, 60 mg tablet,extended release <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
amiodarone 150 mg/3 ml syringe; amiodarone 900 mg/18 ml vial; amiodarone hcl 100 mg, 200 mg, 400 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
amlodipine besylate 10 mg, 2.5 mg, 5 mg tab <sup>MO</sup>	\$0 (Tier 1)	
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg; amlodipine-benazepril 2.5-10 <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
aspirin-dipyridam er 25-200 mg <sup>MO</sup>	\$0 (Tier 1)	ST
atenolol 100 mg, 25 mg, 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25 <sup>MO</sup>	\$0 (Tier 1)	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab <sup>MO</sup>	\$0 (Tier 1)	
BIDIL 20 MG-37.5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (180 per 30 days)
bisoprolol fumarate 10 mg, 5 mg tab <sup>MO</sup>	\$0 (Tier 1)	
bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tab; bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tb <sup>MO</sup>	\$0 (Tier 1)	
candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
candesartan cilexetil 32 mg tb <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tab; candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tb <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
cartia xt 120 mg, 180 mg, 240 mg capsule,extended release <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
cholestyramine packet; cholestyramine powder <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cholestyramine light 4 gram, 4 gram oral powder; cholestyramine light 4 gram, 4 gram powder for susp in a packet <sup>MO</sup>	\$0 (Tier 1)	
clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch <sup>MO</sup>	\$0 (Tier 1)	QL (4 per 28 days)
clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
clonidine hcl er 0.1 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (120 per 30 days)
clorpres 0.1 mg-15 mg tablet; clorpres 0.2 mg-15 mg tablet; clorpres 0.3 mg-15 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
colestipol hcl granules; colestipol hcl granules packet; colestipol micronized 1 gm tab <sup>MO</sup>	\$0 (Tier 1)	
CORLANOR 5 MG, 7.5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
digitek 125 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
digitek 250 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
digox 125 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
digox 250 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
digoxin 0.05 mg/ml solution; digoxin 250 mcg tablet; digoxin 500 mcg/2 ml ampule <sup>MO</sup>	\$0 (Tier 1)	
digoxin 125 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
dilt-xr 120 mg, 180 mg, 240 mg capsule, extended release <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
diltiazem 120 mg, 30 mg, 60 mg, 90 mg tablet; diltiazem 12hr er 120 mg, 60 mg, 90 mg cap; diltiazem hcl 100 mg vial <sup>MO</sup>	\$0 (Tier 1)	
diltiazem 24hr er 120 mg, 120 mg, 180 mg, 180 mg, 240 mg, 240 mg cap; diltiazem er 120 mg, 180 mg, 240 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
diltiazem 24hr er 300 mg, 300 mg, 360 mg, 420 mg cap <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
dipyridamole 25 mg, 50 mg, 75 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
disopyramide 100 mg, 150 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
dofetilide 125 mcg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (240 per 30 days)
dofetilide 250 mcg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (120 per 30 days)
dofetilide 500 mcg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab <sup>MO</sup>	\$0 (Tier 1)	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
enalapril-hctz 10-25 mg, 5-12.5 mg tab; enalapril-hctz 10-25 mg, 5-12.5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
eplerenone 25 mg, 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ezetimibe 10 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
felodipine er 10 mg, 2.5 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
fenofibrate 160 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
fenofibrate 54 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
fenofibrate 134 mg, 200 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
fenofibrate 67 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
fenofibrate 145 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
fenofibrate 48 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
fenofibric acid dr 135 mg, 45 mg cap <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
flecainide acetate 100 mg, 150 mg, 50 mg tab <sup>MO</sup>	\$0 (Tier 1)	
fosinopril sodium 10 mg, 20 mg, 40 mg tab <sup>MO</sup>	\$0 (Tier 1)	
fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab <sup>MO</sup>	\$0 (Tier 1)	
gemfibrozil 600 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
guanfacine 1 mg, 2 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
hydralazine 10 mg, 100 mg, 25 mg, 50 mg tablet; hydralazine 20 mg/ml vial <sup>MO</sup>	\$0 (Tier 1)	
irbesartan 150 mg, 300 mg, 75 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg, 300-12.5 mg tb <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
isosorbide dn 10 mg, 20 mg, 30 mg, 5 mg tablet; isosorbide dn er 40 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
isosorbide mn 10 mg, 20 mg tablet; isosorbide mn er 120 mg, 30 mg, 60 mg tab; isosorbide mn er 120 mg, 30 mg, 60 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
isradipine 2.5 mg, 5 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
KYNAMRO 200 MG/ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (4 per 28 days)
labetalol hcl 100 mg, 200 mg, 300 mg tablet; labetalol hcl 100 mg/20 ml vial <sup>MO</sup>	\$0 (Tier 1)	
LANOXIN 125 MCG, 187.5 MCG, 62.5 MCG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
LANOXIN 250 MCG TABLET; LANOXIN 250 MCG/ML INJECTION SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
LANOXIN PEDIATRIC 100 MCG/ML INJECTION SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab <sup>MO</sup>	\$0 (Tier 1)	
losartan potassium 100 mg, 25 mg, 50 mg tab <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
methyl dopa 250 mg, 500 mg tablet <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>methyldopa-hctz 250-15 mg, 250-25 mg tab<sup>MO</sup></i>	\$0 (Tier 1)	
<i>metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab<sup>MO</sup></i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab<sup>MO</sup></i>	\$0 (Tier 1)	
<i>metoprolol tart 5 mg/5 ml vial; metoprolol tartrate 100 mg, 25 mg, 50 mg tab<sup>MO</sup></i>	\$0 (Tier 1)	
<i>metoprolol tartrate 37.5 mg, 75 mg tab; metoprolol tartrate 37.5 mg, 75 mg tb<sup>MO</sup></i>	\$0 (Tier 2)	
<i>mexiletine 150 mg, 200 mg, 250 mg capsule<sup>MO</sup></i>	\$0 (Tier 1)	
<i>minoxidil 10 mg, 2.5 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>moexipril hcl 15 mg, 7.5 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tab; moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
MULTAQ 400 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
<i>nadolol 20 mg, 40 mg, 80 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>nadolol-bendroflu 40-5 mg, 80-5 mg tab<sup>MO</sup></i>	\$0 (Tier 1)	
<i>niacor 500 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>nicardipine 20 mg, 30 mg capsule; nicardipine 25 mg/10 ml ampule<sup>MO</sup></i>	\$0 (Tier 1)	
<i>nifedical xl 30 mg, 60 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>nifedipine er 30 mg, 30 mg, 60 mg, 60 mg, 90 mg, 90 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>nimodipine 30 mg capsule<sup>MO</sup></i>	\$0 (Tier 1)	
<i>nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch<sup>MO</sup></i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg tablet sl; nitroglycerin 5 mg/ml vial; nitroglycerin lingual 0.4 mg<sup>MO</sup></i>	\$0 (Tier 1)	
<i>nitroglycerin 0.4 mg/hr patch<sup>MO</sup></i>	\$0 (Tier 1)	QL (60 per 30 days)
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET <sup>MO</sup>	\$0 (Tier 2)	
<i>omega-3 ethyl esters 1 gm cap<sup>MO</sup></i>	\$0 (Tier 1)	QL (120 per 30 days)
PACERONE 100 MG, 400 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
<i>pacerone 200 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>perindopril erbumine 2 mg, 4 mg, 8 mg tab<sup>MO</sup></i>	\$0 (Tier 1)	
<i>pindolol 10 mg, 5 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
PRALUENT PEN 150 MG/ML, 75 MG/ML SUBCUTANEOUS PEN INJECTOR <sup>MO</sup>	\$0 (Tier 2)	PA,QL (2 per 28 days)
PRALUENT 150 MG/ML, 75 MG/ML SYRINGE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (2 per 28 days)
<i>pravastatin sodium 10 mg, 20 mg, 80 mg tab<sup>MO</sup></i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>pravastatin sodium 40 mg tab<sup>MO</sup></i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>prazosin 1 mg, 2 mg, 5 mg capsule<sup>MO</sup></i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prevalite 4 gram, 4 gram oral powder; prevalite 4 gram, 4 gram powder for susp in a packet <sup>MO</sup>	\$0 (Tier 1)	
procainamide 100 mg/ml, 500 mg/ml vial <sup>MO</sup>	\$0 (Tier 1)	
propafenone hcl 150 mg, 225 mg, 300 mg tab; propafenone hcl 150 mg, 225 mg, 300 mg tablet; propafenone hcl er 225 mg, 325 mg, 425 mg cap <sup>MO</sup>	\$0 (Tier 1)	
propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) vial; propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg tablet; propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln; propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
propranolol-hctz 40-25 mg, 80-25 mg tab <sup>MO</sup>	\$0 (Tier 1)	
quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab <sup>MO</sup>	\$0 (Tier 1)	
quinidine gluc 80 mg/ml vial; quinidine gluc er 324 mg tab <sup>MO</sup>	\$0 (Tier 1)	
quinidine sulfate 200 mg, 300 mg tab <sup>MO</sup>	\$0 (Tier 1)	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
RANEXA 1,000 MG, 500 MG TABLET,EXTENDED RELEASE <sup>MO</sup>	\$0 (Tier 2)	ST,QL (120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR <sup>MO</sup>	\$0 (Tier 2)	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR <sup>MO</sup>	\$0 (Tier 2)	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (3 per 28 days)
reserpine 0.1 mg, 0.25 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
REVATIO 10 MG/ML ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (180 per 30 days)
rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg tab <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
sildenafil 20 mg tablet <sup>MO</sup>	\$0 (Tier 1)	PA,QL (90 per 30 days)
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
sorine 120 mg, 160 mg, 240 mg, 80 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
sotalol 120 mg, 160 mg, 240 mg, 80 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
sotalol af 120 mg, 160 mg, 80 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
spironolactone-hctz 25-25 tab <sup>MO</sup>	\$0 (Tier 1)	
spironolactone 100 mg, 25 mg, 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
taztia xt 120 mg, 180 mg, 240 mg capsule,extended release <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
taztia xt 300 mg, 360 mg capsule,extended release <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
telmisartan 20 mg, 40 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
telmisartan 80 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
telmisartan-amlodipine 40-10; telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg; telmisartan-amlodipine 80-10 <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
TIKOSYN 125 MCG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	QL (240 per 30 days)
TIKOSYN 250 MCG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	QL (120 per 30 days)
TIKOSYN 500 MCG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
trandolapril 1 mg, 2 mg, 4 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
triklo 1 gram capsule <sup>MO</sup>	\$0 (Tier 1)	QL (120 per 30 days)
valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
valsartan-hctz 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg tab <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE <sup>MO</sup>	\$0 (Tier 2)	QL (240 per 30 days)
VASCEPA 1 GRAM CAPSULE <sup>MO</sup>	\$0 (Tier 2)	QL (120 per 30 days)
verapamil 120 mg, 180 mg, 240 mg, 360 mg cap pellet; verapamil er 120 mg, 180 mg, 240 mg, 360 mg capsule; verapamil er pm 200 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
verapamil 120 mg, 40 mg, 80 mg tablet; verapamil 2.5 mg/ml ampul; verapamil er 120 mg, 180 mg, 240 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
verapamil er pm 100 mg, 300 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET; WELCHOL 625 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
ZETIA 10 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ABILIFY MAINTENA 300 MG, 400 MG INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE; ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, EXTENDED REL. INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (1 per 28 days)
acamprosate calc dr 333 mg tab <sup>MO</sup>	\$0 (Tier 1)	
acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5 <sup>MO</sup>	\$0 (Tier 1)	QL (2700 per 30 days)
acetaminophen-cod #2 tablet <sup>MO</sup>	\$0 (Tier 1)	QL (390 per 30 days)
acetaminophen-cod #3 tablet <sup>MO</sup>	\$0 (Tier 1)	QL (360 per 30 days)
acetaminophen-cod #4 tablet <sup>MO</sup>	\$0 (Tier 1)	QL (180 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).





DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
alprazolam 0.25 mg, 0.5 mg, 1 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (120 per 30 days)
alprazolam 2 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (150 per 30 days)
amantadine 100 mg capsule; amantadine 100 mg tablet; amantadine 50 mg/5 ml solution <sup>MO</sup>	\$0 (Tier 1)	
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab <sup>MO</sup>	\$0 (Tier 1)	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 28 days)
APTIOM 200 MG, 400 MG, 800 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
APTIOM 600 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
aripiprazole 1 mg/ml solution <sup>MO</sup>	\$0 (Tier 1)	QL (750 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
aripiprazole odt 10 mg, 15 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (3.2 per 28 days)
armodafinil 150 mg, 200 mg, 250 mg tablet <sup>MO</sup>	\$0 (Tier 1)	PA,QL (30 per 30 days)
armodafinil 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	PA,QL (60 per 30 days)
atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg capsule <sup>MO</sup>	\$0 (Tier 1)	PA,QL (60 per 30 days)
atomoxetine hcl 100 mg, 60 mg, 80 mg capsule <sup>MO</sup>	\$0 (Tier 1)	PA,QL (30 per 30 days)
AZILECT 0.5 MG, 1 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
BANZEL 200 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (240 per 30 days)
benztropine 2 mg/2 ml ampule; benztropine mes 0.5 mg, 1 mg, 2 mg tab; benztropine mes 0.5 mg, 1 mg, 2 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
BRINTELLIX 10 MG, 20 MG, 5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	ST,QL (30 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (600 per 30 days)
BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
bromocriptine 2.5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
buprenorphine 0.3 mg/ml syring <sup>MO</sup>	\$0 (Tier 1)	PA,QL (240 per 30 days)
buprenorphine 2 mg, 8 mg tablet sl <sup>MO</sup>	\$0 (Tier 1)	PA,QL (90 per 30 days)
buproban 150 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (90 per 30 days)
bupropion hcl 100 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (180 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bupropion hcl 75 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
bupropion hcl sr 100 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (120 per 30 days)
bupropion hcl sr 150 mg tablet; bupropion hcl xl 150 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (90 per 30 days)
bupropion hcl sr 200 mg tablet; bupropion hcl xl 300 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
bupropion hcl sr 150 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (90 per 30 days)
bupirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (360 per 30 days)
butalb-caff-acetaminoph-codein <sup>MO</sup>	\$0 (Tier 1)	QL (360 per 30 days)
butalbital-acetaminophn 50-325 <sup>MO</sup>	\$0 (Tier 2)	QL (180 per 30 days)
butalb-acetamin-caff 50-325-40; butalbit-acetaminophen-caff cp <sup>MO</sup>	\$0 (Tier 1)	QL (180 per 30 days)
butalb-aspirin-caffe 50-325-40; butalbital-asa-caffeine cap <sup>MO</sup>	\$0 (Tier 1)	QL (180 per 30 days)
BUTISOL 30 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
butorphanol 1 mg/ml vial <sup>MO</sup>	\$0 (Tier 1)	QL (960 per 30 days)
butorphanol 10 mg/ml spray <sup>MO</sup>	\$0 (Tier 1)	QL (5 per 28 days)
butorphanol 2 mg/ml vial <sup>MO</sup>	\$0 (Tier 1)	QL (480 per 30 days)
cabergoline 0.5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (16 per 28 days)
capacet 50 mg-325 mg-40 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (180 per 30 days)
CAPITAL WITH CODEINE 120 MG-12 MG/5 ML ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	QL (2700 per 30 days)
carbamazepine 100 mg tab chew; carbamazepine 100 mg/5 ml susp; carbamazepine 200 mg tablet; carbamazepine er 100 mg, 200 mg, 300 mg cap; carbamazepine er 100 mg, 200 mg, 400 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
carbidopa-leva 10-100 mg, 10-100 mg, 25-100 mg, 25-100 mg, 25-250 mg, 25-250 mg odt; carbidopa-leva er 25-100 tab; carbidopa-leva er 50-200 tab; carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab <sup>MO</sup>	\$0 (Tier 1)	
CELONTIN 300 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	
chlorpromazine 10 mg, 25 mg tablet <sup>MO</sup>	\$0 (Tier 1)	B vs D
chlorpromazine 100 mg, 200 mg, 50 mg tablet; chlorpromazine 25 mg/ml amp <sup>MO</sup>	\$0 (Tier 1)	
citalopram hbr 10 mg, 40 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln <sup>MO</sup>	\$0 (Tier 1)	
citalopram hbr 20 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg capsule <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 0.5 mg, 1 mg, 1 mg, 2 mg, 2 mg dis tab; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 0.5 mg, 1 mg, 1 mg, 2 mg, 2 mg dis tablet; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 0.5 mg, 1 mg, 1 mg, 2 mg, 2 mg odt; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 0.5 mg, 1 mg, 1 mg, 2 mg, 2 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
clorazepate 15 mg, 3.75 mg, 7.5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
clozapine 100 mg, 200 mg, 25 mg, 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
clozapine odt 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg tablet <sup>MO</sup>	\$0 (Tier 1)	PA
codeine sulfate 15 mg, 30 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (360 per 30 days)
codeine sulfate 60 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (180 per 30 days)
CYCLOSET 0.8 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (180 per 30 days)
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
desvenlafaxine suc er 100 mg, 25 mg, 50 mg; desvenlafaxine suc er 100 mg, 25 mg, 50 mg tb <sup>MO</sup>	\$0 (Tier 1)	ST,QL (30 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
dexmethylphenidate er 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg cap; dexmethylphenidate er 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg cp <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
d-amphetamine er 10 mg capsule; dextroamphetamine 10 mg tab <sup>MO</sup>	\$0 (Tier 1)	QL (180 per 30 days)
d-amphetamine er 15 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (120 per 30 days)
d-amphetamine er 5 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
dextroamphetamine 5 mg tab <sup>MO</sup>	\$0 (Tier 1)	QL (150 per 30 days)
dextroamp-amphet er 10 mg, 15 mg, 5 mg cap <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
dextroamp-amphet er 20 mg, 25 mg, 30 mg cap; dextroamp-amphetamin 30 mg tab <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
dextroamp-amphetam 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamin 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab <sup>MO</sup>	\$0 (Tier 1)	QL (90 per 30 days)
DIASTAT 2.5 MG RECTAL KIT <sup>MO</sup>	\$0 (Tier 2)	
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT; DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT <sup>MO</sup>	\$0 (Tier 2)	
diazepam 10 mg rectal gel syst; diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg rectal gel sys; diazepam 20 mg rectal gel syst <sup>MO</sup>	\$0 (Tier 1)	
diazepam 10 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (120 per 30 days)
diazepam 2 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (90 per 30 days)
diazepam 5 mg/5 ml solution <sup>MO</sup>	\$0 (Tier 1)	QL (1200 per 30 days)
diazepam 5 mg/ml oral conc <sup>MO</sup>	\$0 (Tier 1)	QL (240 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diazepam intensol 5 mg/ml oral concentrate <sup>MO</sup>	\$0 (Tier 1)	QL (240 per 30 days)
diclofenac pot 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
diclofenac sod ec 25 mg, 50 mg, 75 mg tab; diclofenac sod er 100 mg tab <sup>MO</sup>	\$0 (Tier 1)	
diflunisal 500 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
DILANTIN 30 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	
DILANTIN EXTENDED 100 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	
DILANTIN INFATABS 50 MG CHEWABLE TABLET <sup>MO</sup>	\$0 (Tier 2)	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	
divalproex dr 125 mg cap sprnk; divalproex sod dr 125 mg, 250 mg, 500 mg tab; divalproex sod er 250 mg, 500 mg tab <sup>MO</sup>	\$0 (Tier 1)	
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule; doxepin 10 mg/ml oral conc <sup>MO</sup>	\$0 (Tier 1)	
duloxetine hcl dr 20 mg, 30 mg, 40 mg, 60 mg cap <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION <sup>MO</sup>	\$0 (Tier 2)	QL (7200 per 30 days)
DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION <sup>MO</sup>	\$0 (Tier 2)	QL (3600 per 30 days)
EMBEDA 100 MG-4 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 20 MG-0.8 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 30 MG-1.2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 50 MG-2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 60 MG-2.4 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 80 MG-3.2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
endocet 10 mg-325 mg tablet; endocet 2.5 mg-325 mg tablet; endocet 5 mg-325 mg tablet; endocet 7.5 mg-325 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (360 per 30 days)
entacapone 200 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (300 per 30 days)
epitol 200 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE <sup>MO</sup>	\$0 (Tier 2)	
escitalopram 10 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (45 per 30 days)
escitalopram 20 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml <sup>MO</sup>	\$0 (Tier 1)	QL (600 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
ethosuximide 250 mg capsule; ethosuximide 250 mg/5 ml soln <sup>MO</sup>	\$0 (Tier 1)	
etodolac 200 mg, 300 mg capsule; etodolac 400 mg, 500 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
FANAPT 1 MG, 10 MG, 12 MG, 1MG(2)-2MG(2)- 4MG(2)-6MG(2), 2 MG, 4 MG, 6 MG, 8 MG TABLET; FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
felbamate 400 mg, 600 mg tablet; felbamate 600 mg/5 ml susp <sup>MO</sup>	\$0 (Tier 1)	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour patch; fentanyl 37.5 mcg/hr patch; fentanyl 62.5 mcg/hr patch; fentanyl 87.5 mcg/hr patch <sup>MO</sup>	\$0 (Tier 1)	QL (20 per 30 days)
fentanyl cit otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg; fentanyl citrate otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg <sup>MO</sup>	\$0 (Tier 1)	PA,QL (120 per 30 days)
fentanyl 100 mcg/2 ml ampul; fentanyl 100 mcg/2 ml syringe <sup>MO</sup>	\$0 (Tier 1)	QL (720 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE,EXTENDED RELEASE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK <sup>MO</sup>	\$0 (Tier 2)	PA,QL (28 per 28 days)
fluoxetine 20 mg/5 ml solution; fluoxetine hcl 10 mg, 20 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
fluoxetine dr 90 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (4 per 28 days)
fluoxetine hcl 10 mg, 40 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
fluoxetine hcl 20 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (120 per 30 days)
fluoxetine hcl 60 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
fluphenazine dec 125 mg/5 ml <sup>MO</sup>	\$0 (Tier 1)	
fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg tablet; fluphenazine 2.5 mg/5 ml elix; fluphenazine 2.5 mg/ml vial; fluphenazine 5 mg/ml conc <sup>MO</sup>	\$0 (Tier 1)	
flurbiprofen 100 mg, 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
fluvoxamine er 100 mg, 150 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
fluvoxamine maleate 100 mg, 25 mg, 50 mg tab <sup>MO</sup>	\$0 (Tier 1)	QL (90 per 30 days)
fosphephenytoin 100 mg pe/2 ml, 500 mg pe/10 ml; fosphephenytoin 100 mg pe/2 ml, 500 mg pe/10 ml vl <sup>MO</sup>	\$0 (Tier 1)	
FYCOMPA 0.5 MG/ML ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (680 per 28 days)
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (270 per 30 days)
gabapentin 250 mg/5 ml soln; gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) soln; gabapentin 300 mg/6 ml soln <sup>MO</sup>	\$0 (Tier 1)	
gabapentin 600 mg, 800 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (180 per 30 days)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
haloperidol dec 100 mg/ml, 50 mg/ml vial; haloperidol decan 100 mg/ml, 50 mg/ml amp <sup>MO</sup>	\$0 (Tier 1)	
haloperidol lac 2 mg/ml conc; haloperidol lac 5 mg/ml vial <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HETLIOZ 20 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
hydrocodone-acetamin 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg; hydrocodone-acetamin 2.5-325; hydrocodone-acetamin 7.5-325 <sup>MO</sup>	\$0 (Tier 1)	QL (360 per 30 days)
hydrocodone-acetamin 10-325/15; hydrocodone-acetamin 5-163/7.5 <sup>MO</sup>	\$0 (Tier 1)	QL (2700 per 30 days)
hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 5-200 mg, 7.5-200 mg; hydrocodone-ibuprofen 7.5-200 <sup>MO</sup>	\$0 (Tier 1)	QL (150 per 30 days)
hydromorphone 2 mg, 4 mg tablet; hydromorphone 2 mg/ml vial <sup>MO</sup>	\$0 (Tier 1)	QL (360 per 30 days)
hydromorphone 8 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (240 per 30 days)
hydromorphone hcl 1 mg/ml amp <sup>MO</sup>	\$0 (Tier 1)	QL (720 per 30 days)
hydromorphone hcl 4 mg/ml amp <sup>MO</sup>	\$0 (Tier 1)	QL (180 per 30 days)
hydromorphone hcl 10 mg/ml vial <sup>MO</sup>	\$0 (Tier 1)	QL (144 per 30 days)
hydroxyzine 10 mg/5 ml soln; hydroxyzine hcl 10 mg, 25 mg, 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
hydroxyzine pam 100 mg, 25 mg, 50 mg cap <sup>MO</sup>	\$0 (Tier 1)	
ibuprofen 100 mg/5 ml susp; ibuprofen 400 mg, 600 mg, 800 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
oxycodone-ibuprofen 5-400 tab <sup>MO</sup>	\$0 (Tier 1)	QL (240 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg cap <sup>MO</sup>	\$0 (Tier 1)	
indomethacin 25 mg, 50 mg, 75 mg capsule; indomethacin er 25 mg, 50 mg, 75 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
INFUMORPH P/F 10 MG/ML INJECTION SOLUTION <sup>MO</sup>	\$0 (Tier 2)	QL (360 per 30 days)
INFUMORPH P/F 25 MG/ML INJECTION SOLUTION <sup>MO</sup>	\$0 (Tier 2)	QL (150 per 30 days)
INGREZZA 40 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
INGREZZA 80 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (1 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (0.87 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (1.31 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (2.62 per 90 days)
ketoprofen 50 mg, 75 mg capsule <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lamotrigine 100 mg, 100 mg, 150 mg, 200 mg, 200 mg, 25 mg, 25 mg, 25 mg (21) -50 mg (7), 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg, 50 mg (42) -100 mg (14) tablet; lamotrigine 25 mg tb start kit; lamotrigine 25 mg, 5 mg disper tab; lamotrigine 25 mg, 5 mg disper tablet; lamotrigine er 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg tablet; lamotrigine odt 100 mg, 100 mg, 150 mg, 200 mg, 200 mg, 25 mg, 25 mg, 25 mg (21) -50 mg (7), 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg, 50 mg (42) -100 mg (14) tablet; lamotrigine odt kit (blue); lamotrigine odt kit (green); lamotrigine odt kit (orange); lamotrigine tab start kt-green; lamotrigine tab start kt-orang <sup>MO</sup>	\$0 (Tier 1)	
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
LAZANDA 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY NASAL SPRAY <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
levetiracetam 1,000 mg, 250 mg, 500 mg, 750 mg tablet; levetiracetam 100 mg/ml, 500 mg/5 ml, 500 mg/5 ml (5 ml) soln; levetiracetam 100 mg/ml, 500 mg/5 ml, 500 mg/5 ml (5 ml) vial; levetiracetam 500 mg/5 ml soln; levetiracetam er 500 mg, 750 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
levetiracetam-nacl 1,000mg/100; levetiracetam-nacl 1,500mg/100; levetiracetam-nacl 500 mg/100 <sup>MO</sup>	\$0 (Tier 1)	
levorphanol 2 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (240 per 30 days)
lithium carbonate 150 mg, 300 mg, 600 mg cap; lithium carbonate 300 mg tab; lithium carbonate er 300 mg, 450 mg tb <sup>MO</sup>	\$0 (Tier 1)	
lithium 8 meq/5 ml solution <sup>MO</sup>	\$0 (Tier 1)	
lorazepam 0.5 mg, 1 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (90 per 30 days)
lorazepam 2 mg tablet; lorazepam 2 mg/ml oral concent <sup>MO</sup>	\$0 (Tier 1)	QL (150 per 30 days)
lorazepam intensol 2 mg/ml oral concentrate <sup>MO</sup>	\$0 (Tier 1)	QL (150 per 30 days)
loxapine 10 mg, 25 mg, 5 mg, 50 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	QL (900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
magnesium sulfate 50% syringe; magnesium sulfate 50% vial <sup>MO</sup>	\$0 (Tier 1)	
magnesium sulf 1 g/100 ml-d5w <sup>MO</sup>	\$0 (Tier 1)	
magnesium sulf 20 g/500 ml bag; magnesium sulf 4 g/50 ml bag <sup>MO</sup>	\$0 (Tier 1)	
maprotiline 25 mg, 50 mg, 75 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
MARPLAN 10 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
meclofenamate 100 mg, 50 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
meloxicam 15 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
meloxicam 7.5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
meloxicam 7.5 mg/5 ml susp <sup>MO</sup>	\$0 (Tier 1)	QL (300 per 30 days)
memantine 5-10 mg titration pk <sup>MO</sup>	\$0 (Tier 1)	PA,QL (98 per 30 days)
memantine hcl 10 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	PA,QL (60 per 30 days)
memantine hcl 2 mg/ml solution <sup>MO</sup>	\$0 (Tier 1)	PA,QL (360 per 30 days)
meperidine 100 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (360 per 30 days)
meperidine 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (480 per 30 days)
meperidine 50 mg/5 ml solution <sup>MO</sup>	\$0 (Tier 1)	QL (720 per 30 days)
methadone 10 mg/5 ml solution <sup>MO</sup>	\$0 (Tier 1)	QL (1800 per 30 days)
methadone 10 mg/ml oral conc; methadone hcl 10 mg/ml vial <sup>MO</sup>	\$0 (Tier 1)	QL (360 per 30 days)
methadone 5 mg/5 ml solution <sup>MO</sup>	\$0 (Tier 1)	QL (3600 per 30 days)
methadone hcl 10 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (240 per 30 days)
methadone hcl 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (480 per 30 days)
METHADOSE 10 MG/ML ORAL CONCENTRATE <sup>MO</sup>	\$0 (Tier 2)	QL (360 per 30 days)
methylphenidate 10 mg, 20 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (90 per 30 days)
methylphenidate 10 mg/5 ml sol <sup>MO</sup>	\$0 (Tier 1)	QL (900 per 30 days)
methylphenidate 5 mg/5 ml soln <sup>MO</sup>	\$0 (Tier 1)	QL (1800 per 30 days)
methylphenidate er 10 mg tab <sup>MO</sup>	\$0 (Tier 1)	QL (180 per 30 days)
mirtazapine 15 mg, 15 mg, 30 mg, 30 mg, 45 mg, 45 mg odt; mirtazapine 15 mg, 15 mg, 30 mg, 30 mg, 45 mg, 45 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
mirtazapine 7.5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
modafinil 100 mg, 200 mg tablet <sup>MO</sup>	\$0 (Tier 1)	PA,QL (60 per 30 days)
molindone hcl 10 mg tablet <sup>MO</sup>	\$0 (Tier 1)	PA,QL (240 per 30 days)
molindone hcl 25 mg tablet <sup>MO</sup>	\$0 (Tier 1)	PA,QL (270 per 30 days)
molindone hcl 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	PA,QL (360 per 30 days)
morphine 10 mg/ml carpject; morphine 10 mg/ml isecure syrg; morphine sulfate 10 mg/ml vial <sup>MO</sup>	\$0 (Tier 1)	QL (360 per 30 days)
morphine 2 mg/ml carpject; morphine 2 mg/ml isecure syr <sup>MO</sup>	\$0 (Tier 1)	QL (1800 per 30 days)
morphine 4 mg/ml carpject; morphine 4 mg/ml isecure syr; morphine sulfate 4 mg/ml vial <sup>MO</sup>	\$0 (Tier 1)	QL (900 per 30 days)
morphine 8 mg/ml isecure syrng; morphine 8 mg/ml syringe; morphine sulfate 8 mg/ml vial <sup>MO</sup>	\$0 (Tier 1)	QL (450 per 30 days)
morphine sulf 10 mg, 20 mg, 30 mg, 5 mg suppos; morphine sulf er 100 mg tablet; morphine sulfate ir 15 mg, 30 mg tab <sup>MO</sup>	\$0 (Tier 1)	QL (180 per 30 days)
morphine sulf 10 mg/5 ml soln <sup>MO</sup>	\$0 (Tier 1)	QL (2700 per 30 days)
morphine sulf 20 mg/5 ml soln <sup>MO</sup>	\$0 (Tier 1)	QL (1350 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).





DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>morphine sulf er 15 mg, 30 mg, 60 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	QL (120 per 30 days)
<i>morphine sulf er 200 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	QL (90 per 30 days)
<i>morphine 0.5 mg/ml vial</i> <sup>MO</sup>	\$0 (Tier 1)	QL (7200 per 30 days)
<i>morphine 1 mg/ml vial p-f</i> <sup>MO</sup>	\$0 (Tier 1)	QL (3600 per 30 days)
<i>morphine sulf 100 mg/5 ml soln</i> <sup>MO</sup>	\$0 (Tier 1)	QL (540 per 30 days)
<i>nabumetone 500 mg, 750 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>nalbuphine 100 mg/10 ml vial</i> <sup>MO</sup>	\$0 (Tier 1)	QL (240 per 30 days)
<i>nalbuphine 200 mg/10 ml vial</i> <sup>MO</sup>	\$0 (Tier 1)	QL (120 per 30 days)
<i>naloxone 0.4 mg/ml vial; naloxone 0.4 mg/ml, 1 mg/ml carpject; naloxone 2 mg/2 ml syringe</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>naltrexone 50 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK <sup>MO</sup>	\$0 (Tier 2)	PA,QL (28 per 28 days)
NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK <sup>MO</sup>	\$0 (Tier 2)	QL (28 per 28 days)
<i>naproxen 125 mg/5 ml suspen; naproxen 250 mg, 375 mg, 375 mg, 500 mg, 500 mg tablet; naproxen dr 250 mg, 375 mg, 375 mg, 500 mg, 500 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>naproxen sodium 275 mg, 550 mg tab</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>naratriptan hcl 1 mg, 2.5 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	QL (9 per 30 days)
NARCAN 2 MG NASAL SPRAY; NARCAN 2 MG/ACTUATION, 4 MG/ACTUATION NASAL SPRAY <sup>MO</sup>	\$0 (Tier 2)	QL (2 per 30 days)
<i>nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
<i>nortriptyline 10 mg/5 ml sol; nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg cap</i> <sup>MO</sup>	\$0 (Tier 1)	
NUEDEXTA 20 MG-10 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
NUPLAZID 17 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
<i>olanzapine 10 mg vial</i> <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
olanzapine 10 mg, 10 mg, 2.5 mg, 5 mg, 5 mg, 7.5 mg tablet; olanzapine odt 10 mg, 10 mg, 2.5 mg, 5 mg, 5 mg, 7.5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
olanzapine 15 mg, 15 mg, 20 mg, 20 mg tablet; olanzapine odt 15 mg, 15 mg, 20 mg, 20 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
ONFI 10 MG, 20 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
ONFI 2.5 MG/ML ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (480 per 30 days)
oxaprozin 600 mg caplet <sup>MO</sup>	\$0 (Tier 1)	
oxazepam 10 mg, 15 mg, 30 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
oxcarbazepine 150 mg, 300 mg, 600 mg tablet; oxcarbazepine 300 mg/5 ml susp <sup>MO</sup>	\$0 (Tier 1)	
oxycodon 10 mg/0.5 ml oral syr; oxycodone hcl 100 mg/5 ml soln <sup>MO</sup>	\$0 (Tier 1)	QL (270 per 30 days)
oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet; oxycodone hcl 5 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (360 per 30 days)
oxycodone hcl 5 mg/5 ml soln <sup>MO</sup>	\$0 (Tier 1)	QL (5400 per 30 days)
oxycodon-acetaminophen 2.5-325; oxycodon-acetaminophen 7.5-325; oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325 <sup>MO</sup>	\$0 (Tier 1)	QL (360 per 30 days)
oxycodone-aspirin 4.8355-325 <sup>MO</sup>	\$0 (Tier 1)	QL (360 per 30 days)
paliperidone er 1.5 mg, 3 mg, 9 mg tablet <sup>MO</sup>	\$0 (Tier 1)	PA,QL (30 per 30 days)
paliperidone er 6 mg tablet <sup>MO</sup>	\$0 (Tier 1)	PA,QL (60 per 30 days)
paroxetine hcl 10 mg, 20 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
paroxetine hcl 30 mg, 40 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	
PEGANONE 250 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
pentazocine-naloxone tablet <sup>MO</sup>	\$0 (Tier 1)	QL (360 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
perphen-amitrip 2 mg-10 mg tab; perphen-amitrip 2 mg-25 mg tab; perphen-amitrip 4 mg-10 mg tab; perphen-amitrip 4 mg-25 mg tab; perphen-amitrip 4 mg-50 mg tab <sup>MO</sup>	\$0 (Tier 1)	
phenelzine sulfate 15 mg tab <sup>MO</sup>	\$0 (Tier 1)	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (90 per 30 days)
phenobarbital 15 mg, 60 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (120 per 30 days)
phenobarbital 20 mg/5 ml elix <sup>MO</sup>	\$0 (Tier 1)	QL (1500 per 30 days)
phenobarbital 30 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (300 per 30 days)
PHENYTEK 200 MG, 300 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	
phenytoin 100 mg/4 ml, 125 mg/5 ml susp; phenytoin 50 mg tablet chew <sup>MO</sup>	\$0 (Tier 1)	
phenytoin 50 mg/ml vial <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
phenytoin sod ext 100 mg, 200 mg, 300 mg cap <sup>MO</sup>	\$0 (Tier 1)	
pimozide 1 mg, 2 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
piroxicam 10 mg, 20 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
POTIGA 200 MG, 300 MG, 400 MG, 50 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
primidone 250 mg, 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
PRISTIQ 100 MG, 25 MG, 50 MG TABLET, EXTENDED RELEASE <sup>MO</sup>	\$0 (Tier 2)	ST, QL (30 per 30 days)
protriptyline hcl 10 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
quetiapine fumarate 100 mg, 300 mg, 400 mg tab <sup>MO</sup>	\$0 (Tier 1)	QL (90 per 30 days)
quetiapine fumarate 200 mg, 25 mg, 50 mg tab <sup>MO</sup>	\$0 (Tier 1)	QL (120 per 30 days)
rasagiline mesylate 0.5 mg, 1 mg tab <sup>MO</sup>	\$0 (Tier 1)	
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA, QL (30 per 30 days)
riluzole 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (2 per 28 days)
risperidone 0.25 mg, 0.25 mg, 1 mg, 1 mg, 2 mg, 2 mg, 3 mg, 3 mg, 4 mg, 4 mg odt; risperidone 0.25 mg, 0.25 mg, 1 mg, 1 mg, 2 mg, 2 mg, 3 mg, 3 mg, 4 mg, 4 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
risperidone 0.5 mg, 0.5 mg odt; risperidone 0.5 mg, 0.5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (120 per 30 days)
risperidone 1 mg/ml solution <sup>MO</sup>	\$0 (Tier 1)	
rizatriptan 10 mg, 10 mg, 5 mg, 5 mg odt; rizatriptan 10 mg, 10 mg, 5 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (12 per 30 days)
ropinirole hcl 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
roweepra 1,000 mg, 500 mg, 750 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
SABRIL 500 MG ORAL POWDER PACKET; SABRIL 500 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA, QL (180 per 30 days)
SAPHRIS (BLACK CHERRY) 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET <sup>MO</sup>	\$0 (Tier 2)	PA, QL (60 per 30 days)
SAVELLA 100 MG, 12.5 MG, 12.5 MG (5)-25 MG(8)-50 MG(42), 25 MG, 50 MG TABLET; SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
selegiline hcl 5 mg capsule; selegiline hcl 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
sertraline 20 mg/ml oral conc <sup>MO</sup>	\$0 (Tier 1)	
sertraline hcl 100 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
sertraline hcl 25 mg, 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (90 per 30 days)
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	ST, QL (90 per 30 days)
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	ST, QL (360 per 30 days)
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	ST, QL (180 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	ST,QL (120 per 30 days)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM; SUBOXONE 4 MG-1 MG SUBLINGUAL FILM; SUBOXONE 8 MG-2 MG SUBLINGUAL FILM <sup>MO</sup>	\$0 (Tier 2)	PA,QL (90 per 30 days)
sulindac 150 mg, 200 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
sumatriptan 20 mg nasal spray; sumatriptan 5 mg nasal spray <sup>MO</sup>	\$0 (Tier 1)	QL (12 per 30 days)
sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml cart; sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml refill; sumatriptan 6 mg/0.5 ml inject; sumatriptan 6 mg/0.5 ml vial <sup>MO</sup>	\$0 (Tier 1)	QL (6 per 30 days)
sumatriptan succ 100 mg, 25 mg, 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (9 per 30 days)
SURMONTIL 100 MG, 25 MG, 50 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	
temazepam 15 mg, 30 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
tetrabenazine 12.5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	PA,QL (240 per 30 days)
tetrabenazine 25 mg tablet <sup>MO</sup>	\$0 (Tier 1)	PA,QL (120 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
tiagabine hcl 2 mg, 4 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
tolcapone 100 mg tablet <sup>MO</sup>	\$0 (Tier 1)	PA
topiramate 100 mg, 200 mg, 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (120 per 30 days)
topiramate 15 mg, 25 mg sprinkle cap <sup>MO</sup>	\$0 (Tier 1)	
topiramate 25 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (90 per 30 days)
tramadol hcl 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (240 per 30 days)
tramadol-acetaminophn 37.5-325 <sup>MO</sup>	\$0 (Tier 1)	QL (240 per 30 days)
tranylcypromine sulf 10 mg tab <sup>MO</sup>	\$0 (Tier 1)	
trazodone 100 mg, 150 mg, 300 mg, 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
trihexyphenidyl 2 mg, 5 mg tablet; trihexyphenidyl 2 mg/5 ml elx <sup>MO</sup>	\$0 (Tier 1)	
trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp <sup>MO</sup>	\$0 (Tier 1)	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	ST,QL (30 per 30 days)
valproate sod 500 mg/5 ml v <sup>MO</sup>	\$0 (Tier 1)	
valproic acid 250 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
valproic acid 250 mg/5 ml soln; valproic acid 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) soln; valproic acid 500 mg/10 ml sol <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
venlafaxine hcl er 150 mg cap <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
venlafaxine hcl er 37.5 mg cap <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap <sup>MO</sup>	\$0 (Tier 1)	QL (90 per 30 days)
VERSACLOZ 50 MG/ML ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (540 per 30 days)
vigabatrin 500 mg powder packt <sup>MO</sup>	\$0 (Tier 1)	PA,QL (180 per 30 days)
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK; VIIBRYD 10 MG, 10 MG (7)- 20 MG (23), 20 MG, 40 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG TABLET; VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
VOLTAREN 1 % TOPICAL GEL <sup>MO</sup>	\$0 (Tier 2)	
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK <sup>MO</sup>	\$0 (Tier 2)	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE SPRINKLE <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (540 per 30 days)
zaleplon 10 mg, 5 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
zolpidem tartrate 10 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
zonisamide 100 mg, 25 mg, 50 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	QL (1 per 28 days)

#### DEVICES - Supplies used to help manage diabetes

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <sup>MO</sup>	\$0 (Tier 1)	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <sup>MO</sup>	\$0 (Tier 1)	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16; ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" <sup>MO</sup>	\$0 (Tier 1)	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE <sup>MO</sup>	\$0 (Tier 1)	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN <sup>MO</sup>	\$0 (Tier 1)	
AUTOPEN 1 TO 16 UNITS <sup>MO</sup>	\$0 (Tier 1)	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS <sup>MO</sup>	\$0 (Tier 1)	
AUTOPEN 2 TO 32 UNITS <sup>MO</sup>	\$0 (Tier 1)	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS <sup>MO</sup>	\$0 (Tier 1)	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" <sup>MO</sup>	\$0 (Tier 1)	
BD AUTOSHIELD NEEDLE 5MMX29G; BD AUTOSHIELD NEEDLE 8MMX29G <sup>MO</sup>	\$0 (Tier 1)	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE <sup>MO</sup>	\$0 (Tier 1)	
BD INSULIN PEN NEEDLE UF MINI 31 GAUGE X 3/16" <sup>MO</sup>	\$0 (Tier 1)	
BD INSULIN PEN NEEDLE UF ORIGINAL 29 GAUGE X 1/2" <sup>MO</sup>	\$0 (Tier 1)	
BD INSULIN PEN NEEDLE UF SHORT 31 GAUGE X 5/16" <sup>MO</sup>	\$0 (Tier 1)	
BD INSULIN SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 28 GAUGE X 1/2" <sup>MO</sup>	\$0 (Tier 1)	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" <sup>MO</sup>	\$0 (Tier 1)	
BD INSULIN SYR 0.3 ML 28, 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"GX1/2"; BD INSULIN SYR 0.5 ML 28GX1/2"; BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28, 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" <sup>MO</sup>	\$0 (Tier 1)	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" <sup>MO</sup>	\$0 (Tier 1)	
BD INSULIN SYRINGE SLIP TIP 1 ML <sup>MO</sup>	\$0 (Tier 1)	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" <sup>MO</sup>	\$0 (Tier 1)	
BD INSULIN SYRINGE ULT-FINE II 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYR 1 ML 29GX1/2"; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64" <b>MO</b>	\$0 (Tier 1)	
BD INTEGRA SYR 1 ML 29GX1/2" <b>MO</b>	\$0 (Tier 1)	
BD INSULIN SYR 0.3 ML 28GX1/2"; BD LO-DOSE MICRO-FINE IV 0.3 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE <b>MO</b>	\$0 (Tier 1)	
BD INSULIN SYR 0.3 ML 29GX1/2"; BD LO-DOSE ULTRA-FINE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2" SYRINGE <b>MO</b>	\$0 (Tier 1)	
BD INSULIN SYR 0.5 ML 29GX1/2"; BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	\$0 (Tier 1)	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" <b>MO</b>	\$0 (Tier 1)	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" <b>MO</b>	\$0 (Tier 1)	
BD ULTRA-FINE NANO PEN NEEDLES 32 GAUGE X 5/32" <b>MO</b>	\$0 (Tier 1)	
CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" <b>MO</b>	\$0 (Tier 1)	
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	\$0 (Tier 1)	
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" <b>MO</b>	\$0 (Tier 1)	
CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" <b>MO</b>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COMFORT EZ SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; COMFORT EZ SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	\$0 (Tier 1)	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	\$0 (Tier 1)	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	\$0 (Tier 1)	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	\$0 (Tier 1)	
EASY TOUCH 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	\$0 (Tier 1)	
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" <b>MO</b>	\$0 (Tier 1)	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" <b>MO</b>	\$0 (Tier 1)	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).





DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE <sup>MO</sup>	\$0 (Tier 1)	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" <sup>MO</sup>	\$0 (Tier 1)	
EASY TOUCH UNI-SLIP 1 ML SYRINGE <sup>MO</sup>	\$0 (Tier 1)	
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16 SYRINGE; EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" SYRINGE <sup>MO</sup>	\$0 (Tier 1)	
FREESTYLE PRECISION 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" SYRINGE <sup>MO</sup>	\$0 (Tier 1)	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <sup>MO</sup>	\$0 (Tier 1)	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <sup>MO</sup>	\$0 (Tier 1)	
INSULIN SYR 0.3ML 31GX1/4(1/2) <sup>MO</sup>	\$0 (Tier 1)	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; PV INSULIN SYRINGE 0.5 ML; PV INSULIN SYRINGE 1 ML <sup>MO</sup>	\$0 (Tier 1)	
BD INSULIN U100-3/10 ML SYR; INSULIN SYRINGE MICROFINE 0.3 ML 28 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" <sup>MO</sup>	\$0 (Tier 1)	
BD LUER-LOK SYRINGE 1 ML <sup>MO</sup>	\$0 (Tier 1)	
BD INSULIN SYR 0.5 ML 29GX1/2" <sup>MO</sup>	\$0 (Tier 1)	
BD INSULIN SYR 1 ML 25GX5/8"; INSULIN 1 ML SYRINGE; INSULIN 1/2 ML SYRINGE; INSULIN 3/10 ML SYRINGE; INSULIN SYRIN 0.3 ML 30GX1/2"; INSULIN SYRIN 0.3 ML 31GX5/16"; INSULIN SYRIN 0.5 ML 30GX1/2"; INSULIN SYRIN 0.5 ML 31GX5/16"; INSULIN SYRINGE 0.3 ML 31GX1/4; INSULIN SYRINGE 0.5 ML 31GX1/4; INSULIN SYRINGE 1 ML 30GX1/2"; INSULIN SYRINGE 1 ML 31GX1/4"; INSULIN SYRINGE 1 ML 31GX5/16"; KMART VALU PLUS SYR 1/2 ML; PREFERRED PLUS SYRINGE 0.5 ML; PREFERRED PLUS SYRINGE 1 ML; RELI-ON INSULIN 0.3 ML SYR; RELI-ON INSULIN 1 ML SYR; RELION INS SYR 0.3 ML 29GX1/2"; RELION INS SYR 0.3 ML 30GX5/16; RELION INS SYR 0.3 ML 31GX6MM; RELION INS SYR 0.5 ML 31GX6MM; RELION INS SYR 1 ML 29GX1/2"; RELION INS SYR 1 ML 30GX5/16"; RELION INS SYR 1 ML 31GX15/64"; RELION SYR 0.5 ML 30GX5/16"; TERUMO INS SYRINGE U100-1 ML; ULTICARE INS SYR 1 ML 28GX1/2"; ULTICARE SYR 0.5 ML 29GX1/2"; ULTICARE SYRIN 0.5 ML 28GX1/2" <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INSULIN SYRINGE U100 1 ML <sup>MO</sup>	\$0 (Tier 1)	
INSUPEN 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE <sup>MO</sup>	\$0 (Tier 1)	
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" <sup>MO</sup>	\$0 (Tier 1)	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16; LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16"; LITE TOUCH INSULIN SYRINGE 1/2 ML 29 <sup>MO</sup>	\$0 (Tier 1)	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" <sup>MO</sup>	\$0 (Tier 1)	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" <sup>MO</sup>	\$0 (Tier 1)	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" <sup>MO</sup>	\$0 (Tier 1)	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE <sup>MO</sup>	\$0 (Tier 1)	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 29 GAUGE X 1/2"; MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 29 GAUGE X 1/2" <sup>MO</sup>	\$0 (Tier 1)	
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16"; MONOJECT INSULIN SYRINGE 1 ML <sup>MO</sup>	\$0 (Tier 1)	
MONOJECT SYRINGE 1/2 ML 28 GAUGE <sup>MO</sup>	\$0 (Tier 1)	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOFINE 30 30 GAUGE X 1/3" NEEDLE <sup>MO</sup>	\$0 (Tier 1)	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE <sup>MO</sup>	\$0 (Tier 1)	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE <sup>MO</sup>	\$0 (Tier 1)	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE <sup>MO</sup>	\$0 (Tier 1)	
NOVOPEN ECHO SUBCUTANEOUS <sup>MO</sup>	\$0 (Tier 1)	
NOVOTWIST 30 GAUGE X 1/3", 32 GAUGE X 1/5" NEEDLE; NOVOTWIST NEEDLE 30G 8MM <sup>MO</sup>	\$0 (Tier 1)	
PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <sup>MO</sup>	\$0 (Tier 1)	
COMFORT POINT PEN NDL 31GX1/3"; COMFORT POINT PEN NDL 31GX1/6"; FIFTY50 PEN 31G X 3/16" NEEDLE; FIFTY50 PEN NEEDLE 32G X 1/4"; LEADER PEN NEEDLES 12MM 29G; LEADER PEN NEEDLES 31G; PEN NEEDLE 32G X 3/16"; PEN NEEDLE 32G X 5/32"; PEN NEEDLES 6MM 31G <sup>MO</sup>	\$0 (Tier 1)	
PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <sup>MO</sup>	\$0 (Tier 1)	
PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16" <sup>MO</sup>	\$0 (Tier 1)	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2"; PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2" <sup>MO</sup>	\$0 (Tier 1)	
RELION NEEDLES 31 GAUGE X 1/4" <sup>MO</sup>	\$0 (Tier 1)	
RELION PEN NEEDLES 32 GAUGE X 5/32" <sup>MO</sup>	\$0 (Tier 1)	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" <sup>MO</sup>	\$0 (Tier 1)	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" <sup>MO</sup>	\$0 (Tier 1)	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 1/2 ML 31 GAUGE X 1/4"; SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 1/2 ML 31 GAUGE X 1/4" <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" <b>MO</b>	\$0 (Tier 1)	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" <b>MO</b>	\$0 (Tier 1)	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	\$0 (Tier 1)	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	\$0 (Tier 1)	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" <b>MO</b>	\$0 (Tier 1)	
THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" <b>MO</b>	\$0 (Tier 1)	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE <b>MO</b>	\$0 (Tier 1)	
TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16 SYRINGE; TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" SYRINGE <b>MO</b>	\$0 (Tier 1)	
TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16 SYRINGE; TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" SYRINGE <b>MO</b>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	\$0 (Tier 1)	
ULTICARE 0.3 ML 29 X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 X5/16 ", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 29 X 1/2 ", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" SYRINGE; ULTICARE 0.3 ML 29 X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 X5/16 ", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 29 X 1/2 ", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16"" SYRINGE; ULTICARE SYR 0.3 ML 29GX1/2"; ULTICARE SYR 0.3 ML 30GX5/16"; ULTICARE SYR 0.5 ML 29GX1/2"; ULTICARE SYR 0.5 ML 30GX5/16"; ULTICARE SYR 1 ML 30GX5/16"; ULTICARE SYRINGE 1 ML 29GX1/2" <b>MO</b>	\$0 (Tier 1)	
ULTICARE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 1/4" <b>MO</b>	\$0 (Tier 1)	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" <b>MO</b>	\$0 (Tier 1)	
ULTICARE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	\$0 (Tier 1)	
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16; ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16"; ULTILET INSULIN SYRINGE 1/2 ML 29 <b>MO</b>	\$0 (Tier 1)	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32" <b>MO</b>	\$0 (Tier 1)	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" <b>MO</b>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16"; ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 <sup>MO</sup>	\$0 (Tier 1)	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16 <sup>MO</sup>	\$0 (Tier 1)	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE <sup>MO</sup>	\$0 (Tier 1)	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" <sup>MO</sup>	\$0 (Tier 1)	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" <sup>MO</sup>	\$0 (Tier 1)	
UNIFINE PENTIP NEEDLES; UNIFINE PENTIPS 29 GAUGE, 29 GAUGE X 1/2", 29 GAUGE X 5/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <sup>MO</sup>	\$0 (Tier 1)	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <sup>MO</sup>	\$0 (Tier 1)	
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2" <sup>MO</sup>	\$0 (Tier 1)	

#### DIAGNOSTIC AGENTS - Drugs used for diagnosis of disease

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ACTHAR H.P. 80 UNIT/ML INJECTION GEL <sup>MO</sup>	\$0 (Tier 2)	PA



You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).

**ELECTROLYTIC, CALORIC, AND WATER BALANCE - Drugs used to treat conditions such as high blood pressure and water retention**

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
<i>amiloride hcl 5 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>amiloride hcl-hctz 5-50 mg tab</i> <sup>MO</sup>	\$0 (Tier 1)	
AMINOSYN 10 % INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
AMINOSYN 8.5 % INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
AMINOSYN II 10 % INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
AMINOSYN II 15 % INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
AMINOSYN II 7 % INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
<i>bumetanide 0.25 mg/ml vial; bumetanide 0.5 mg, 1 mg, 2 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>calcium acetate 667 mg gelcap; calcium acetate 667 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
CARBAGLU 200 MG DISPERSIBLE TABLET <sup>MO</sup>	\$0 (Tier 2)	PA
<i>chlorothiazide 250 mg, 500 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>chlorothiazide sod 500 mg vial</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>chlorthalidone 25 mg, 50 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
CLINIMIX 4.25 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
CLINIMIX E 2.75 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
CLINIMIX E 4.25 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
constulose 10 gram/15 ml oral solution <sup>MO</sup>	\$0 (Tier 1)	
dextrose 10%-0.45% nacl iv sol <sup>MO</sup>	\$0 (Tier 1)	
dextrose 2.5%-0.45% nacl iv <sup>MO</sup>	\$0 (Tier 1)	
dextrose 5%-0.9% nacl iv soln <sup>MO</sup>	\$0 (Tier 1)	
dextrose 5%-0.45% nacl iv soln <sup>MO</sup>	\$0 (Tier 1)	
dextrose 10%-0.2% nacl iv soln <sup>MO</sup>	\$0 (Tier 1)	
dextrose 10%-water iv solution <sup>MO</sup>	\$0 (Tier 1)	
dextrose 5%-water iv soln; dextrose 5%-water iv soln <sup>MO</sup>	\$0 (Tier 1)	
dextrose 5%-0.2% nacl iv soln <sup>MO</sup>	\$0 (Tier 1)	
dextrose 5%-0.3% nacl iv soln <sup>MO</sup>	\$0 (Tier 1)	
DIURIL 250 MG/5 ML ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	
dextrose 5%-electrolyte 48 <sup>MO</sup>	\$0 (Tier 1)	
enulose 10 gram/15 ml oral solution <sup>MO</sup>	\$0 (Tier 1)	
ethacrynate sodium 50 mg vial <sup>MO</sup>	\$0 (Tier 1)	
furosemide 10 mg/ml, 10 mg/ml, 40 mg/5 ml (8 mg/ml) solution; furosemide 20 mg, 40 mg, 80 mg tablet; furosemide 40 mg/4 ml vial; furosemide 40 mg/5 ml soln <sup>MO</sup>	\$0 (Tier 1)	
generlac 10 gram/15 ml oral solution <sup>MO</sup>	\$0 (Tier 1)	
HEPATAMINE 8% INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
hydrochlorothiazide 12.5 mg cp; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tab; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tb <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).





DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>indapamide 1.25 mg, 2.5 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
INTRALIPID 20 %, 30 % INTRAVENOUS EMULSION <sup>MO</sup>	\$0 (Tier 2)	B vs D
IONOSOL-B IN D5W INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
ISOLYTE-S INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION <sup>MO</sup>	\$0 (Tier 2)	B vs D
<i>kionex oral powder</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>kionex (with sorbitol) 15 gram-19.3 gram/60 ml oral suspension</i> <sup>MO</sup>	\$0 (Tier 1)	
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE <sup>MO</sup>	\$0 (Tier 2)	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE <sup>MO</sup>	\$0 (Tier 2)	
<i>klor-con m10 meq tablet,extended release</i> <sup>MO</sup>	\$0 (Tier 1)	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE <sup>MO</sup>	\$0 (Tier 1)	
<i>klor-con m20 meq tablet,extended release</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>klor-con sprinkle 10 meq, 8 meq capsule,extended release</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>lactated ringers injection; lactated ringers irrigation</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution</i> <sup>MO</sup>	\$0 (Tier 1)	
LITHOSTAT 250 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
<i>methyclothiazide 5 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>metolazone 10 mg, 2.5 mg, 5 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
NORMOSOL-R INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
NUTRILIPID 20 % INTRAVENOUS EMULSION <sup>MO</sup>	\$0 (Tier 2)	B vs D
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION <sup>MO</sup>	\$0 (Tier 2)	B vs D
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
PLASMA-LYTE A INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
d5%-1/2ns-kcl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.45% nacl <sup>MO</sup>	\$0 (Tier 1)	
potassium cl 10 meq/100 ml, 10 meq/50 ml, 20 meq/50 ml, 30 meq/100 ml sol; potassium cl 10% (20 meq/15 ml, 40 meq/15 ml; potassium cl 20 meq/10 ml conc; potassium cl 20% (20 meq/15 ml, 40 meq/15 ml; potassium cl er 10 meq, 20 meq tablet; potassium cl er 10 meq, 20 meq, 8 meq tablet; potassium cl er 10 meq, 8 meq capsule <sup>MO</sup>	\$0 (Tier 1)	
kcl 20 meq-ns 1,000 ml iv soln; kcl 40 meq-ns 1,000 ml iv soln <sup>MO</sup>	\$0 (Tier 1)	
d5w-kcl 20 meq/l, 30 meq/l, 40 meq/l iv solution; kcl 20 meq in d5w solution; kcl 40 meq in d5w solution <sup>MO</sup>	\$0 (Tier 1)	
kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer <sup>MO</sup>	\$0 (Tier 1)	
potassium cl 20 meq-0.45% nacl <sup>MO</sup>	\$0 (Tier 1)	
d5%-1/4ns-kcl 20 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.225% nacl <sup>MO</sup>	\$0 (Tier 1)	
kcl 20 meq in d5w-0.3% nacl <sup>MO</sup>	\$0 (Tier 1)	
kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9% <sup>MO</sup>	\$0 (Tier 1)	
potassium citrate er 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) tb; potassium citrate er 10 meq tb; potassium citrate er 5 meq tab <sup>MO</sup>	\$0 (Tier 1)	
PREMASOL 10 % INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
probenecid 500 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
probenecid-colchicine tabs <sup>MO</sup>	\$0 (Tier 1)	
PROCALAMINE 3% INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
REVELA 0.8 GRAM ORAL POWDER PACKET; REVELA 800 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (540 per 30 days)
REVELA 2.4 GRAM ORAL POWDER PACKET <sup>MO</sup>	\$0 (Tier 2)	QL (180 per 30 days)
ringer's iv solution; ringers irrigation solution <sup>MO</sup>	\$0 (Tier 1)	
SAMSCA 15 MG, 30 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
SMOFLIPID 20 % INTRAVENOUS EMULSION <sup>MO</sup>	\$0 (Tier 2)	B vs D
sodium bicarb 7.5% abboject; sodium bicarb 8.4% abboject <sup>MO</sup>	\$0 (Tier 1)	
sodium chloride 0.9% irrig.; sodium chloride 100 meq/40 ml <sup>MO</sup>	\$0 (Tier 1)	
saline 0.45% soln-excel con; sodium chloride 0.45% soln <sup>MO</sup>	\$0 (Tier 1)	
sodium chloride 0.9% solution; sodium chloride 0.9% solution; sodium chloride 0.9% via <sup>MO</sup>	\$0 (Tier 1)	
sodium chloride 3% iv soln <sup>MO</sup>	\$0 (Tier 1)	
sodium chloride 5% iv soln <sup>MO</sup>	\$0 (Tier 1)	
SODIUM EDECIN 50 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
sodium lactate 5 meq/ml via <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sodium phenylbutyrate powder <sup>MO</sup>	\$0 (Tier 1)	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp <sup>MO</sup>	\$0 (Tier 1)	
sps 15 gm/60 ml suspension <sup>MO</sup>	\$0 (Tier 1)	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 1)	
torseamide 10 mg, 100 mg, 20 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
TRAVASOL 10 % INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
triamterene-hctz 37.5-25 mg, 50-25 mg cap; triamterene-hctz 37.5-25 mg, 50-25 mg cp; triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb <sup>MO</sup>	\$0 (Tier 1)	
TROPHAMINE 10 % INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM ORAL POWDER PACKET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
sterile water for irrigation <sup>MO</sup>	\$0 (Tier 1)	

#### ENZYMES - Drugs used to treat genetic conditions

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
CEREZYME 400 UNIT INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
ELELYSO 200 UNIT INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (70 per 30 days)
ELITEK 1.5 MG, 7.5 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
FABRAZYME 35 MG, 5 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
STRENSIQ 100 MG/ML SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (38.4 per 30 days)
STRENSIQ 40 MG/ML SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
SUCRAID 8,500 UNIT/ML ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
VPRIV 400 UNIT INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



**EYE, EAR, NOSE AND THROAT (EENT) PREPS. - Drugs used to treat eye, ear, nose, and throat conditions**

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
acetazolamide 125 mg, 250 mg tablet; acetazolamide er 500 mg cap <sup>MO</sup>	\$0 (Tier 1)	
acetazolamide sod 500 mg vial <sup>MO</sup>	\$0 (Tier 1)	
acetic acid 2% ear solution <sup>MO</sup>	\$0 (Tier 1)	
ak-poly-bac eye ointment <sup>MO</sup>	\$0 (Tier 1)	
apraclonidine hcl 0.5% drops <sup>MO</sup>	\$0 (Tier 1)	
atropine 1% eye drops <sup>MO</sup>	\$0 (Tier 1)	
AZASITE 1 % EYE DROPS <sup>MO</sup>	\$0 (Tier 2)	
azelastine 0.1% (137 mcg) spray <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 25 days)
azelastine hcl 0.05% drops <sup>MO</sup>	\$0 (Tier 1)	
AZOPT 1 % EYE DROPS,SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	
bacitracin 500 unit/gm ophth <sup>MO</sup>	\$0 (Tier 1)	
bacitracin-polymyxin eye oint <sup>MO</sup>	\$0 (Tier 1)	
BESIVANCE 0.6 % EYE DROPS,SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	
betaxolol hcl 0.5% eye drop <sup>MO</sup>	\$0 (Tier 1)	
brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp <sup>MO</sup>	\$0 (Tier 1)	
carteolol hcl 1% eye drops <sup>MO</sup>	\$0 (Tier 1)	
chlorhexidine 0.12% rinse <sup>MO</sup>	\$0 (Tier 1)	
ciprofloxacin 0.3% eye drop <sup>MO</sup>	\$0 (Tier 1)	
COMBIGAN 0.2 %-0.5 % EYE DROPS <sup>MO</sup>	\$0 (Tier 2)	
CYSTARAN 0.44 % EYE DROPS <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 28 days)
dexamethasone 0.1% eye drop <sup>MO</sup>	\$0 (Tier 1)	
diclofenac 0.1% eye drops <sup>MO</sup>	\$0 (Tier 1)	
dorzolamide hcl 2% eye drops <sup>MO</sup>	\$0 (Tier 1)	QL (10 per 30 days)
dorzolamide-timolol eye drops <sup>MO</sup>	\$0 (Tier 1)	QL (10 per 30 days)
doxycycline hyclate 20 mg tab <sup>MO</sup>	\$0 (Tier 1)	
DUREZOL 0.05 % EYE DROPS <sup>MO</sup>	\$0 (Tier 2)	
epinastine hcl 0.05% eye drops <sup>MO</sup>	\$0 (Tier 1)	
erythromycin 0.5% eye ointment <sup>MO</sup>	\$0 (Tier 1)	
flunisolide 0.025% spray <sup>MO</sup>	\$0 (Tier 1)	QL (50 per 30 days)
fluorometholone 0.1% drops <sup>MO</sup>	\$0 (Tier 1)	
flurbiprofen 0.03% eye drop <sup>MO</sup>	\$0 (Tier 1)	
fluticasone prop 50 mcg spray <sup>MO</sup>	\$0 (Tier 1)	QL (16 per 30 days)
gatifloxacin 0.5% eye drops <sup>MO</sup>	\$0 (Tier 1)	QL (2.5 per 25 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gentak 0.3 % (3 mg/gram) eye ointment <sup>MO</sup>	\$0 (Tier 1)	
gentamicin 0.3% eye drops; gentamicin 0.3% eye ointment <sup>MO</sup>	\$0 (Tier 1)	
hydrocortison-acetic acid soln <sup>MO</sup>	\$0 (Tier 1)	
ILEVRO 0.3 % EYE DROPS,SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	
ipratropium 0.03% spray <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
ipratropium 0.06% spray <sup>MO</sup>	\$0 (Tier 1)	QL (45 per 30 days)
ISOPTO CARPINE 1 %, 2 %, 4 % EYE DROPS <sup>MO</sup>	\$0 (Tier 2)	
ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution <sup>MO</sup>	\$0 (Tier 1)	
latanoprost 0.005% eye drops <sup>MO</sup>	\$0 (Tier 1)	QL (5 per 25 days)
levobunolol 0.5% eye drops <sup>MO</sup>	\$0 (Tier 1)	
levofloxacin 0.5% eye drops <sup>MO</sup>	\$0 (Tier 1)	
lidocaine 2% viscous soln; lidocaine hcl 2% jelly; lidocaine hcl 2% jelly; lidocaine hcl 4% solution <sup>MO</sup>	\$0 (Tier 1)	
lidocaine viscous 2 % mucosal solution <sup>MO</sup>	\$0 (Tier 1)	
LUMIGAN 0.01 % EYE DROPS <sup>MO</sup>	\$0 (Tier 2)	QL (2.5 per 25 days)
methazolamide 25 mg, 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
metipranolol 0.3% eye drops <sup>MO</sup>	\$0 (Tier 1)	
moxifloxacin 0.5% eye drops <sup>MO</sup>	\$0 (Tier 1)	
naphazoline 0.1% eye drops <sup>MO</sup>	\$0 (Tier 1)	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment <sup>MO</sup>	\$0 (Tier 1)	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment <sup>MO</sup>	\$0 (Tier 1)	
neo-bacit-poly-hc eye ointment <sup>MO</sup>	\$0 (Tier 1)	
neomyc-bacit-polymix eye oint <sup>MO</sup>	\$0 (Tier 1)	
neomyc-polym-dexamet eye ointm; neomyc-polym-dexameth eye drop <sup>MO</sup>	\$0 (Tier 1)	
neomyc-polym-gramicid eye drop <sup>MO</sup>	\$0 (Tier 1)	
neomycin-poly-hc eye drops; neomycin-polymyxin-hc ear soln; neomycin-polymyxin-hc ear susp <sup>MO</sup>	\$0 (Tier 1)	
neosporin eye drops <sup>MO</sup>	\$0 (Tier 1)	
ofloxacin 0.3% ear drops; ofloxacin 0.3% eye drops <sup>MO</sup>	\$0 (Tier 1)	
paroex oral rinse 0.12 % mouthwash <sup>MO</sup>	\$0 (Tier 1)	
PATADAY 0.2 % EYE DROPS <sup>MO</sup>	\$0 (Tier 2)	
PAZEO 0.7 % EYE DROPS <sup>MO</sup>	\$0 (Tier 2)	QL (2.5 per 25 days)
periogard 0.12 % mouthwash <sup>MO</sup>	\$0 (Tier 1)	
PHOSPHOLINE IODIDE 0.125 % EYE DROPS <sup>MO</sup>	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>polycin 500 unit-10,000 unit/gram eye ointment</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>polymyxin b-tmp eye drops</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION</i> <sup>MO</sup>	\$0 (Tier 2)	
<i>PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT</i> <sup>MO</sup>	\$0 (Tier 2)	
<i>prednisolone ac 1% eye drop</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>prednisolone sod 1% eye drop</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>proparacaine 0.5% eye drops</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE</i> <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
<i>RESTASIS MULTIDOSE 0.05 % EYE DROPS</i> <sup>MO</sup>	\$0 (Tier 2)	QL (5.5 per 25 days)
<i>sulfacetamide 10% eye drops; sulfacetamide 10% eye ointment</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>sulf-pred 10-0.23% eye drops</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>timolol 0.25% gel-solution; timolol 0.5% gel-solution; timolol maleate 0.25% eye drop; timolol maleate 0.5% eye drops</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>tobramycin 0.3% eye drops</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>tobramycin-dexameth ophth susp</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>TOBREX 0.3 % EYE OINTMENT</i> <sup>MO</sup>	\$0 (Tier 2)	
<i>TRAVATAN Z 0.004 % EYE DROPS</i> <sup>MO</sup>	\$0 (Tier 2)	QL (2.5 per 25 days)
<i>trifluridine 1% eye drops</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>tropicamide 0.5% eye drops; tropicamide 1% eye drops</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>VIGAMOX 0.5 % EYE DROPS</i> <sup>MO</sup>	\$0 (Tier 2)	
<i>ZIRGAN 0.15 % EYE GEL</i> <sup>MO</sup>	\$0 (Tier 2)	QL (5 per 30 days)

### GASTROINTESTINAL DRUGS - Drugs used to treat stomach and intestinal conditions

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>alosetron hcl 0.5 mg, 1 mg tablet</i> <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
<i>AMITIZA 24 MCG, 8 MCG CAPSULE</i> <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
<i>aprepitant 125 mg, 40 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D,QL (2 per 28 days)
<i>aprepitant 125-80-80 mg pack</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D,QL (6 per 28 days)
<i>aprepitant 80 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D,QL (4 per 28 days)
<i>APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE</i> <sup>MO</sup>	\$0 (Tier 2)	QL (120 per 30 days)
<i>balsalazide disodium 750 mg cp</i> <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CANASA 1,000 MG RECTAL SUPPOSITORY <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
CHENODAL 250 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA
CHOLBAM 250 MG, 50 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (120 per 30 days)
<i>cimetidine 200 mg, 300 mg, 400 mg, 800 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>cimetidine 300 mg/5 ml soln</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>compro 25 mg rectal suppository</i> <sup>MO</sup>	\$0 (Tier 1)	
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE; CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE; CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE; CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE; CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE <sup>MO</sup>	\$0 (Tier 2)	
<i>diphenoxylat-atrop 2.5-0.025/5; diphenoxylate-atrop 2.5-0.025</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>dronabinol 10 mg, 2.5 mg, 5 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D,QL (120 per 30 days)
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK <sup>MO</sup>	\$0 (Tier 2)	B vs D,QL (6 per 28 days)
EMEND 125 MG (25 MG/ML FINAL CONC.) ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	B vs D,QL (3 per 28 days)
EMEND 125 MG, 40 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	B vs D,QL (2 per 28 days)
EMEND 80 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	B vs D,QL (4 per 28 days)
<i>famotidine 20 mg, 40 mg tablet; famotidine 40 mg/4 ml vial; famotidine 40 mg/5 ml susp</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>famotidine 20 mg/2 ml vial</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>famotidine 20 mg piggyback</i> <sup>MO</sup>	\$0 (Tier 1)	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT <sup>MO</sup>	\$0 (Tier 2)	PA
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT <sup>MO</sup>	\$0 (Tier 2)	PA
<i>gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>gavilyte-n 420 gram oral solution</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>granisetron hcl 0.1 mg/ml vial</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>granisetron hcl 1 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D,QL (28 per 28 days)
<i>granisetron hcl 1 mg/ml vial</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>granisetron hcl 4 mg/4 ml vial</i> <sup>MO</sup>	\$0 (Tier 1)	QL (4 per 28 days)
<i>lansoprazole dr 15 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
<i>lansoprazole dr 30 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE <sup>MO</sup>	\$0 (Tier 2)	QL (120 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
<i>mesalamine 4 gm/60 ml enema</i> <sup>MO</sup>	\$0 (Tier 1)	QL (1800 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mesalamine 4 gm/60 ml kit <sup>MO</sup>	\$0 (Tier 1)	
metoclopramide 10 mg, 5 mg tablet; metoclopramide 10 mg/2 ml syr; metoclopramide 10 mg/2 ml vial; metoclopramide 5 mg/5 ml, 5 mg/ml soln <sup>MO</sup>	\$0 (Tier 1)	
misoprostol 100 mcg, 200 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
omeprazole dr 10 mg, 20 mg, 40 mg capsule <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
ondansetron odt 4 mg, 8 mg tablet <sup>MO</sup>	\$0 (Tier 1)	B vs D, QL (90 per 30 days)
ondansetron 4 mg/5 ml solution <sup>MO</sup>	\$0 (Tier 1)	B vs D, QL (450 per 30 days)
ondansetron 40 mg/20 ml vial <sup>MO</sup>	\$0 (Tier 1)	
ondansetron hcl 24 mg tablet <sup>MO</sup>	\$0 (Tier 1)	B vs D, QL (30 per 30 days)
ondansetron hcl 4 mg, 8 mg tablet <sup>MO</sup>	\$0 (Tier 1)	B vs D, QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr; ondansetron hcl 4 mg/2 ml vial <sup>MO</sup>	\$0 (Tier 1)	
pantoprazole sod dr 20 mg, 40 mg tab <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
pantoprazole sodium 40 mg vial <sup>MO</sup>	\$0 (Tier 1)	
peg 3350 electrolyte soln; peg-3350 and electrolytes soln <sup>MO</sup>	\$0 (Tier 1)	
peg 3350-electrolyte solution <sup>MO</sup>	\$0 (Tier 1)	
polyethylene glycol 3350 powd <sup>MO</sup>	\$0 (Tier 1)	
prochlorperazine 25 mg supp <sup>MO</sup>	\$0 (Tier 1)	
prochlorperazine 10 mg/2 ml vl <sup>MO</sup>	\$0 (Tier 1)	
prochlorperazine 10 mg, 5 mg tab; prochlorperazine 10 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	B vs D
PROTONIX 40 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
ranitidine 15 mg/ml syrup; ranitidine 150 mg, 300 mg capsule; ranitidine 150 mg, 300 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION; RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (36 per 28 days)
RELISTOR 150 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (12 per 30 days)
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH <sup>MO</sup>	\$0 (Tier 2)	QL (4 per 30 days)
scopolamine 1 mg/3 day patch <sup>MO</sup>	\$0 (Tier 1)	QL (10 per 30 days)
sucralfate 1 gm tablet <sup>MO</sup>	\$0 (Tier 1)	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
TRANSDERM-SCOP 1.5 MG TRANSDERMAL PATCH (1 MG OVER 3 DAYS) <sup>MO</sup>	\$0 (Tier 2)	QL (10 per 30 days)
trilyte with flavor packets 420 gram oral solution <sup>MO</sup>	\$0 (Tier 1)	
trimethobenzamide 300 mg cap <sup>MO</sup>	\$0 (Tier 1)	B vs D

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).





DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ursodiol 250 mg, 500 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
VIBERZI 100 MG, 75 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)

#### GOLD COMPOUNDS - Drugs used to treat arthritis

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RIDAURA 3 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	

#### HEAVY METAL ANTAGONISTS - Drugs used to treat high levels of metal in the blood

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CHEMET 100 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	
CUPRIMINE 250 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	
EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET <sup>MO</sup>	\$0 (Tier 2)	PA
SYPRINE 250 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	

#### HORMONES AND SYNTHETIC SUBSTITUTES - Drugs used to treat hormone imbalance

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>a-hydrocort 100 mg solution for injection</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>acarbose 100 mg, 25 mg, 50 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>altavera (28) 0.15 mg-0.03 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>amabelz 0.5 mg-0.1 mg tablet; amabelz 1 mg-0.5 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> <sup>MO</sup>	\$0 (Tier 1)	QL (91 per 90 days)
ANADROL-50 50 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
<i>anastrozole 1 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET <sup>MO</sup>	\$0 (Tier 2)	QL (37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PACKET; ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP <sup>MO</sup>	\$0 (Tier 2)	QL (150 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
androxy 10 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
apri 0.15 mg-0.03 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
aubra 0.1 mg-20 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
AVANDIA 2 MG, 4 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
aviane 0.1 mg-20 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MO</sup>	\$0 (Tier 1)	
bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MO</sup>	\$0 (Tier 1)	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MO</sup>	\$0 (Tier 1)	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MO</sup>	\$0 (Tier 1)	
budesonide ec 3 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
calcitonin-salmon 200 units sp <sup>MO</sup>	\$0 (Tier 1)	QL (3.7 per 28 days)
camila 0.35 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
camrese lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MO</sup>	\$0 (Tier 1)	QL (91 per 90 days)
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
chorionic gonad 10,000 unit v <sup>MO</sup>	\$0 (Tier 2)	PA
cortisone 25 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
cryselle (28) 0.3 mg-30 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
cyclafem 1/35 (28) 1 mg-35 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
cyred 0.15 mg-0.03 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET <sup>MO</sup>	\$0 (Tier 2)	
danazol 100 mg, 200 mg, 50 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
dasetta 1/35 (28) 1 mg-35 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
deblitane 0.35 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
delyla (28) 0.1 mg-20 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL <sup>MO</sup>	\$0 (Tier 2)	
desmopressin 0.01% solution; desmopressin 0.1 mg/ml sol; desmopressin 10 mcg/0.1 ml spr; desmopressin ac 0.1 mg/ml (refrigerate), 4 mcg/ml vial; desmopressin acetate 0.1 mg, 0.2 mg tb <sup>MO</sup>	\$0 (Tier 1)	
desogestr-eth estrad eth estro <sup>MO</sup>	\$0 (Tier 1)	
desogestrel-ethinyl estrad tab <sup>MO</sup>	\$0 (Tier 1)	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg tablet; dexamethasone 0.5 mg/5 ml elx; dexamethasone 0.5 mg/5 ml liq <sup>MO</sup>	\$0 (Tier 1)	
dexamethasone intensol 1 mg/ml drops (concentrate) <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dexamethasone 10 mg/ml, 4 mg/ml vial; dexamethasone 4 mg/ml syringe <sup>MO</sup>	\$0 (Tier 1)	
drospirenone-ee 3-0.02 mg, 3-0.03 mg tab <sup>MO</sup>	\$0 (Tier 1)	
DUAVEE 0.45 MG-20 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
EGRIFTA 1 MG SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
EGRIFTA 2 MG SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
elinest 0.3 mg-30 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
ELLA 30 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (1 per 30 days)
emoquette 0.15 mg-0.03 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet <sup>MO</sup>	\$0 (Tier 1)	
enskyce 0.15 mg-0.03 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
errin 0.35 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM <sup>MO</sup>	\$0 (Tier 2)	
estradiol 0.0375 mg/day patch; estradiol 0.06 mg/day patch; estradiol 0.075 mg/day patch; estradiol tds 0.025 mg/day; estradiol tds 0.05 mg/day; estradiol tds 0.1 mg/day <sup>MO</sup>	\$0 (Tier 1)	QL (4 per 28 days)
estradiol 0.5 mg, 1 mg, 2 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
estradiol valerate 20 mg/ml, 40 mg/ml v <sup>MO</sup>	\$0 (Tier 1)	
estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tab; estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tb <sup>MO</sup>	\$0 (Tier 1)	
estropipate 0.625(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 1.25(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 2.5(0.75 mg, 1.5 mg, 3 mg) tab <sup>MO</sup>	\$0 (Tier 1)	
ethynodiol-eth estra 1mg-35mcg; ethynodiol-eth estra 1mg-50mcg <sup>MO</sup>	\$0 (Tier 1)	
exemestane 25 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
falmina (28) 0.1 mg-20 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
FARESTON 60 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
FEMCON FE CHEWABLE TABLET <sup>MO</sup>	\$0 (Tier 2)	
femynor 0.25 mg-35 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
FIASP 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
FIASP FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <sup>MO</sup>	\$0 (Tier 2)	
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG, 80 MG SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
fludrocortisone 0.1 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR <sup>MO</sup>	\$0 (Tier 2)	ST,QL (2.4 per 28 days)
FORTICAL 200 UNITS NASAL SPRAY <sup>MO</sup>	\$0 (Tier 2)	QL (3.7 per 28 days)
gianvi (28) 3 mg-20 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>gildess 1.5 mg-30 mcg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>gildess 1 mg-20 mcg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>gildess 24 fe 1-0.02 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>gildess fe 1.5-30 tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>gildess fe 1-20 tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>glimpiride 1 mg, 2 mg, 4 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>glipizide 10 mg, 5 mg tablet; glipizide er 10 mg, 2.5 mg, 5 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> <sup>MO</sup>	\$0 (Tier 1)	
GLUCAGEN HYPOKIT 1 MG INJECTION <sup>MO</sup>	\$0 (Tier 2)	
GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG INJECTION <sup>MO</sup>	\$0 (Tier 2)	
GLYSET 100 MG, 25 MG, 50 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
<i>heather 0.35 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>hydrocortisone 10 mg, 20 mg, 5 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
<i>introvale 0.15 mg-30 mcg tablets, 3 month dose pack</i> <sup>MO</sup>	\$0 (Tier 1)	
INVOKAMET 150 MG-1,000 MG TABLET; INVOKAMET 150 MG-500 MG TABLET; INVOKAMET 50 MG-1,000 MG TABLET; INVOKAMET 50 MG-500 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
<i>isibloom 0.15 mg-0.03 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE; JANUMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
<i>jencycla 0.35 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
juleber 0.15 mg-0.03 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
junel 1/20 (21) 1 mg-20 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MO</sup>	\$0 (Tier 1)	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MO</sup>	\$0 (Tier 1)	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet <sup>MO</sup>	\$0 (Tier 1)	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MO</sup>	\$0 (Tier 1)	
kelnor 1/35 (28) 1 mg-35 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
kimidess (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MO</sup>	\$0 (Tier 1)	
KORLYM 300 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (120 per 30 days)
kurvelo 0.15 mg-0.03 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
levono-e estrad 0.10-0.02-0.01 <sup>MO</sup>	\$0 (Tier 1)	QL (91 per 90 days)
LANTUS 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
LANTUS SOLOSTAR 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <sup>MO</sup>	\$0 (Tier 2)	
larin 1.5/30 (21) 1.5 mg-30 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
larin 1/20 (21) 1 mg-20 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <sup>MO</sup>	\$0 (Tier 1)	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MO</sup>	\$0 (Tier 1)	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MO</sup>	\$0 (Tier 1)	
larissia 0.1 mg-20 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
lessina 0.1 mg-20 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
letrozole 2.5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
leuprolide 2wk 14 mg/2.8 ml kt <sup>MO</sup>	\$0 (Tier 1)	
LEVEMIR 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
LEVEMIR FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <sup>MO</sup>	\$0 (Tier 2)	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet <sup>MO</sup>	\$0 (Tier 1)	
levonor-eth estrad triphasic <sup>MO</sup>	\$0 (Tier 1)	
levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03 <sup>MO</sup>	\$0 (Tier 1)	
levora-28 0.15 mg-0.03 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET <sup>MO</sup>	\$0 (Tier 2)	
lillow 0.15 mg-0.03 mg tablet <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
liothyronine sod 10 mcg/ml vL; liothyronine sod 25 mcg, 5 mcg, 50 mcg tab <sup>MO</sup>	\$0 (Tier 1)	
loryna (28) 3 mg-20 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
low-ogestrel (28) 0.3 mg-30 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
LUPRON DEPOT 3.75 MG, 7.5 MG INTRAMUSCULAR SYRINGE KIT <sup>MO</sup>	\$0 (Tier 2)	PA,QL (1 per 30 days)
LUPRON DEPOT 11.25 MG, 22.5 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT <sup>MO</sup>	\$0 (Tier 2)	PA,QL (1 per 90 days)
LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT <sup>MO</sup>	\$0 (Tier 2)	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT <sup>MO</sup>	\$0 (Tier 2)	PA,QL (1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) INTRAMUSCULAR KIT <sup>MO</sup>	\$0 (Tier 2)	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 11.25 MG, 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT <sup>MO</sup>	\$0 (Tier 2)	PA,QL (1 per 90 days)
lutera (28) 0.1 mg-20 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
lyza 0.35 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
marlissa 0.15 mg-0.03 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg tab <sup>MO</sup>	\$0 (Tier 1)	
medroxyprogesterone 150 mg/ml <sup>MO</sup>	\$0 (Tier 1)	QL (1 per 90 days)
megestrol 20 mg, 40 mg tablet; megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml <sup>MO</sup>	\$0 (Tier 1)	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
metformin hcl 1,000 mg, 500 mg, 850 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
metformin hcl er 500 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (120 per 30 days)
metformin hcl er 750 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
methimazole 10 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
METHITEST 10 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg dosepk; methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg tab; methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg tablet <sup>MO</sup>	\$0 (Tier 1)	B vs D
methylprednisolone 40 mg/ml, 80 mg/ml vL <sup>MO</sup>	\$0 (Tier 1)	
methylprednisolone ss 1 gm vL; methylprednisolone ss 1,000 mg, 125 mg, 40 mg; methylprednisolone ss 1,000 mg, 125 mg, 40 mg vL <sup>MO</sup>	\$0 (Tier 1)	
methyltestosterone 10 mg cap <sup>MO</sup>	\$0 (Tier 1)	
MIACALCIN 200 UNIT/ML INJECTION SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
microgestin 1/20 (21) 1 mg-20 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
MICROGESTIN 24 FE 1 MG-20 MCG (24)/75 MG (4) TABLET <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MO</sup>	\$0 (Tier 1)	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MO</sup>	\$0 (Tier 1)	
miglitol 100 mg, 25 mg, 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
mimvey 1 mg-0.5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
myzilra 50-30 (6)/75-40(5)/125-30(10) tablet <sup>MO</sup>	\$0 (Tier 1)	
nateglinide 120 mg, 60 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (2 per 28 days)
necon 0.5/35 (28) 0.5 mg-35 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
necon 1-35-28 tablet <sup>MO</sup>	\$0 (Tier 1)	
necon 10-11-28 tablet <sup>MO</sup>	\$0 (Tier 1)	
nikki (28) 3 mg-20 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
noret-estr-fe 0.4-0.035(21)-75 <sup>MO</sup>	\$0 (Tier 1)	
norethindrone 0.35 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
norethind-eth estrad 1-0.02 mg <sup>MO</sup>	\$0 (Tier 1)	
norethindrone 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
noreth-estrad-fe 1-0.02(21)-75 <sup>MO</sup>	\$0 (Tier 1)	
norg-ee 0.18-0.215-0.25/0.025; norg-ee 0.18-0.215-0.25/0.035; norg-ethin estra 0.25-0.035 mg <sup>MO</sup>	\$0 (Tier 1)	
norlyda 0.35 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
norlyroc 0.35 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
nortrel 1/35 (21) 1 mg-35 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
nortrel 1/35 (28) 1 mg-35 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
NOVOLIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	
NOVOLIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	
NOVOLIN R 100 UNIT/ML INJECTION SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
NOVOLOG 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
NOVOLOG FLEXPEN 100 UNIT/ML SUBCUTANEOUS <sup>MO</sup>	\$0 (Tier 2)	
NOVOLOG MIX 70-30 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML SUBCUTANEOUS PEN <sup>MO</sup>	\$0 (Tier 2)	
NOVOLOG PENFILL 100 UNIT/ML SUBCUTANEOUS CARTRIDGE <sup>MO</sup>	\$0 (Tier 2)	
ogestrel (28) 0.5 mg-50 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE; OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
orsythia 0.1 mg-20 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
oxandrolone 10 mg tablet <sup>MO</sup>	\$0 (Tier 1)	PA,QL (60 per 30 days)
oxandrolone 2.5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	PA,QL (120 per 30 days)
pimtrex (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MO</sup>	\$0 (Tier 1)	
pioglitazone hcl 15 mg, 30 mg, 45 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
pioglitazone-glimepiride 30-2; pioglitazone-glimepiride 30-4 <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
pioglitazone-metformin 15-500; pioglitazone-metformin 15-850 <sup>MO</sup>	\$0 (Tier 1)	QL (90 per 30 days)
pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
portia 0.15 mg-0.03 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
prednisolone 15 mg/5 ml syrup <sup>MO</sup>	\$0 (Tier 1)	
prednisolone 15 mg/5 ml soln; prednisolone 20 mg/5 ml soln; prednisolone 5 mg/5 ml soln; prednisolone sod ph 25 mg/5 ml <sup>MO</sup>	\$0 (Tier 1)	
prednisone 1 mg, 10 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 5 mg, 50 mg tab dose pack; prednisone 1 mg, 10 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 5 mg, 50 mg tablet; prednisone 5 mg/5 ml solution <sup>MO</sup>	\$0 (Tier 1)	B vs D
prednisone intensol 5 mg/ml oral concentrate <sup>MO</sup>	\$0 (Tier 1)	B vs D
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET; PREMARIN 0.625 MG/GRAM VAGINAL CREAM <sup>MO</sup>	\$0 (Tier 2)	
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET <sup>MO</sup>	\$0 (Tier 2)	
PREMPRO 0.3 MG-1.5 MG TABLET; PREMPRO 0.45 MG-1.5 MG TABLET; PREMPRO 0.625 MG-2.5 MG TABLET; PREMPRO 0.625 MG-5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
previfem 0.25 mg-35 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
progesterone in oil 50 mg/ml intramuscular <sup>MO</sup>	\$0 (Tier 1)	
progesterone 100 mg, 200 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
PROGLYCEM 50 MG/ML ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	
propylthiouracil 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
quasense 0.15 mg-30 mcg tablets,3 month dose pack <sup>MO</sup>	\$0 (Tier 1)	
raloxifene hcl 60 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
reclipsen (28) 0.15 mg-0.03 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
repaglinide 0.5 mg, 1 mg, 2 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
SENSIPAR 30 MG, 60 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
SENSIPAR 90 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (120 per 30 days)
SEROSTIM 4 MG, 5 MG, 6 MG SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).





DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
setlakin 0.15 mg-30 mcg tablets,3 month dose pack <sup>MO</sup>	\$0 (Tier 1)	
sharobel 0.35 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
SOLTAMOX 10 MG/5 ML ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
SOLU-MEDROL 1,000 MG, 2 GRAM INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
SOLU-MEDROL (PF) 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML INTRAVENOUS SOLUTION; SOLU-MEDROL (PF) 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML SOLUTION FOR INJECTION <sup>MO</sup>	\$0 (Tier 2)	
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG SUBCUTANEOUS SOLUTION; SOMAVERT 10 MG, 15 MG, 20 MG VIAL <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
sprintec (28) 0.25 mg-35 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
sronyx 0.1 mg-20 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY <sup>MO</sup>	\$0 (Tier 2)	
syeda 3 mg-0.03 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR <sup>MO</sup>	\$0 (Tier 2)	QL (10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MO</sup>	\$0 (Tier 2)	QL (10.5 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY <sup>MO</sup>	\$0 (Tier 2)	
SYNJARDY 12.5 MG-1,000 MG TABLET; SYNJARDY 12.5 MG-500 MG TABLET; SYNJARDY 5 MG-1,000 MG TABLET; SYNJARDY 5 MG-500 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET <sup>MO</sup>	\$0 (Tier 2)	
tamoxifen 10 mg, 20 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MO</sup>	\$0 (Tier 1)	
testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml <sup>MO</sup>	\$0 (Tier 1)	
testosterone enan 200 mg/ml <sup>MO</sup>	\$0 (Tier 1)	
THYROLAR-1 12.5 MCG-50 MCG TABLET <sup>MO</sup>	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
THYROLAR-1/2 6.25 MCG-25 MCG TABLET <sup>MO</sup>	\$0 (Tier 2)	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET <sup>MO</sup>	\$0 (Tier 2)	
THYROLAR-2 25 MCG-100 MCG TABLET <sup>MO</sup>	\$0 (Tier 2)	
THYROLAR-3 37.5 MCG-150 MCG TABLET <sup>MO</sup>	\$0 (Tier 2)	
<i>tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>tolbutamide 500 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
TOUJEO SOLOSTAR 300 UNIT/ML (1.5 ML) SUBCUTANEOUS INSULIN PEN <sup>MO</sup>	\$0 (Tier 2)	
TRADJENTA 5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG INTRAMUSCULAR SUSPENSION; TRELSTAR 11.25 MG/2 ML, 22.5 MG/2 ML, 3.75 MG/2 ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	\$0 (Tier 2)	PA
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <sup>MO</sup>	\$0 (Tier 2)	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <sup>MO</sup>	\$0 (Tier 2)	
<i>tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>trinessa (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>trinessa lo 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet<sup>MO</sup></i>	\$0 (Tier 1)	
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MO</sup>	\$0 (Tier 2)	QL (2 per 28 days)
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET <sup>MO</sup>	\$0 (Tier 2)	
<i>velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
<i>vestura (28) 3 mg-20 mcg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <sup>MO</sup>	\$0 (Tier 2)	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <sup>MO</sup>	\$0 (Tier 2)	QL (9 per 30 days)
<i>vienna 0.1 mg-20 mcg tablet<sup>MO</sup></i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MO</sup>	\$0 (Tier 1)	
wera (28) 0.5 mg-35 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet <sup>MO</sup>	\$0 (Tier 1)	
zarah 3 mg-0.03 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
zenchent fe tablet chewable <sup>MO</sup>	\$0 (Tier 1)	
zovia 1/35e (28) 1 mg-35 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	
zovia 1/50e (28) 1 mg-50 mcg tablet <sup>MO</sup>	\$0 (Tier 1)	

### LOCAL ANESTHETICS (PARENTERAL) - Drugs used to help with local pain

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lidocaine hcl 0.5% vial; lidocaine hcl 1% ampul; lidocaine hcl 2% vial <sup>MO</sup>	\$0 (Tier 1)	
lidocaine hcl 1% vial; lidocaine hcl 2% vial <sup>MO</sup>	\$0 (Tier 1)	

### MISCELLANEOUS THERAPEUTIC AGENTS - Drugs used to treat arthritis and other conditions such as MS and osteoporosis

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acetylcysteine 6 gram/30 ml vial <sup>MO</sup>	\$0 (Tier 1)	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
alendronate sodium 35 mg, 70 mg tab <sup>MO</sup>	\$0 (Tier 1)	QL (4 per 28 days)
allopurinol 100 mg, 300 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
amifostine 500 mg vial <sup>MO</sup>	\$0 (Tier 1)	B vs D
AMPYRA 10 MG TABLET,EXTENDED RELEASE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
ARCALYST 220 MG SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
ATELVIA 35 MG TABLET,DELAYED RELEASE <sup>MO</sup>	\$0 (Tier 2)	QL (4 per 28 days)
azathioprine 50 mg tablet <sup>MO</sup>	\$0 (Tier 1)	B vs D
BENLYSTA 120 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (20 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR; BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (4 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BENLYSTA 400 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (6 per 28 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT <sup>MO</sup>	\$0 (Tier 2)	PA,QL (15 per 30 days)
CELLCEPT 200 MG/ML ORAL SUSPENSION; CELLCEPT 250 MG CAPSULE; CELLCEPT 500 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	B vs D
CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
CERDELGA 84 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (20 per 30 days)
COLCRYS 0.6 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (120 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (12 per 28 days)
<i>cyclosporine 100 mg, 25 mg capsule; cyclosporine 50 mg/ml ampul<sup>MO</sup></i>	\$0 (Tier 1)	B vs D
<i>cyclosporine 100 mg/ml soln; cyclosporine modified 100 mg, 25 mg, 50 mg<sup>MO</sup></i>	\$0 (Tier 1)	B vs D
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER <sup>MO</sup>	\$0 (Tier 2)	
CYSTAGON 150 MG, 50 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	
DEMSEER 250 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	
<i>dexrazoxane 250 mg, 500 mg vial<sup>MO</sup></i>	\$0 (Tier 1)	B vs D
<i>disulfiram 250 mg, 500 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>dutasteride 0.5 mg capsule<sup>MO</sup></i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>dutasteride-tamsulosin 0.5-0.4<sup>MO</sup></i>	\$0 (Tier 1)	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (4.08 per 28 days)
ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (7.84 per 28 days)
ENBREL MINI 50 MG/ML (0.98 ML) SUBCUTANEOUS CARTRIDGE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (7.84 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR <sup>MO</sup>	\$0 (Tier 2)	PA,QL (7.84 per 28 days)
<i>etidronate disodium 200 mg, 400 mg tab<sup>MO</sup></i>	\$0 (Tier 1)	
EXONDYS 51 50 MG/ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
<i>finasteride 5 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	QL (30 per 30 days)
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (18 per 30 days)
<i>fluoride 1 mg tablet chewable<sup>MO</sup></i>	\$0 (Tier 1)	
<i>fomepizole 1.5 gm/1.5 ml vial<sup>MO</sup></i>	\$0 (Tier 1)	
FUSILEV 50 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
<i>gengraf 100 mg, 25 mg, 50 mg capsule; gengraf 100 mg/ml oral solution<sup>MO</sup></i>	\$0 (Tier 1)	B vs D

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GILENYA 0.5 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT <sup>MO</sup>	\$0 (Tier 2)	PA,QL (2 per 28 days)
HUMIRA 20 MG/0.4 ML, 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT <sup>MO</sup>	\$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT <sup>MO</sup>	\$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS <sup>MO</sup>	\$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT <sup>MO</sup>	\$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS STARTER 40 MG/0.8 ML SUBCUTANEOUS KIT <sup>MO</sup>	\$0 (Tier 2)	PA,QL (6 per 28 days)
IMURAN 50 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	B vs D
KUVAN 100 MG SOLUBLE TABLET; KUVAN 100 MG, 500 MG ORAL POWDER PACKET <sup>MO</sup>	\$0 (Tier 2)	PA
leflunomide 10 mg, 20 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg tab <sup>MO</sup>	\$0 (Tier 1)	
leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vial; leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg v <sup>l</sup> <sup>MO</sup>	\$0 (Tier 1)	B vs D
levocarnitine 200 mg/ml vial; levocarnitine 330 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
levocarnitine 1 g/10 ml soln <sup>MO</sup>	\$0 (Tier 1)	
levoleucovorin 10 mg/ml, 175 mg, 50 mg vial; levoleucovorin 250 mg/25 ml v <sup>l</sup> <sup>MO</sup>	\$0 (Tier 1)	PA
mesna 1 gram/10 ml vial <sup>MO</sup>	\$0 (Tier 1)	B vs D
MESNEX 400 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
mycophenolate 200 mg/ml susp; mycophenolate 250 mg capsule; mycophenolate 500 mg tablet <sup>MO</sup>	\$0 (Tier 1)	B vs D
mycophenolate 500 mg vial <sup>MO</sup>	\$0 (Tier 1)	B vs D
mycophenolic acid dr 180 mg, 360 mg tb <sup>MO</sup>	\$0 (Tier 1)	B vs D
MYFORTIC 180 MG, 360 MG TABLET,DELAYED RELEASE <sup>MO</sup>	\$0 (Tier 2)	B vs D
NULOJIX 250 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (20 per 30 days)
octreotide 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml v <sup>l</sup> <sup>MO</sup>	\$0 (Tier 1)	PA
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE; ORFADIN 4 MG/ML ORAL SUSPENSION <sup>MO</sup>	\$0 (Tier 2)	
pamidronate 30 mg/10 ml vial; pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial <sup>MO</sup>	\$0 (Tier 1)	
PROGRAF 5 MG/ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	QL (1 per 180 days)
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET; RAPAMUNE 1 MG/ML ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
REMICADE 100 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
<i>risedronate sod dr 35 mg tab</i> <sup>MO</sup>	\$0 (Tier 1)	QL (4 per 28 days)
SANDIMMUNE 100 MG/ML ORAL SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG INTRAMUSCULAR SUSP, EXTENDED RELEASE <sup>MO</sup>	\$0 (Tier 2)	PA
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR; SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	PA, QL (1 per 30 days)
SIMULECT 10 MG, 20 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
<i>sirolimus 0.5 mg, 1 mg, 2 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D
<i>tacrolimus 0.5 mg, 1 mg, 5 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D
THALOMID 100 MG, 200 MG, 50 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA, QL (30 per 30 days)
THALOMID 150 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA, QL (60 per 30 days)
THIOLA 100 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
TYBOST 150 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
XELJANZ 5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA, QL (60 per 30 days)
XELJANZ XR 11 MG TABLET, EXTENDED RELEASE <sup>MO</sup>	\$0 (Tier 2)	PA, QL (30 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA, QL (1.7 per 28 days)
ZAVESCA 100 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA, QL (90 per 30 days)
<i>zoledronic acid 4 mg vial</i> <sup>MO</sup>	\$0 (Tier 1)	PA
<i>zoledronic acid 4 mg/5 ml vial</i> <sup>MO</sup>	\$0 (Tier 1)	PA, QL (15 per 21 days)
<i>zoledronic acid 5 mg/100 ml</i> <sup>MO</sup>	\$0 (Tier 1)	PA, QL (100 per 365 days)
ZORTRESS 0.25 MG, 0.75 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	B vs D, QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	B vs D, QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



### OXYTOCICS - Drugs used to help with post-partum bleeding

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>methergine 0.2 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>methylergonovine 0.2 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	

### PHARMACEUTICAL AIDS - Supplies used for wound treatment and other conditions

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BAND-AID GAUZE PADS 2" X 2" BANDAGE <sup>MO</sup>	\$0 (Tier 1)	
BORDERED GAUZE 2" X 2" BANDAGE <sup>MO</sup>	\$0 (Tier 1)	
CURITY GAUZE 2" X 2" BANDAGE <sup>MO</sup>	\$0 (Tier 1)	
DERMACEA 2" X 2" BANDAGE <sup>MO</sup>	\$0 (Tier 1)	
GAUZE PADS 2"X2" <sup>MO</sup>	\$0 (Tier 1)	
GAUZE PAD 2" X 2" BANDAGE <sup>MO</sup>	\$0 (Tier 1)	
GAUZE PADS, STERILE 2"X2" <sup>MO</sup>	\$0 (Tier 1)	

### RESPIRATORY TRACT AGENTS - Drugs used to treat asthma

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>acetylcysteine 10% vial; acetylcysteine 20% vial</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (90 per 30 days)
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER <sup>MO</sup>	\$0 (Tier 2)	QL (12 per 30 days)
ARALAST NP 1,000 MG, 500 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION POWDER FOR INHALATION <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
<i>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml susp</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D
<i>cromolyn 100 mg/5 ml oral conc; cromolyn 4% eye drops</i> <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>cromolyn 20 mg/2 ml neb soln</i> <sup>MO</sup>	\$0 (Tier 1)	B vs D
DALIRESP 500 MCG TABLET <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
ESBRIET 267 MG CAPSULE; ESBRIET 267 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (270 per 30 days)
ESBRIET 801 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (90 per 30 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION <sup>MO</sup>	\$0 (Tier 2)	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION AEROSOL INHALER <sup>MO</sup>	\$0 (Tier 2)	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER <sup>MO</sup>	\$0 (Tier 2)	QL (10.6 per 30 days)
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
KALYDECO 150 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
KALYDECO 50 MG, 75 MG ORAL GRANULES IN PACKET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (56 per 28 days)
LETAIRIS 10 MG, 5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
<i>montelukast sod 10 mg tablet; montelukast sod 4 mg granules; montelukast sod 4 mg, 5 mg tab chew</i> <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
OFEV 100 MG, 150 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
OPSUMIT 10 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (30 per 30 days)
ORKAMBI 100 MG-125 MG TABLET; ORKAMBI 200 MG-125 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (112 per 28 days)
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION <sup>MO</sup>	\$0 (Tier 2)	B vs D,QL (150 per 30 days)
REMODULIN 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML INJECTION SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER <sup>MO</sup>	\$0 (Tier 2)	QL (10.2 per 30 days)
TRACLEER 125 MG, 62.5 MG TABLET <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION <sup>MO</sup>	\$0 (Tier 2)	PA
TYVASO INSTITUTIONAL STARTER KIT 1.74 MG/2.9 ML SOLN FOR NEBULIZATION <sup>MO</sup>	\$0 (Tier 2)	PA
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION <sup>MO</sup>	\$0 (Tier 2)	PA
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION <sup>MO</sup>	\$0 (Tier 2)	PA
XOLAIR 150 MG SUBCUTANEOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	PA,QL (6 per 28 days)
<i>zafirlukast 10 mg, 20 mg tablet</i> <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).





**SKIN AND MUCOUS MEMBRANE AGENTS - Drugs used to treat skin problems**

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
8-MOP 10 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	
acitretin 10 mg, 17.5 mg, 25 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
acyclovir 5% ointment <sup>MO</sup>	\$0 (Tier 1)	PA
adapalene 0.1% gel <sup>MO</sup>	\$0 (Tier 1)	
alclometasone dipr 0.05% oint; alclometasone dipro 0.05% crm <sup>MO</sup>	\$0 (Tier 1)	
ALCOHOL PADS <sup>MO</sup>	\$0 (Tier 1)	
ALCOHOL PREP PADS <sup>MO</sup>	\$0 (Tier 1)	
ALCOHOL PREP SWABS <sup>MO</sup>	\$0 (Tier 1)	
ALCOHOL 70% SWABS <sup>MO</sup>	\$0 (Tier 1)	
ALCOHOL WIPES <sup>MO</sup>	\$0 (Tier 1)	
ALTABAX 1 % TOPICAL OINTMENT <sup>MO</sup>	\$0 (Tier 2)	
ammonium lactate 12% cream; ammonium lactate 12% lotion <sup>MO</sup>	\$0 (Tier 1)	
BD ALCOHOL SWABS <sup>MO</sup>	\$0 (Tier 1)	
betamethasone dp 0.05% crm; betamethasone dp 0.05% lot; betamethasone dp 0.05% oint <sup>MO</sup>	\$0 (Tier 1)	
betamethasone va 0.1% cream; betamethasone va 0.1% lotion; betamethasone valer 0.1% ointm <sup>MO</sup>	\$0 (Tier 1)	
betamethasone dp aug 0.05% crm; betamethasone dp aug 0.05% gel; betamethasone dp aug 0.05% lot; betamethasone dp aug 0.05% oin <sup>MO</sup>	\$0 (Tier 1)	
calcipotriene 0.005% cream <sup>MO</sup>	\$0 (Tier 1)	QL (120 per 30 days)
calcipotriene 0.005% solution <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS <sup>MO</sup>	\$0 (Tier 1)	
ciclodan 0.77 % topical cream; ciclodan 8 % topical solution <sup>MO</sup>	\$0 (Tier 1)	
ciclopirox 0.77% cream; ciclopirox 0.77% gel; ciclopirox 0.77% topical susp; ciclopirox 1% shampoo; ciclopirox 8% solution <sup>MO</sup>	\$0 (Tier 1)	
clindamycin 2% vaginal cream; clindamycin ph 1% gel; clindamycin ph 1% solution; clindamycin phos 1% pledget; clindamycin phosp 1% lotion <sup>MO</sup>	\$0 (Tier 1)	
clobetasol 0.05% cream; clobetasol 0.05% gel; clobetasol 0.05% ointment; clobetasol 0.05% solution <sup>MO</sup>	\$0 (Tier 1)	
clobetasol emollient 0.05% crm <sup>MO</sup>	\$0 (Tier 1)	
clotrimazole 1% cream; clotrimazole 1% solution; clotrimazole 10 mg troche <sup>MO</sup>	\$0 (Tier 1)	
clotrimazole-betamethasone crm; clotrimazole-betamethasone lot <sup>MO</sup>	\$0 (Tier 1)	
colocort 100 mg/60 ml enema <sup>MO</sup>	\$0 (Tier 1)	
cormax 0.05 % scalp solution <sup>MO</sup>	\$0 (Tier 1)	
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	\$0 (Tier 2)	PA,QL (32 per 365 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COSENTYX (2 SYRINGES) 300 MG (150 MG/ML) SUBCUTANEOUS <sup>MO</sup>	\$0 (Tier 2)	PA,QL (32 per 365 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS <sup>MO</sup>	\$0 (Tier 2)	PA,QL (32 per 365 days)
COSENTYX PEN (2 PENS) 300 MG (150 MG/ML) SUBCUTANEOUS <sup>MO</sup>	\$0 (Tier 2)	PA,QL (32 per 365 days)
CURITY ALCOHOL SWABS <sup>MO</sup>	\$0 (Tier 1)	
DENAVIR 1 % TOPICAL CREAM <sup>MO</sup>	\$0 (Tier 2)	PA
<i>desonide 0.05% cream; desonide 0.05% lotion; desonide 0.05% ointment</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>desoximetasone 0.05% cream; desoximetasone 0.05% gel; desoximetasone 0.05% ointment; desoximetasone 0.25% cream; desoximetasone 0.25% ointment</i> <sup>MO</sup>	\$0 (Tier 1)	
EASY TOUCH ALCOHOL PREP PADS <sup>MO</sup>	\$0 (Tier 1)	
<i>econazole nitrate 1% cream</i> <sup>MO</sup>	\$0 (Tier 1)	
ELIDEL 1 % TOPICAL CREAM <sup>MO</sup>	\$0 (Tier 2)	
<i>ery pads 2 % topical swab</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>erythromycin 2% gel; erythromycin 2% pledgets; erythromycin 2% solution</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>erythromycin-benzoyl gel</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>fluocinolone 0.01% cream; fluocinolone 0.01% solution; fluocinolone 0.025% cream; fluocinolone 0.025% ointment</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>fluocinolone 0.01% scalp oil</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>fluocinonide 0.05% cream; fluocinonide 0.05% gel; fluocinonide 0.05% ointment; fluocinonide 0.05% solution</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>fluocinonide-e 0.05 % topical cream</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>fluocinonide-e 0.05% cream</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>fluorouracil 2% topical soln; fluorouracil 5% cream; fluorouracil 5% topical soln</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>fluticasone prop 0.005% oint; fluticasone prop 0.05% cream</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>gentamicin 0.1% cream; gentamicin 0.1% ointment</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>halobetasol prop 0.05% cream; halobetasol prop 0.05% ointment</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>hydrocortisone 1% cream; hydrocortisone 1% ointment; hydrocortisone 100 mg/60 ml; hydrocortisone 2.5% cream; hydrocortisone 2.5% lotion; hydrocortisone 2.5% ointment</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>hydrocortisone buty 0.1% cream; hydrocortisone butyr 0.1% oint; hydrocortisone butyr 0.1% soln</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>hydrocortisone val 0.2% cream; hydrocortisone val 0.2% ointment</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>imiquimod 5% cream packet</i> <sup>MO</sup>	\$0 (Tier 1)	QL (12 per 30 days)
INCONTROL ALCOHOL PADS <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IV PREP WIPES MEDICATED <sup>MO</sup>	\$0 (Tier 1)	
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
ketoconazole 2% cream; ketoconazole 2% shampoo <sup>MO</sup>	\$0 (Tier 1)	
lidocaine 5% patch <sup>MO</sup>	\$0 (Tier 1)	PA,QL (90 per 30 days)
lidocaine-prilocaine cream <sup>MO</sup>	\$0 (Tier 1)	
lindane 1% lotion; lindane 1% shampoo <sup>MO</sup>	\$0 (Tier 1)	
malathion 0.5% lotion <sup>MO</sup>	\$0 (Tier 1)	
MENTAX 1 % TOPICAL CREAM <sup>MO</sup>	\$0 (Tier 2)	
methoxsalen 10 mg softgel <sup>MO</sup>	\$0 (Tier 1)	
metronidazole 0.75% cream; metronidazole 0.75% lotion; metronidazole topical 0.75% gl; metronidazole topical 1% gel; metronidazole vaginal 0.75% gl <sup>MO</sup>	\$0 (Tier 1)	
miconazole-3 200 mg vaginal suppository <sup>MO</sup>	\$0 (Tier 1)	
mometasone furoate 0.1% cream; mometasone furoate 0.1% oint; mometasone furoate 0.1% soln <sup>MO</sup>	\$0 (Tier 1)	
mupirocin 2% ointment <sup>MO</sup>	\$0 (Tier 1)	
mupirocin 2% cream <sup>MO</sup>	\$0 (Tier 1)	
myorisan 10 mg, 20 mg, 30 mg, 40 mg capsule <sup>MO</sup>	\$0 (Tier 1)	
neomy-polymyxin b 40 mg/ml amp <sup>MO</sup>	\$0 (Tier 1)	
nyamyc 100,000 unit/gram topical powder <sup>MO</sup>	\$0 (Tier 1)	
nyata 100,000 unit/gram topical powder <sup>MO</sup>	\$0 (Tier 1)	
nystatin 100,000 unit/gm cream; nystatin 100,000 unit/gm powd; nystatin 100,000 units/gm oint <sup>MO</sup>	\$0 (Tier 1)	
nystatin-triamcinolone cream; nystatin-triamcinolone ointm <sup>MO</sup>	\$0 (Tier 1)	
nystop 100,000 unit/gram topical powder <sup>MO</sup>	\$0 (Tier 1)	
oralone 0.1 % dental paste <sup>MO</sup>	\$0 (Tier 1)	
PANRETIN 0.1 % TOPICAL GEL <sup>MO</sup>	\$0 (Tier 2)	
permethrin 5% cream <sup>MO</sup>	\$0 (Tier 1)	
podofilox 0.5% topical soln <sup>MO</sup>	\$0 (Tier 1)	
prednicarbate 0.1% cream; prednicarbate 0.1% ointment <sup>MO</sup>	\$0 (Tier 1)	
PRO COMFORT ALCOHOL PADS <sup>MO</sup>	\$0 (Tier 1)	
procto-med hc 2.5 % topical cream perineal applicator <sup>MO</sup>	\$0 (Tier 1)	
procto-pak 1 % topical cream perineal applicator <sup>MO</sup>	\$0 (Tier 1)	
proctosol hc 2.5 % topical cream perineal applicator <sup>MO</sup>	\$0 (Tier 1)	
proctozone-hc 2.5 % topical cream perineal applicator <sup>MO</sup>	\$0 (Tier 1)	
RECTIV 0.4 % (W/W) OINTMENT <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REGRANEX 0.01 % TOPICAL GEL <sup>MO</sup>	\$0 (Tier 2)	
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT <sup>MO</sup>	\$0 (Tier 2)	
<i>silver sulfadiazine 1% cream</i> <sup>MO</sup>	\$0 (Tier 1)	
SORIATANE 10 MG, 17.5 MG, 25 MG CAPSULE <sup>MO</sup>	\$0 (Tier 2)	
SSD 1 % TOPICAL CREAM <sup>MO</sup>	\$0 (Tier 1)	
<i>sulfacetamide sod 10% top susp</i> <sup>MO</sup>	\$0 (Tier 1)	
SURE COMFORT ALCOHOL PREP PADS <sup>MO</sup>	\$0 (Tier 1)	
SURE-PREP ALCOHOL PREP PADS <sup>MO</sup>	\$0 (Tier 1)	
<i>tacrolimus 0.03% ointment; tacrolimus 0.1% ointment</i> <sup>MO</sup>	\$0 (Tier 1)	
TARGRETIN 1 % TOPICAL GEL <sup>MO</sup>	\$0 (Tier 2)	PA
<i>tazarotene 0.1% cream</i> <sup>MO</sup>	\$0 (Tier 1)	PA
TAZORAC 0.05 %, 0.1 % TOPICAL CREAM; TAZORAC 0.05 %, 0.1 % TOPICAL GEL <sup>MO</sup>	\$0 (Tier 2)	PA
<i>terconazole 0.4% cream; terconazole 0.8% cream; terconazole 80 mg suppository</i> <sup>MO</sup>	\$0 (Tier 1)	
THERMAZENE 1% CREAM <sup>MO</sup>	\$0 (Tier 2)	
TOLAK 4 % TOPICAL CREAM <sup>MO</sup>	\$0 (Tier 2)	
<i>tretinoin 0.01% gel; tretinoin 0.025% cream; tretinoin 0.025% gel; tretinoin 0.05% cream; tretinoin 0.1% cream</i> <sup>MO</sup>	\$0 (Tier 1)	PA
<i>triamcinolone 0.025% cream; triamcinolone 0.025% lotion; triamcinolone 0.025% oint; triamcinolone 0.1% cream; triamcinolone 0.1% lotion; triamcinolone 0.1% ointment; triamcinolone 0.1% paste; triamcinolone 0.5% cream; triamcinolone 0.5% ointment</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>triderm 0.1 %, 0.5 % topical cream</i> <sup>MO</sup>	\$0 (Tier 1)	
<i>u-cort 1% cream</i> <sup>MO</sup>	\$0 (Tier 1)	
ULTILET ALCOHOL SWAB <sup>MO</sup>	\$0 (Tier 1)	
UVADEX 20 MCG/ML INJECTION SOLUTION <sup>MO</sup>	\$0 (Tier 2)	B vs D
VALCHLOR 0.016 % TOPICAL GEL <sup>MO</sup>	\$0 (Tier 2)	PA,QL (60 per 28 days)
VEREGEN 15 % TOPICAL OINTMENT <sup>MO</sup>	\$0 (Tier 2)	
WEBCOL TOPICAL PADS <sup>MO</sup>	\$0 (Tier 1)	
<i>zenatane 10 mg, 20 mg, 30 mg, 40 mg capsule</i> <sup>MO</sup>	\$0 (Tier 1)	
ZOVIRAX 5 % TOPICAL CREAM <sup>MO</sup>	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



## SMOOTH MUSCLE RELAXANTS - Drugs used to treat bladder problems

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
aminophylline 250 mg/10 ml vial <sup>MO</sup>	\$0 (Tier 1)	
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR <sup>MO</sup>	\$0 (Tier 2)	
flavoxate hcl 100 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
MYRBETRIQ 25 MG, 50 MG TABLET,EXTENDED RELEASE <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
oxybutynin 5 mg tablet; oxybutynin 5 mg/5 ml syrup <sup>MO</sup>	\$0 (Tier 1)	
oxybutynin cl er 10 mg, 15 mg, 5 mg tablet <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
theophylline er 100 mg, 200 mg, 300 mg, 450 mg tab; theophylline er 100 mg, 200 mg, 300 mg, 450 mg tablet; theophylline er 400 mg, 600 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
tolterodine tart er 2 mg, 4 mg cap <sup>MO</sup>	\$0 (Tier 1)	QL (30 per 30 days)
tolterodine tartrate 1 mg, 2 mg tab <sup>MO</sup>	\$0 (Tier 1)	QL (60 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET,EXTENDED RELEASE <sup>MO</sup>	\$0 (Tier 2)	QL (30 per 30 days)
tropium chloride 20 mg tablet <sup>MO</sup>	\$0 (Tier 1)	

## VITAMINS - Drugs used to treat vitamin deficiencies

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
calcitriol 0.25 mcg, 0.5 mcg capsule; calcitriol 1 mcg/ml, 1 mcg/ml ampul; calcitriol 1 mcg/ml, 1 mcg/ml solution <sup>MO</sup>	\$0 (Tier 1)	
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg cap; doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg capsule; doxercalciferol 4 mcg/2 ml vial <sup>MO</sup>	\$0 (Tier 1)	
HECTOROL 2 MCG/ML (1 ML) INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	
paricalcitol 1 mcg, 2 mcg, 4 mcg capsule; paricalcitol 10 mcg/2 ml vial; paricalcitol 2 mcg/ml, 2 mcg/ml, 5 mcg/ml, 5 mcg/ml vial <sup>MO</sup>	\$0 (Tier 1)	
prn ob+dha 27 mg-1 mg-50 mg-250 mg oral pack <sup>MO</sup>	\$0 (Tier 1)	
pr natal 400 29 mg-1 mg-400 mg oral pack <sup>MO</sup>	\$0 (Tier 1)	
pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule,delayed release <sup>MO</sup>	\$0 (Tier 1)	
pr natal 430 29 mg iron-1 mg-430 mg oral pack <sup>MO</sup>	\$0 (Tier 1)	
pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule,delayed release <sup>MO</sup>	\$0 (Tier 1)	
PRENATABS FA 29 MG-1 MG TABLET <sup>MO</sup>	\$0 (Tier 1)	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet <sup>MO</sup>	\$0 (Tier 1)	
thrivite-19 29 mg iron-1 mg-25 mg tablet <sup>MO</sup>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZEMPLAR 2 MCG/ML, 5 MCG/ML INTRAVENOUS SOLUTION <sup>MO</sup>	\$0 (Tier 2)	

#### NON PART D DRUGS

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ACE AEROSOL CLOUD ENHANCER SPACER(*) <sup>MO</sup>	\$0 (Tier 3)	
AEROCHAMBER MINI(*) <sup>MO</sup>	\$0 (Tier 3)	
AEROCHAMBER MV SPACER(*) <sup>MO</sup>	\$0 (Tier 3)	
AEROCHAMBER PLUS FLOW-VU(*) <sup>MO</sup>	\$0 (Tier 3)	
AEROCHAMBER PLUS FLOW-VU,LARGE MASK(*) <sup>MO</sup>	\$0 (Tier 3)	
AEROCHAMBER PLUS FLOW-VU,MEDIUM MASK(*) <sup>MO</sup>	\$0 (Tier 3)	
AEROCHAMBER PLUS FLOW-VU,SMALL MASK(*) <sup>MO</sup>	\$0 (Tier 3)	
AEROCHAMBER PLUS Z STAT SPACER(*) <sup>MO</sup>	\$0 (Tier 3)	
AEROCHAMBER PLUS Z STAT LARGE MASK(*) <sup>MO</sup>	\$0 (Tier 3)	
AEROCHAMBER PLUS Z STAT MEDIUM MASK(*) <sup>MO</sup>	\$0 (Tier 3)	
AEROCHAMBER PLUS Z STAT SMALL MASK(*) <sup>MO</sup>	\$0 (Tier 3)	
AEROCHAMBER WITH FLOWSIGNAL(*) <sup>MO</sup>	\$0 (Tier 3)	
AEROCHAMBER Z-STAT PLUS-FLOW SIGNAL(*) <sup>MO</sup>	\$0 (Tier 3)	
AEROGEAR ACTION ASTHMA KIT(*) <sup>MO</sup>	\$0 (Tier 3)	
AEROTRACH PLUS SPACER(*) <sup>MO</sup>	\$0 (Tier 3)	
AQUASOL A 50,000 UNIT/ML INTRAMUSCULAR SOLUTION(*) <sup>MO</sup>	\$0 (Tier 3)	
ASTHMAPACK CHILDREN'S KIT(*) <sup>MO</sup>	\$0 (Tier 3)	
BREATHERITE MDI SPACER(*) <sup>MO</sup>	\$0 (Tier 3)	
BREATHERITE RIGID SPACER AND MASK(*) <sup>MO</sup>	\$0 (Tier 3)	
BREATHERITE RIGID SPACER AND MASK, ADULT(*) <sup>MO</sup>	\$0 (Tier 3)	
BREATHERITE RIGID SPACER AND MASK, CHILD(*) <sup>MO</sup>	\$0 (Tier 3)	
BREATHERITE RIGID SPACER AND MASK, INFANT(*) <sup>MO</sup>	\$0 (Tier 3)	
BREATHERITE RIGID SPACER AND MASK, SMALL CHILD(*) <sup>MO</sup>	\$0 (Tier 3)	
BREATHERITE VALVED MDI CHAMBER SPACER(*) <sup>MO</sup>	\$0 (Tier 3)	
BREATHERITE VALVED MDI SPACER(*) <sup>MO</sup>	\$0 (Tier 3)	
BREATHERITE WITH MASK, LARGE(*) <sup>MO</sup>	\$0 (Tier 3)	
BREATHERITE WITH MASK, MEDIUM(*) <sup>MO</sup>	\$0 (Tier 3)	
BREATHERITE WITH MASK, SMALL(*) <sup>MO</sup>	\$0 (Tier 3)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
calcium chloride 10% syringe(*) <sup>MO</sup>	\$0 (Tier 3)	
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack(*) <sup>MO</sup>	\$0 (Tier 3)	
CETROTIDE 0.25 MG SUBCUTANEOUS KIT(*) <sup>MO</sup>	\$0 (Tier 3)	
chromium cl 40 mcg/10 ml vial(*) <sup>MO</sup>	\$0 (Tier 3)	
copper chloride 0.4 mg/ml intravenous solution(*) <sup>MO</sup>	\$0 (Tier 3)	
cyanocobalamin 1,000 mcg/ml(*) <sup>MO</sup>	\$0 (Tier 3)	
DRISDOL 50,000 UNITS CAPSULE(*) <sup>MO</sup>	\$0 (Tier 3)	
E-Z SPACER(*) <sup>MO</sup>	\$0 (Tier 3)	
EASIVENT HOLDING CHAMBER(*) <sup>MO</sup>	\$0 (Tier 3)	
ENDOMETRIN 100 MG VAGINAL INSERTS(*) <sup>MO</sup>	\$0 (Tier 3)	
vit d2 1.25 mg (50,000 unit)(*) <sup>MO</sup>	\$0 (Tier 3)	
FERAHEME 510 MG/17 ML (30 MG/ML) INTRAVENOUS SOLUTION(*) <sup>MO</sup>	\$0 (Tier 3)	
FERRLECIT 62.5 MG/5 ML INTRAVENOUS SOLUTION(*) <sup>MO</sup>	\$0 (Tier 3)	
folic acid 1 mg tablet; folic acid 5 mg/ml vial(*) <sup>MO</sup>	\$0 (Tier 3)	
GANIRELIX ACET 250 MCG/0.5 ML(*) <sup>MO</sup>	\$0 (Tier 3)	
hydroxocobalamin 1,000 mcg/ml(*) <sup>MO</sup>	\$0 (Tier 3)	
INFED 100 MG/2 ML (50 MG/ML) INJECTION SOLUTION(*) <sup>MO</sup>	\$0 (Tier 3)	
INFUVITE ADULT 3300 UNIT-150 MCG/10 ML INTRAVENOUS SOLUTION(*) <sup>MO</sup>	\$0 (Tier 3)	
INFUVITE PEDIATRIC 80 MG-400 UNIT-200 MCG/5 ML INTRAVENOUS SOLUTION(*) <sup>MO</sup>	\$0 (Tier 3)	
INSPIRACHAMBER SPACER(*) <sup>MO</sup>	\$0 (Tier 3)	
INSPIRACHAMBER WITH MASK-MED(*) <sup>MO</sup>	\$0 (Tier 3)	
INSPIRACHAMBER WITH MASK-SMALL(*) <sup>MO</sup>	\$0 (Tier 3)	
LITE TOUCH-MEDIUM MASK(*) <sup>MO</sup>	\$0 (Tier 3)	
LITEAIRE MDI CHAMBER(*) <sup>MO</sup>	\$0 (Tier 3)	
LITETOUCH-LARGE MASK(*) <sup>MO</sup>	\$0 (Tier 3)	
LITETOUCH-SMALL MASK(*) <sup>MO</sup>	\$0 (Tier 3)	
M.V.I. ADULT 3,300 UNIT-150 MCG/10 ML INTRAVENOUS SOLUTION(*) <sup>MO</sup>	\$0 (Tier 3)	
M.V.I. PEDIATRIC 80 MG-400 UNIT-200 MCG INTRAVENOUS SOLUTION(*) <sup>MO</sup>	\$0 (Tier 3)	
magnesium sulf 2 g/50 ml bag; magnesium sulf 4 g/100 ml bag; magnesium sulf 40 g/1,000 ml(*) <sup>MO</sup>	\$0 (Tier 3)	
manganese 1 mg/10 ml vial(*) <sup>MO</sup>	\$0 (Tier 3)	
MEPHYTON 5 MG TABLET(*) <sup>MO</sup>	\$0 (Tier 3)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MICROCHAMBER SPACER(*) <sup>MO</sup>	\$0 (Tier 3)	
MICROSPACER(*) <sup>MO</sup>	\$0 (Tier 3)	
MONAGHAN Z STAT CHAMBER(*) <sup>MO</sup>	\$0 (Tier 3)	
MONAGHAN Z STAT CHAMBER-LG MSK(*) <sup>MO</sup>	\$0 (Tier 3)	
MONAGHAN Z STAT CHAMBER-MD MSK(*) <sup>MO</sup>	\$0 (Tier 3)	
MONAGHAN Z STAT CHAMBER-SM MSK(*) <sup>MO</sup>	\$0 (Tier 3)	
NASCOBAL 500 MCG/SPRAY NASAL SPRAY(*) <sup>MO</sup>	\$0 (Tier 3)	
OPTICHAMBER ADULT MASK-LARGE(*) <sup>MO</sup>	\$0 (Tier 3)	
OPTICHAMBER DIAMOND VHC WITH LARGE MASK(*) <sup>MO</sup>	\$0 (Tier 3)	
OPTICHAMBER DIAMOND VHC SPACER(*) <sup>MO</sup>	\$0 (Tier 3)	
OPTICHAMBER DIAMOND VHC WITH MEDIUM MASK(*) <sup>MO</sup>	\$0 (Tier 3)	
OPTICHAMBER DIAMOND VHC WITH SMALL MASK(*) <sup>MO</sup>	\$0 (Tier 3)	
phytonadione 1 mg/0.5 ml syr(*) <sup>MO</sup>	\$0 (Tier 3)	
POCKET CHAMBER SPACER(*) <sup>MO</sup>	\$0 (Tier 3)	
PRIMEAIRE SPACER(*) <sup>MO</sup>	\$0 (Tier 3)	
PROCHAMBER(*) <sup>MO</sup>	\$0 (Tier 3)	
pyridoxine 100 mg/ml vial(*) <sup>MO</sup>	\$0 (Tier 3)	
RENACIDIN IRRIGATION SOLN(*) <sup>MO</sup>	\$0 (Tier 3)	
RITEFLO AEROCHAMBER(*) <sup>MO</sup>	\$0 (Tier 3)	
SILICONE MASK - INFANT(*) <sup>MO</sup>	\$0 (Tier 3)	
sodium chloride 0.9% inhal vl(*) <sup>MO</sup>	\$0 (Tier 3)	B vs D
sod fer gluc cplx 62.5 mg/5 ml(*) <sup>MO</sup>	\$0 (Tier 3)	
sodium phosphate 3mm/ml vial(*) <sup>MO</sup>	\$0 (Tier 3)	
thiamine 200 mg/2 ml vial(*) <sup>MO</sup>	\$0 (Tier 3)	
VENOFER 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML INTRAVENOUS SOLUTION(*) <sup>MO</sup>	\$0 (Tier 3)	
vitamin d2 50,000 unit capsule(*) <sup>MO</sup>	\$0 (Tier 3)	
vitamin k 1 mg/0.5 ml injection solution(*) <sup>MO</sup>	\$0 (Tier 3)	
vitamin k1 10 mg/ml injection solution(*) <sup>MO</sup>	\$0 (Tier 3)	
VORTEX HOLDING CHAMBER(*) <sup>MO</sup>	\$0 (Tier 3)	
VORTEX HOLDING CHAMBER WITH CHILD MASK(*) <sup>MO</sup>	\$0 (Tier 3)	
VORTEX HOLDING CHAMBER WITH TODDLER MASK(*) <sup>MO</sup>	\$0 (Tier 3)	
VORTEX VHC FROG MASK-CHILD(*) <sup>MO</sup>	\$0 (Tier 3)	
VORTEX VHC LADYBUG MASK-TODDLER(*) <sup>MO</sup>	\$0 (Tier 3)	
bacteriostatic water vial(*) <sup>MO</sup>	\$0 (Tier 3)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).





DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sterile water for injection; water for injection vial(*) <sup>MO</sup>	\$0 (Tier 3)	
zinc chloride 10 mg/10 ml vial(*) <sup>MO</sup>	\$0 (Tier 3)	

### OVER THE COUNTER DRUGS - Over the Counter Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
1-day 6.5 % vaginal ointment	\$0 (Tier 4)	
24hour allergy 10 mg tablet	\$0 (Tier 4)	
3 day vaginal 200 mg/5 gram (4 %) cream	\$0 (Tier 4)	
3-day vaginal 2 % cream	\$0 (Tier 4)	
4-n-1 no rinse wash 1 % topical cream	\$0 (Tier 4)	
A AND D (LAN, PET) TOPICAL OINTMENT	\$0 (Tier 4)	
a thru z 18 mg-500 mcg-300 mcg-250 mcg tablet	\$0 (Tier 4)	
a thru z advanced formula 18 mg-400 mcg tablet	\$0 (Tier 4)	
a thru z high potency tablet	\$0 (Tier 4)	
a thru z men's ultimate 8 mg iron-200 mcg-600 mcg tablet	\$0 (Tier 4)	
a thru z select 300 mcg-600 mcg-300 mcg tablet; a thru z select 500 mcg-300 mcg-250 mcg tablet; a thru z select tablet	\$0 (Tier 4)	
a thru z select 50+ formula 0.4 mg-300 mcg-250 mcg tablet	\$0 (Tier 4)	
a thru z select women's tablet	\$0 (Tier 4)	
abc plus 0.4 mg-300 mcg-250 mcg tablet	\$0 (Tier 4)	
ACEPHEN 120 MG RECTAL SUPPOSITORY	\$0 (Tier 4)	
acephen 325 mg, 650 mg rectal suppository	\$0 (Tier 4)	
acetaminophen 120 mg, 650 mg suppos; acetaminophen 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml; acetaminophen 160 mg/5 ml elx; acetaminophen 160 mg/5 ml liq; acetaminophen 160 mg/5 ml sol; acetaminophen 160 mg/5 ml susp; acetaminophen 325 mg, 500 mg, 80 mg rapid tab; acetaminophen 80 mg tab chew; acetaminophen 80 mg/0.8 ml drp; acetaminophen er 650 mg tablet; eq acetaminophen 325 mg, 500 mg, 80 mg gelcap; eq acetaminophen 325 mg, 500 mg, 80 mg tablet	\$0 (Tier 4)	
acetaminophen extra strength 500 mg tablet	\$0 (Tier 4)	
acetaminophen pain relief 500 mg tablet	\$0 (Tier 4)	
acid controller 10 mg, 20 mg tablet	\$0 (Tier 4)	
acid gone antacid 95 mg-358 mg/15 ml oral suspension	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acid gone antacid extra strength 160 mg-105 mg chewable tablet	\$0 (Tier 4)	
acid reducer (famotidine) 10 mg, 20 mg tablet	\$0 (Tier 4)	
acid reducer (ranitidine) 150 mg, 75 mg tablet	\$0 (Tier 4)	
acne control cleanser 10 % cream	\$0 (Tier 4)	
acne medication 10 % topical gel	\$0 (Tier 4)	
ACNE MEDICATION 10 %, 5 % LOTION; ACNE MEDICATION 5 % TOPICAL GEL	\$0 (Tier 4)	
acne treatment (benzoyl peroxide) 10 % topical gel	\$0 (Tier 4)	
acne vanishing 10 % cream	\$0 (Tier 4)	
acne-clear 10 % topical gel	\$0 (Tier 4)	
added strength headache relief 250 mg-250 mg-65 mg tablet	\$0 (Tier 4)	
adt robitussin peak cld dm max	\$0 (Tier 4)	
adult cough formula dm max 10 mg-200 mg/5 ml oral liquid	\$0 (Tier 4)	
adult robitussin peak cold dm 10 mg-100 mg/5 ml oral liquid	\$0 (Tier 4)	
adult tussin cough congestion dm 10 mg-100 mg/5 ml oral liquid	\$0 (Tier 4)	
adult tussin dm 10 mg-100 mg/5 ml syrup	\$0 (Tier 4)	
adult wal-tussin 100 mg/5 ml oral liquid	\$0 (Tier 4)	
adult wal-tussin dm max 10 mg-200 mg/5 ml oral liquid	\$0 (Tier 4)	
adults 50 plus 0.4 mg-300 mcg-250 mcg tablet	\$0 (Tier 4)	
advanced antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension; advanced antacid-antigas 400 mg-400 mg-40 mg/5 ml oral suspension	\$0 (Tier 4)	
ra advanced healing lotion	\$0 (Tier 4)	
advil 100 mg chewable tablet; advil 100 mg tablet	\$0 (Tier 4)	
ADVIL 200 MG TABLET	\$0 (Tier 4)	
ADVIL LIQUI-GEL 200 MG CAPSULE	\$0 (Tier 4)	
ADVIL MIGRAINE 200 MG CAPSULE	\$0 (Tier 4)	
aftera 1.5 mg tablet	\$0 (Tier 4)	
alavert 10 mg disintegrating tablet	\$0 (Tier 4)	
aler-cap 25 mg capsule	\$0 (Tier 4)	
ALEVE 220 MG CAPSULE; ALEVE 220 MG TABLET	\$0 (Tier 4)	
all day allergy (cetirizine) 10 mg chewable tablet; all day allergy (cetirizine) 10 mg tablet	\$0 (Tier 4)	
all day allergy relief (cetirizine) 10 mg tablet	\$0 (Tier 4)	
all day relief 220 mg tablet	\$0 (Tier 4)	
aller-g-time 25 mg tablet	\$0 (Tier 4)	
aller-tec 10 mg tablet	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>allerclear 10 mg tablet</i>	\$0 (Tier 4)	
<i>allergy 25 mg tablet</i>	\$0 (Tier 4)	
<i>allergy (diphenhydramine) 25 mg capsule; allergy (diphenhydramine) 25 mg tablet</i>	\$0 (Tier 4)	
<i>allergy medication 25 mg capsule</i>	\$0 (Tier 4)	
<i>allergy medicine 12.5 mg/5 ml oral liquid; allergy medicine 25 mg capsule; allergy medicine 25 mg tablet</i>	\$0 (Tier 4)	
<i>allergy relief (cetirizine) 1 mg/ml oral solution; allergy relief (cetirizine) 10 mg tablet</i>	\$0 (Tier 4)	
<i>allergy relief (loratadine) 10 mg, 10 mg disintegrating tablet; allergy relief (loratadine) 10 mg, 10 mg tablet; allergy relief (loratadine) 5 mg/5 ml oral solution</i>	\$0 (Tier 4)	
<i>allergy relief (diphenhydramine) 12.5 mg/5 ml oral liquid; allergy relief (diphenhydramine) 25 mg capsule; allergy relief (diphenhydramine) 25 mg tablet</i>	\$0 (Tier 4)	
ALMACONE 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION; ALMACONE 200 MG-200 MG-25 MG CHEWABLE TABLET	\$0 (Tier 4)	
<i>almacone-2 400 mg-400 mg-40 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
<i>aloe vesta antifungal (miconazole) 2 % topical ointment</i>	\$0 (Tier 4)	
ALOE VESTA SKIN CONDITIONER 2	\$0 (Tier 4)	
<i>alophen 5 mg tablet, delayed release</i>	\$0 (Tier 4)	
<i>altachlore 5 % eye drops; altachlore 5 % eye ointment</i>	\$0 (Tier 4)	
<i>altamist 0.65 % nasal spray aerosol</i>	\$0 (Tier 4)	
<i>aluminum hydroxide gel</i>	\$0 (Tier 4)	
<i>anecream 4 % topical</i>	\$0 (Tier 4)	
<i>anecream5 5 % topical</i>	\$0 (Tier 4)	
<i>animal chews tablet</i>	\$0 (Tier 4)	
<i>animal shape vitamins chewable tablet</i>	\$0 (Tier 4)	
<i>animal shapes complete chewable tablet</i>	\$0 (Tier 4)	
<i>animal shapes plus iron chewable tablet</i>	\$0 (Tier 4)	
<i>antacid (calcium carbonate) 200 mg calcium (500 mg), 200 mg calcium (500 mg), 215 mg calcium (500 mg) chewable tablet</i>	\$0 (Tier 4)	
<i>antacid anti-gas 200 mg-200 mg-20 mg/5 ml oral suspension; antacid anti-gas 400 mg-400 mg-40 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
<i>antacid anti-gas double str 400 mg-400 mg-40 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
<i>antacid calcium 215 mg calcium (500 mg) chewable tablet</i>	\$0 (Tier 4)	
<i>antacid extra strength (mag carb-al hyd) 160 mg-105 mg chewable tablet</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
antacid extra strength (calcium carb) 300 mg (750 mg) chewable tablet	\$0 (Tier 4)	
antacid extra-strength 200 mg-200 mg-20 mg/5 ml oral suspension; antacid extra-strength 300 mg (750 mg) chewable tablet; pv antacid extra strength susp	\$0 (Tier 4)	
antacid liquid 200 mg-200 mg-20 mg/5 ml oral suspension	\$0 (Tier 4)	
antacid m 200 mg-200 mg-20 mg/5 ml oral suspension	\$0 (Tier 4)	
antacid maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension	\$0 (Tier 4)	
antacid plus anti-gas 200 mg-200 mg-20 mg/5 ml oral suspension; antacid plus anti-gas 400 mg-400 mg-40 mg/5 ml oral suspension	\$0 (Tier 4)	
antacid regular strength 200 mg-200 mg-20 mg/5 ml oral suspension	\$0 (Tier 4)	
antacid ultra strength 1,177 mg, 400 mg calcium (1,000 mg) chewable tablet	\$0 (Tier 4)	
cvs antacid-simethicone liquid	\$0 (Tier 4)	
antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension; antacid-antigas 400 mg-400 mg-40 mg/5 ml oral suspension	\$0 (Tier 4)	
antacid-simethicone 400 mg-400 mg-40 mg/5 ml oral suspension	\$0 (Tier 4)	
anti-diarrhea 2 mg tablet	\$0 (Tier 4)	
anti-diarrheal 262 mg/15 ml oral suspension	\$0 (Tier 4)	
anti-diarrheal (loperamide) 1 mg/5 ml, 1 mg/7.5 ml oral liquid; anti-diarrheal (loperamide) 2 mg tablet	\$0 (Tier 4)	
cvs anti-fungal 2% powder; pv anti-fungal 2% liquid spray	\$0 (Tier 4)	
anti-itch (hydrocortisone) 1 % topical cream; anti-itch (hydrocortisone) 1 % topical ointment	\$0 (Tier 4)	
anti-nausea oral solution	\$0 (Tier 4)	
antibiotic (bacitracin zinc) 500 unit/gram topical ointment	\$0 (Tier 4)	
antibiotic(neomy-bacit-polym) 3.5 mg-400 unit-5,000 unit/gram top oint	\$0 (Tier 4)	
antibiotic-pain relief(bacit)3.5 mg-500 unit-10,000 unit/gram ointment	\$0 (Tier 4)	
antifungal (clotrimazole) 1 % topical cream	\$0 (Tier 4)	
antifungal (terbinafine) 1 % topical cream	\$0 (Tier 4)	
antifungal cream 2 % topical	\$0 (Tier 4)	
antihistamine 25 mg capsule; antihistamine 25 mg tablet	\$0 (Tier 4)	
ANTIOXIDANT FORMULA (SELENIUM YEAST) 8,333 UNIT-167 MG-133 UNIT TABLET	\$0 (Tier 4)	
antioxidant vitamins 1,000 unit-200 mg-60 unit-2mg tablet	\$0 (Tier 4)	
antiseptic 10 % topical solution	\$0 (Tier 4)	
antiseptic skin cleanser (chlorhexidine) 4 % liquid	\$0 (Tier 4)	
antitussive dm 10 mg-100 mg/5 ml syrup	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>anu-med 0.25 % rectal suppository</i>	\$0 (Tier 4)	
AQUADEKS 100 MCG-350 MCG-5 MG CHEWABLE TABLET; AQUADEKS SOFTGEL	\$0 (Tier 4)	
AQUADEKS PEDIATRIC 400 MCG/ML ORAL DROPS	\$0 (Tier 4)	
<i>aquanil hc 1 % lotion</i>	\$0 (Tier 4)	
<i>arthritis pain relief (capsaicin) 0.1 % topical cream</i>	\$0 (Tier 4)	
ARTIFICIAL TEARS (PETROLATUM/MINERAL OIL) 83 %-15 % EYE OINTMENT	\$0 (Tier 4)	
<i>artificial tears (dextran 70-hypromellose) 0.1 %-0.3 % eye drops; artificial tears (dextran 70-hypromellose) eye drops</i>	\$0 (Tier 4)	
<i>pv artificial tears</i>	\$0 (Tier 4)	
<i>artificial tears (polyvinyl alcohol/povidone) 0.5 %-0.6 % eye drops</i>	\$0 (Tier 4)	
<i>aspir-81 81 mg tablet, delayed release</i>	\$0 (Tier 4)	
<i>aspir-low 81 mg tablet, delayed release</i>	\$0 (Tier 4)	
<i>aspir-trin 325 mg tablet, delayed release</i>	\$0 (Tier 4)	
<i>aspirin 81 mg chewable tablet; aspirin ec 325 mg, 325 mg, 81 mg tablet; gnp aspirin 325 mg, 325 mg, 81 mg tablet; sm aspirin ec 325 mg, 325 mg, 81 mg tablet</i>	\$0 (Tier 4)	
<i>aspirin childrens 81 mg chewable tablet</i>	\$0 (Tier 4)	
<i>aspirin low dose 81 mg tablet, delayed release</i>	\$0 (Tier 4)	
<i>cvs buffered aspirin 325 mg tb</i>	\$0 (Tier 4)	
<i>athenol 325 mg tablet</i>	\$0 (Tier 4)	
<i>athlete's foot 2 % powder; athlete's foot 2 % topical spray powder</i>	\$0 (Tier 4)	
<i>athlete's foot (clotrimazole) 1 % topical cream</i>	\$0 (Tier 4)	
<i>athlete's foot af 1 % topical cream</i>	\$0 (Tier 4)	
<i>athletic foot cream 1 % topical</i>	\$0 (Tier 4)	
AURO EARDROPS 6.5 %	\$0 (Tier 4)	
AYR SALINE 0.65 % NASAL SPRAY AEROSOL	\$0 (Tier 4)	
<i>azolen tincture 2 % topical</i>	\$0 (Tier 4)	
<i>b complete tablet</i>	\$0 (Tier 4)	
<i>b complex 1 tablet</i>	\$0 (Tier 4)	
<i>b complex-vitamin b12 tablet</i>	\$0 (Tier 4)	
<i>b-100 complex er 100 mg tablet, extended release; pv b-100 complex</i>	\$0 (Tier 4)	
<i>pv b-50 complex</i>	\$0 (Tier 4)	
<i>b-complex tablet</i>	\$0 (Tier 4)	
<i>b-complex plus vitamin c cplt</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>bacitracin 500 unit/gm ointmnt; bacitracin 500 unit/gm ointmnt</i>	\$0 (Tier 4)	
<i>bacitracin zinc ointment; bacitracin zn 500 unit/gm oint</i>	\$0 (Tier 4)	
<i>bacitracin-polymyxin ointment; bacitracin-polymyxin ointment</i>	\$0 (Tier 4)	
<i>bacitraycin plus 500 unit/gram topical ointment</i>	\$0 (Tier 4)	
<i>cvs bal b-100 tablet</i>	\$0 (Tier 4)	
<i>cvs bal b-50 tablet</i>	\$0 (Tier 4)	
<i>balance b-100 tablet</i>	\$0 (Tier 4)	
<i>balance b-50 tablet</i>	\$0 (Tier 4)	
BALANCED B-100 100 MG TABLET	\$0 (Tier 4)	
<i>balanced b-100 tablet</i>	\$0 (Tier 4)	
BALANCED B-100 COMPLEX 100 MG TABLET,EXTENDED RELEASE	\$0 (Tier 4)	
<i>balanced b-50 tablet</i>	\$0 (Tier 4)	
<i>balanced b-50 complex tablet</i>	\$0 (Tier 4)	
<i>ban-acid 300 mg (750 mg) chewable tablet</i>	\$0 (Tier 4)	
<i>banophen 12.5 mg/5 ml oral liquid; banophen 25 mg tablet; banophen 25 mg, 50 mg capsule</i>	\$0 (Tier 4)	
BAYER ASPIRIN 325 MG TABLET	\$0 (Tier 4)	
BAYER CHEWABLE LOW DOSE ASPIRIN 81 MG TABLET	\$0 (Tier 4)	
<i>baza antifungal 2 % topical cream</i>	\$0 (Tier 4)	
BAZA PROTECT TOPICAL CREAM	\$0 (Tier 4)	
<i>pv 0.5% bedding spray</i>	\$0 (Tier 4)	
<i>bee-zee tablet</i>	\$0 (Tier 4)	
BENADRYL 25 MG CAPSULE	\$0 (Tier 4)	
<i>benzoyl peroxide 10% gel; benzoyl peroxide 10% lotion; benzoyl peroxide 10% wash; benzoyl peroxide 2.5% gel; benzoyl peroxide 5% gel; benzoyl peroxide 5% wash; benzoyl peroxide 6% cleanser</i>	\$0 (Tier 4)	
<i>best fiber 3 gram/3.5 gram oral powder</i>	\$0 (Tier 4)	
<i>beta-hc 1 % lotion</i>	\$0 (Tier 4)	
BETADINE 10 % TOPICAL SOLUTION	\$0 (Tier 4)	
BETADINE 7.5% SKIN CLEANSER	\$0 (Tier 4)	
BETADINE SURGICAL SCRUB 7.5 % TOPICAL SOLUTION	\$0 (Tier 4)	
BETADINE SWABSTICKS 10 %	\$0 (Tier 4)	
<i>betasept surgical scrub 4 % topical liquid</i>	\$0 (Tier 4)	
<i>betatemp 160 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
<i>biocotron 10 mg-100 mg/5 ml oral liquid</i>	\$0 (Tier 4)	
<i>bisa-lax 5 mg tablet,delayed release</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BISAC-EVAC 10 MG RECTAL SUPPOSITORY	\$0 (Tier 4)	
<i>bisacodyl 10 mg suppository; bisacodyl ec 5 mg tablet</i>	\$0 (Tier 4)	
<i>biscolax 10 mg rectal suppository</i>	\$0 (Tier 4)	
<i>bismatrol 262 mg chewable tablet; bismatrol 262 mg/15 ml, 525 mg/15 ml oral suspension</i>	\$0 (Tier 4)	
<i>bismuth 262 mg chewable tablet; bismuth 262 mg tablet; bismuth 262 mg/15 ml oral suspension</i>	\$0 (Tier 4)	
<i>bismuth 262 mg tablet chew</i>	\$0 (Tier 4)	
BONINE 25 MG CHEWABLE TABLET	\$0 (Tier 4)	
<i>bp 10 %, 5 % topical gel</i>	\$0 (Tier 4)	
BREWER'S YEAST 680 MG TABLET	\$0 (Tier 4)	
<i>buffered aspirin 325 mg tablet</i>	\$0 (Tier 4)	
<i>bufferin 325 mg tablet</i>	\$0 (Tier 4)	
<i>gnp calcium 600+d3+min chew tb; gnp calcium 600-d-minerals tab; ra cal 600-vit d3-min chew tab</i>	\$0 (Tier 4)	
<i>pv calamine lotion</i>	\$0 (Tier 4)	
<i>gnp calamine suspension</i>	\$0 (Tier 4)	
<i>calci-chew 500 mg calcium (1,250 mg) tablet</i>	\$0 (Tier 4)	
CALCI-MIX 500 MG CALCIUM (1,250 MG) CAPSULE	\$0 (Tier 4)	
CALCIONATE 1.8 GM/5 ML SYRUP	\$0 (Tier 4)	
<i>calcitrate 200 mg (950 mg) tablet</i>	\$0 (Tier 4)	
<i>calcitrate-vitamin d 315 mg-250 unit tablet</i>	\$0 (Tier 4)	
<i>calcium 500 500 mg calcium (1,250 mg) chewable tablet</i>	\$0 (Tier 4)	
<i>calcium 500 + d 500 mg (1,250 mg)-200 unit tablet; calcium 500 + d 500 mg(1,250 mg)-400 unit chewable tablet</i>	\$0 (Tier 4)	
<i>calcium 500 with d 500 mg (1,250 mg)-400 unit tablet</i>	\$0 (Tier 4)	
<i>calcium 600 600 mg calcium (1,500 mg) tablet</i>	\$0 (Tier 4)	
<i>calcium 600 + d(3) 600 mg (1,500 mg)-200 unit tablet</i>	\$0 (Tier 4)	
<i>calcium 600 + minerals 600 mg calcium-400 unit tablet</i>	\$0 (Tier 4)	
<i>calcium 600 with vitamin d3 600 mg (1,500 mg)-200 unit tablet</i>	\$0 (Tier 4)	
CALCIUM 600-D3 PLUS 600 MG CALCIUM-800 UNIT-50 MG TABLET	\$0 (Tier 4)	
<i>calcium antacid 200 mg calcium (500 mg), 300 mg (750 mg), 320 mg calcium (750 mg), 400 mg calcium (1,000 mg) chewable tablet</i>	\$0 (Tier 4)	
<i>calcium antacid tropical 300 mg (750 mg) chewable tablet</i>	\$0 (Tier 4)	
<i>calcium antacid ultra max st 400 mg calcium (1,000 mg) chewable tablet</i>	\$0 (Tier 4)	
<i>calcium-magnesium-zinc tablet</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
calcium 500 mg chewable tablet; calcium carb 1,250 mg/5 ml sus; gnp calcium 600 mg tablet; pv calcium 500 mg tablet	\$0 (Tier 4)	
calcium carb 500 mg tab chew; calcium carbonate 750 mg chew	\$0 (Tier 4)	
qc calcium 600 mg-vit d tab	\$0 (Tier 4)	
calcium 250-vit d3 125 tablet; calcium 500+d tablet chew; calcium 500-vit d3 200 tablet; calcium 600-vit d3 200 tablet; calcium 600-vit d3 800 caplet; calcium-500 mg tablet chewable; gnp calcium 500-vit d3 600 tab	\$0 (Tier 4)	
calcium citrate + d 315 mg-200 unit tablet	\$0 (Tier 4)	
calcium citrate - vit d caplet; gnp calcium citrate-vit d3 tab; hm calcium citrate-vit d3 tab	\$0 (Tier 4)	
calcium gluconate 500 mg tab	\$0 (Tier 4)	
calcium magnesium + d 400 mg-167 mg-133 unit tablet	\$0 (Tier 4)	
calcium polycarbophil 625 mg	\$0 (Tier 4)	
calcium with vitamin d 600 mg (1,500 mg)-400 unit tablet	\$0 (Tier 4)	
eql calcium 500-vit d3 200 cpt	\$0 (Tier 4)	
calcium-magnesium-zinc tablet	\$0 (Tier 4)	
calcium-vit d3-vit k soft chew	\$0 (Tier 4)	
calphron 667 mg tablet	\$0 (Tier 4)	
CALTRATE 600 + D 600 MG (1,500 MG)-800 UNIT CHEWABLE TABLET	\$0 (Tier 4)	
CALTRATE 600+D PLUS MINERALS 600 MG CALCIUM-800 UNIT-40 MG CHEW TABLET; CALTRATE 600+D PLUS MINERALS 600 MG CALCIUM-800 UNIT-50 MG TABLET	\$0 (Tier 4)	
CALTRATE WITH VITAMIN D3 600 MG (1,500 MG)-800 UNIT TABLET	\$0 (Tier 4)	
calvite p&d tablet	\$0 (Tier 4)	
CAPZASIN-HP 0.1 % TOPICAL CREAM	\$0 (Tier 4)	
carbamoxide ear drops 6.5 %	\$0 (Tier 4)	
centamin 9 mg iron/15 ml oral liquid	\$0 (Tier 4)	
ra central-vite tablet	\$0 (Tier 4)	
ra central-vite men's tablet	\$0 (Tier 4)	
eql central-vite select tablet	\$0 (Tier 4)	
ra central-vite senior tablet	\$0 (Tier 4)	
eql central-vite tablet	\$0 (Tier 4)	
central-vite women's mature 8 mg iron-400 mcg-300 mcg tablet	\$0 (Tier 4)	
centram-care 9 mg iron/15 ml oral liquid	\$0 (Tier 4)	
CENTRUM 3,500 UNIT-18 MG-0.4 MG CHEWABLE TABLET	\$0 (Tier 4)	
centrum 9 mg iron/15 ml oral liquid	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).





DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>centrum complete 18 mg-400 mcg tablet</i>	\$0 (Tier 4)	
CENTRUM KIDS 18 MG IRON CHEWABLE TABLET	\$0 (Tier 4)	
CENTRUM MEN 8 MG IRON-200 MCG-600 MCG TABLET	\$0 (Tier 4)	
CENTRUM SILVER 400 MCG-250 MCG CHEWABLE TABLET	\$0 (Tier 4)	
CENTRUM SILVER ULTRA MEN'S 300 MCG-600 MCG-300 MCG TABLET	\$0 (Tier 4)	
CENTRUM SILVER WOMEN 8 MG IRON-400 MCG-300 MCG TABLET	\$0 (Tier 4)	
CENTRUM SPECIALIST PRENATAL 27 MG IRON-800 MCG-200 MG ORAL PACK	\$0 (Tier 4)	
CENTRUM ULTRA MEN'S 8 MG IRON-200 MCG-600 MCG TABLET	\$0 (Tier 4)	
<i>century 18 mg-400 mcg tablet; eql century multi-vitamin tab</i>	\$0 (Tier 4)	
<i>century adults 50+ 0.4 mg-300 mcg-250 mcg tablet</i>	\$0 (Tier 4)	
<i>century cardio 3 mg-200 mcg-400 mg tablet</i>	\$0 (Tier 4)	
<i>eql century cardio hlth formula</i>	\$0 (Tier 4)	
<i>century mature 0.4 mg-300 mcg-250 mcg tablet</i>	\$0 (Tier 4)	
<i>century ultimate men's 300 mcg-600 mcg-300 mcg tablet; century ultimate men's 8 mg iron-200 mcg-600 mcg tablet</i>	\$0 (Tier 4)	
<i>century ultimate women's 18 mg-400 mcg tablet; century ultimate women's 18-400 mg-mcg, 8 mg iron-400 mcg-300 mcg tablet</i>	\$0 (Tier 4)	
CERAVE BABY MOISTURIZING 1 % LOTION	\$0 (Tier 4)	
CEROVITE LIQUID	\$0 (Tier 4)	
CEROVITE ADVANCED FORMULA 18 MG-400 MCG TABLET	\$0 (Tier 4)	
<i>cerovite jr chewable tablet</i>	\$0 (Tier 4)	
CEROVITE SENIOR TABLET	\$0 (Tier 4)	
<i>certa plus 18 mg-0.4 mg-250 mcg tablet</i>	\$0 (Tier 4)	
CERTAVITE SENIOR-ANTIOXIDANT 0.4 MG-300 MCG-250 MCG TABLET	\$0 (Tier 4)	
<i>certavite-antioxidant liquid</i>	\$0 (Tier 4)	
<i>certavite-antioxidant 18 mg-400 mcg tablet</i>	\$0 (Tier 4)	
<i>cetirizine hcl 1 mg/ml soln<sup>MO</sup></i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>cetirizine hcl 10 mg, 5 mg chew tab; cetirizine hcl 10 mg, 5 mg tablet</i>	\$0 (Tier 4)	
CHERRY FLAVOR LIQUID	\$0 (Tier 4)	
<i>eql chewable multi vitamin tab</i>	\$0 (Tier 4)	
CHEWABLE-VITE TABLET	\$0 (Tier 4)	
CHEWABLE-VITE WITH IRON TABLET	\$0 (Tier 4)	
<i>children's allergy relief (cetirizine) 1 mg/ml oral solution; children's allergy relief (cetirizine) 10 mg chewable tablet</i>	\$0 (Tier 4)	
<i>cvs child aspirin chew tab</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
children's mucinex chest congestion 100 mg/5 ml oral liquid	\$0 (Tier 4)	
child mucus relief expectorant 100 mg/5 ml oral liquid	\$0 (Tier 4)	
children's pain reliever and fever reducer 120 mg rectal suppository	\$0 (Tier 4)	
child vitamin with minerals chewable tablet	\$0 (Tier 4)	
children's all day allergy (cetirizine) 1 mg/ml oral solution	\$0 (Tier 4)	
child chewable vitamins with iron tablet	\$0 (Tier 4)	
child's vitamin with iron chewable tablet	\$0 (Tier 4)	
children's acetaminophen 80 mg chewable tablet; children's acetaminophen 80 mg disintegrating tablet	\$0 (Tier 4)	
children's aller-tec 1 mg/ml oral solution	\$0 (Tier 4)	
children's allergy (diphenhydramine) 12.5 mg/5 ml oral liquid	\$0 (Tier 4)	
children's allergy complete 1 mg/ml oral solution	\$0 (Tier 4)	
children's allergy relief (loratadine) 5 mg/5 ml oral solution	\$0 (Tier 4)	
children's allergy (cetirizine) 1 mg/ml oral solution	\$0 (Tier 4)	
children's aspirin 81 mg chewable tablet	\$0 (Tier 4)	
children's cetirizine 1 mg/ml oral solution; children's cetirizine 10 mg, 5 mg chewable tablet	\$0 (Tier 4)	
children's chest congestion 100 mg/5 ml oral liquid	\$0 (Tier 4)	
children's chewable complete 9 mg iron-200 mcg tablet	\$0 (Tier 4)	
children's chewable multivitamin 300 mcg tablet	\$0 (Tier 4)	
children's chewable vitamin tablet	\$0 (Tier 4)	
eql child's multivit-mineral tb	\$0 (Tier 4)	
children's chewables 300 mcg tablet	\$0 (Tier 4)	
children's chewables extra c 300 mcg tablet	\$0 (Tier 4)	
children's chewables with iron 15 mg tablet	\$0 (Tier 4)	
CHILDREN'S CLARITIN 5 MG CHEWABLE TABLET; CHILDREN'S CLARITIN 5 MG/5 ML ORAL SOLUTION	\$0 (Tier 4)	
children's fever reducing 120 mg rectal suppository	\$0 (Tier 4)	
children's iron 15 mg iron (75 mg)/ml oral drops	\$0 (Tier 4)	
eql child's multivit tab chew	\$0 (Tier 4)	
children's non-aspirin 160 mg/5 ml oral suspension; children's non-aspirin 80 mg chewable tablet; pv child non-aspirin 160 mg/5	\$0 (Tier 4)	
children's pain relief 160 mg/5 ml oral suspension; eql child pain rlf 160 mg/5 ml	\$0 (Tier 4)	
children's pain reliever 160 mg/5 ml oral suspension; children's pain reliever 80 mg disintegrating tablet; sm pain reliever chew tab	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
children's pain and fever relief 160 mg disintegrating tablet; children's pain and fever relief 160 mg/5 ml oral liquid; children's pain and fever relief 160 mg/5 ml, 160 mg/5 ml oral suspension	\$0 (Tier 4)	
children's q-pap 160 mg/5 ml	\$0 (Tier 4)	
children's saline nasal spray 0.65 % aerosol	\$0 (Tier 4)	
children's silapap 160 mg/5 ml oral liquid	\$0 (Tier 4)	
children's tactinal 80 mg chewable tablet	\$0 (Tier 4)	
children's wal-dryl allergy 12.5 mg/5 ml oral liquid	\$0 (Tier 4)	
children's wal-zyr 1 mg/ml oral solution; children's wal-zyr 10 mg chewable tablet	\$0 (Tier 4)	
CHILDREN'S ZYRTEC ALLERGY 1 MG/ML ORAL SOLUTION	\$0 (Tier 4)	
childs chew vite tablet	\$0 (Tier 4)	
childs/iron chewable tablet	\$0 (Tier 4)	
chlorhexidine 4% scrub	\$0 (Tier 4)	
gnp vitamin d3 400 unit tablet	\$0 (Tier 4)	
citracal with vitamin d maximum 315 mg-250 unit tablet	\$0 (Tier 4)	
CITRACAL WITH VITAMIN D PETITES 200 MG CALCIUM-250 UNIT TABLET	\$0 (Tier 4)	
citracal regular 250 mg calcium-200 unit tablet	\$0 (Tier 4)	
citrucel 500 mg tablet	\$0 (Tier 4)	
CITRUCEL (SUCROSE) ORAL POWDER	\$0 (Tier 4)	
CITRUCEL SUGAR FREE ORAL POWDER	\$0 (Tier 4)	
citrus calcium 200 mg calcium-250 unit tablet; citrus calcium 315 mg-250 unit tablet	\$0 (Tier 4)	
CLARITIN 10 MG TABLET; CLARITIN 5 MG/5 ML ORAL SOLUTION	\$0 (Tier 4)	
CLARITIN REDITABS 10 MG, 5 MG DISINTEGRATING TABLET	\$0 (Tier 4)	
clearasil daily clear (benzoyl peroxide) 10 % topical cream	\$0 (Tier 4)	
clearlax 17 gram/dose oral powder	\$0 (Tier 4)	
clotrim 1% vaginal cream	\$0 (Tier 4)	
clotrimazole 1% cream; clotrimazole 1% solution; clotrimazole 10 mg troche <sup>MO</sup>	\$0 (Tier 1)	
clotrimazole 3 day 2 % vaginal cream	\$0 (Tier 4)	
clotrimazole af 1 % topical cream	\$0 (Tier 4)	
clotrimazole-3 2 % vaginal cream	\$0 (Tier 4)	
clotrimazole-7 1 % vaginal cream	\$0 (Tier 4)	
cod liver oil 1,250 unit-135 unit capsule; cod liver oil capsule	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>col-rite 100 mg, 250 mg capsule</i>	\$0 (Tier 4)	
COLACE 100 MG CAPSULE	\$0 (Tier 4)	
COLACE CLEAR 50 MG CAPSULE	\$0 (Tier 4)	
COLEMAN 100 MAX INSECT REPELLENT 98.11 % TOPICAL PUMP SPRAY; COLEMAN 100 MAX INSECT REPELLENT 98.11 % TOPICAL SPRAY	\$0 (Tier 4)	
COLEMAN BOTANICALS INSECT REPELLENT 30 % TOPICAL SPRAY	\$0 (Tier 4)	
COLEMAN HIGH AND DRY INSECT REPELLENT 25 % TOPICAL SPRAY POWDER	\$0 (Tier 4)	
COLEMAN SKINSMART INSECT REPELLENT 20 % TOPICAL PUMP SPRAY; COLEMAN SKINSMART INSECT REPELLENT 20 % TOPICAL SPRAY	\$0 (Tier 4)	
COLEMAN SPORTSMEN INSECT REPELLENT 40 % TOPICAL SPRAY	\$0 (Tier 4)	
<i>comfort gel 200 mg-200 mg-20 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
<i>comfort gel extra strength 400 mg-400 mg-40 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
COMPETE TABLET	\$0 (Tier 4)	
<i>complete 18 mg-500 mcg-300 mcg-250 mcg tablet</i>	\$0 (Tier 4)	
<i>complete 50+ 0.4 mg-300 mcg-250 mcg tablet</i>	\$0 (Tier 4)	
<i>complete allergy 12.5 mg/5 ml oral liquid; complete allergy 25 mg capsule; complete allergy 25 mg tablet</i>	\$0 (Tier 4)	
<i>complete allergy medicine 25 mg capsule; complete allergy medicine 25 mg tablet</i>	\$0 (Tier 4)	
<i>complete lice treatment 4 %-0.33 %-0.5 % topical kit</i>	\$0 (Tier 4)	
<i>complete men 8 mg iron-200 mcg-600 mcg tablet</i>	\$0 (Tier 4)	
<i>complete multi 18 mg-500 mcg-300 mcg-250 mcg tablet</i>	\$0 (Tier 4)	
<i>complete multi 50+ 500 mcg-300 mcg-250 mcg tablet</i>	\$0 (Tier 4)	
<i>complete multivitamin 0.4 mg-300 mcg-250 mcg tablet; complete multivitamin tablet</i>	\$0 (Tier 4)	
<i>complete multivitamin-multimineral 18 mg-400 mcg tablet</i>	\$0 (Tier 4)	
<i>complete senior 0.4 mg-300 mcg-250 mcg tablet</i>	\$0 (Tier 4)	
<i>complete women 18 mg-400 mcg tablet</i>	\$0 (Tier 4)	
<i>compound w 17 % topical liquid</i>	\$0 (Tier 4)	
CONDOMS-PREM LUBRICATED	\$0 (Tier 4)	
<i>cool bottoms 1 % topical cream</i>	\$0 (Tier 4)	
<i>corn-callus remover 17 % topical liquid</i>	\$0 (Tier 4)	
CORTAID 1 % TOPICAL CREAM	\$0 (Tier 4)	
<i>cortizone-10 1 % topical cream; cortizone-10 1 % topical ointment</i>	\$0 (Tier 4)	
<i>cortizone-10 plus 1 % topical cream</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cough control dm 10 mg-100 mg/5 ml syrup; sb cough control dm liquid	\$0 (Tier 4)	
cough formula dm 10 mg-100 mg/5 ml syrup	\$0 (Tier 4)	
cough suppressant-expectorant 10 mg-100 mg/5 ml syrup	\$0 (Tier 4)	
cough syrup 100 mg/5 ml oral liquid	\$0 (Tier 4)	
cough syrup dm 10 mg-100 mg/5 ml	\$0 (Tier 4)	
critic-aid clear af 2 % topical ointment	\$0 (Tier 4)	
cutter backwoods 25 % topical pump spray; cutter backwoods 25 % topical spray	\$0 (Tier 4)	
cutter backwoods dry 25 % topical spray	\$0 (Tier 4)	
cutter lemon eucalyptus 30 % topical spray	\$0 (Tier 4)	
cutter natural insect repellent 5 %-2 %-0.4 %-0.1 % topical spray	\$0 (Tier 4)	
cutter natural insect repellent2 5 %-2 % topical spray	\$0 (Tier 4)	
cutter skinsations 7 % topical spray	\$0 (Tier 4)	
daily fiber 0.52 gram capsule	\$0 (Tier 4)	
daily fiber (psyllium-sucrose) 3.4 gram/12 gram, 3.4 gram/7 gram oral powder	\$0 (Tier 4)	
daily multi-vitamins/iron tablet	\$0 (Tier 4)	
daily multiple 18 mg-400 mcg tablet; daily multiple 400 mcg-120 mg tablet; daily multiple tablet	\$0 (Tier 4)	
daily multiple for men 0.4 mg tablet	\$0 (Tier 4)	
cvs daily multiple vitamin tab	\$0 (Tier 4)	
daily multiple for women 18 mg iron-400 mcg-500 mg ca tablet	\$0 (Tier 4)	
daily multiple for women 50+ 0.4 mg tablet	\$0 (Tier 4)	
daily multiple vitamins with iron tablet	\$0 (Tier 4)	
daily multivitamin with iron 18 mg-400 mcg tablet	\$0 (Tier 4)	
daily multivitamin-minerals tablet	\$0 (Tier 4)	
daily value tablet	\$0 (Tier 4)	
daily vitamin formula tablet	\$0 (Tier 4)	
daily vitamin formula-iron 18 mg-400 mcg tablet	\$0 (Tier 4)	
daily vitamin formula-minerals tablet	\$0 (Tier 4)	
daily vitamin with iron tablet	\$0 (Tier 4)	
daily vitamin with iron and ca tablet	\$0 (Tier 4)	
DAILY VITES/IRON TABLET	\$0 (Tier 4)	
DAILY-VITE TABLET	\$0 (Tier 4)	
DEBROX 6.5 % EAR DROPS	\$0 (Tier 4)	
deep sea nasal 0.65 % spray aerosol	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
delta d3 400 unit tablet	\$0 (Tier 4)	
dermafungal 2 % topical ointment	\$0 (Tier 4)	
dermarest eczema (hydrocortisone) 1 % lotion	\$0 (Tier 4)	
desenex 2 % topical powder	\$0 (Tier 4)	
dex4 glucose 4 gram chewable tablet; dex4 glucose 40 % oral gel	\$0 (Tier 4)	
dex4 glucose pouch pack 4 gram chewable tablet	\$0 (Tier 4)	
dex4 glucose quick dissolve 4 gram chewable tablet	\$0 (Tier 4)	
guaifenesin dm 400-20 mg tab; guaifenesin dm syrup	\$0 (Tier 4)	
cvs glucose 40% gel	\$0 (Tier 4)	
diabetic siltussin das-na 100 mg/5 ml oral liquid	\$0 (Tier 4)	
diabetic siltussin-dm 10 mg-100 mg/5 ml oral liquid	\$0 (Tier 4)	
diabetic siltussin-dm max str 10 mg-200 mg/5 ml oral liquid	\$0 (Tier 4)	
diabetic tussin dm 10 mg-100 mg/5 ml oral liquid	\$0 (Tier 4)	
dialyvite 800 0.8 mg tablet	\$0 (Tier 4)	
DIALYVITE 800 WITH ZINC 15 0.8 MG-15 MG TABLET	\$0 (Tier 4)	
DIALYVITE 800 WITH ZINC 50 0.8 MG-50 MG TABLET	\$0 (Tier 4)	
diamode 2 mg tablet	\$0 (Tier 4)	
diarrhea relief (bismuth subsalicylate) 262 mg/15 ml oral suspension	\$0 (Tier 4)	
dibucaine 1% ointment	\$0 (Tier 4)	
digestive relief 262 mg chewable tablet; digestive relief 262 mg tablet; digestive relief 262 mg/15 ml oral suspension	\$0 (Tier 4)	
dino-life chewable tablet	\$0 (Tier 4)	
dino-life with extra c chewable tablet	\$0 (Tier 4)	
dino-life with iron-zinc chewable tablet	\$0 (Tier 4)	
DIOCTO 50 MG/5 ML ORAL LIQUID; DIOCTO 60 MG/15 ML SYRUP	\$0 (Tier 4)	
dioctyl 60 mg/15 ml syrup	\$0 (Tier 4)	
diotame 262 mg chewable tablet	\$0 (Tier 4)	
diphedryl 12.5 mg/5 ml oral liquid; diphedryl 25 mg capsule; diphedryl 25 mg tablet	\$0 (Tier 4)	
diphedryl allergy 12.5 mg/5 ml oral liquid	\$0 (Tier 4)	
diphenhist 12.5 mg/5 ml oral liquid	\$0 (Tier 4)	
diphenhydramine 12.5 mg/5 ml; diphenhydramine 25 mg caplet; diphenhydramine 25 mg, 50 mg capsule; diphenhydramine cough syrup	\$0 (Tier 4)	
enema ready to use	\$0 (Tier 4)	
doc-q-lace 100 mg capsule	\$0 (Tier 4)	
doc-q-lax tablet	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>docu 50 mg/5 ml oral liquid</i>	\$0 (Tier 4)	
<i>docuprene 100 mg tablet</i>	\$0 (Tier 4)	
<i>docusate cal 240 mg softgel</i>	\$0 (Tier 4)	
<i>docusate sod 60 mg/15 ml syrp; docusate sodium 100 mg tablet; docusate sodium 100 mg, 250 mg softgel</i>	\$0 (Tier 4)	
<i>docusil 100 mg capsule</i>	\$0 (Tier 4)	
<i>dok 100 mg tablet</i>	\$0 (Tier 4)	
<i>dok plus 8.6 mg-50 mg tablet</i>	\$0 (Tier 4)	
<i>double antibiotic 500 unit-10,000 unit/gram topical ointment</i>	\$0 (Tier 4)	
<i>double antibiotic (bacitrcn zn) 500 unit-10,000 unit/gram top ointment</i>	\$0 (Tier 4)	
DRAMAMINE 50 MG TABLET	\$0 (Tier 4)	
<i>dramamine less drowsy 25 mg tablet</i>	\$0 (Tier 4)	
<i>driminate 50 mg tablet</i>	\$0 (Tier 4)	
<i>ducodyl 5 mg tablet, delayed release</i>	\$0 (Tier 4)	
DULCOLAX (BISACODYL) 10 MG RECTAL SUPPOSITORY; DULCOLAX (BISACODYL) 5 MG TABLET, DELAYED RELEASE	\$0 (Tier 4)	
<i>dulcolax stool softener (docusate) 100 mg capsule</i>	\$0 (Tier 4)	
<i>duofilm 17 % topical liquid</i>	\$0 (Tier 4)	
<i>dyna-hex 4 % topical liquid</i>	\$0 (Tier 4)	
<i>e.c. prin 325 mg tablet, delayed release</i>	\$0 (Tier 4)	
<i>ear care 200 mg-100 mg tablet</i>	\$0 (Tier 4)	
<i>ear drops otc 6.5 %</i>	\$0 (Tier 4)	
<i>ear health formula 200 mg-100 mg tablet; ear health formula tablet</i>	\$0 (Tier 4)	
<i>ear wax removal kit 6.5 % drops</i>	\$0 (Tier 4)	
<i>ear wax removal system 6.5 % drops</i>	\$0 (Tier 4)	
<i>econtra ez 1.5 mg tablet</i>	\$0 (Tier 4)	
ECOTRIN 325 MG TABLET, ENTERIC COATED	\$0 (Tier 4)	
<i>ecotrin low strength 81 mg tablet, enteric coated</i>	\$0 (Tier 4)	
<i>eczema anti-itch 1 % topical cream</i>	\$0 (Tier 4)	
<i>ed-apap 160 mg/5 ml oral liquid</i>	\$0 (Tier 4)	
ELDERTONIC 0.5 MG-0.6 MG-7 MG-0.7 MG ORAL ELIXIR	\$0 (Tier 4)	
<i>heb pediatric electrolyte soln</i>	\$0 (Tier 4)	
<i>emetrol oral solution</i>	\$0 (Tier 4)	
<i>enema 19 gram-7 gram/118 ml; pv enema</i>	\$0 (Tier 4)	
<i>enema disposable 19 gram-7 gram/118 ml</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENFAMIL ENFALYTE ORAL SOLUTION	\$0 (Tier 4)	
<i>enteric coated aspirin 81 mg tablet, delayed release</i>	\$0 (Tier 4)	
<i>essentia 18 mg-400 mcg tablet</i>	\$0 (Tier 4)	
ESSENTIAL BALANCE WITH LUTEIN TABLET	\$0 (Tier 4)	
ESSENTIAL DAILY 18 MG-0.4 MG TABLET	\$0 (Tier 4)	
<i>evac-u-gen (sennosides) 8.6 mg tablet</i>	\$0 (Tier 4)	
EX-LAX (SENNOSIDES) 15 MG CHEWABLE TABLET; EX-LAX (SENNOSIDES) 15 MG TABLET	\$0 (Tier 4)	
<i>excedrin migraine 250 mg-250 mg-65 mg tablet</i>	\$0 (Tier 4)	
EXPECTA PRENATAL 28 MG IRON-800 MCG-200 MG ORAL PACK	\$0 (Tier 4)	
<i>expectorant 100 mg/5 ml oral liquid; expectorant 200 mg tablet</i>	\$0 (Tier 4)	
<i>expectorant cough syrup 100 mg/5 ml oral liquid</i>	\$0 (Tier 4)	
<i>expectorant dm 10 mg-100 mg/5 ml syrup; expectorant dm 20 mg-300 mg/5 ml oral liquid</i>	\$0 (Tier 4)	
<i>fallback solo 1.5 mg tablet</i>	\$0 (Tier 4)	
<i>famotidine 10 mg tablet</i>	\$0 (Tier 4)	
FANTASY CONDOM	\$0 (Tier 4)	
<i>feosol 325 mg (65 mg iron) tablet</i>	\$0 (Tier 4)	
FER-IN-SOL 15 MG IRON (75 MG)/ML ORAL DROPS	\$0 (Tier 4)	
<i>fer-iron 15 mg/1 ml drops</i>	\$0 (Tier 4)	
FEROSUL 220 MG (44 MG IRON)/5 ML ORAL ELIXIR	\$0 (Tier 4)	
<i>ferosul 325 mg (65 mg iron) tablet</i>	\$0 (Tier 4)	
<i>ferro-time 325 mg (65 mg iron) tablet</i>	\$0 (Tier 4)	
<i>ferrous sulf 15 mg iron/ml drp; ferrous sulf 220 mg/5 ml elix; ferrous sulf 220 mg/5 ml elix; ferrous sulf ec 324 mg tablet; ferrous sulf ec 325 mg tablet; ferrous sulfate 325 mg tablet</i>	\$0 (Tier 4)	
<i>ferrousul 325 mg (65 mg iron) tablet</i>	\$0 (Tier 4)	
<i>fever reducer 120 mg rectal suppository</i>	\$0 (Tier 4)	
<i>fever reducer an pain reliever 160 mg/5 ml oral suspension; pv pain-fever 500 mg/15ml liq</i>	\$0 (Tier 4)	
<i>feverall 120 mg, 325 mg, 650 mg rectal suppository</i>	\$0 (Tier 4)	
FEVERALL 80 MG RECTAL SUPPOSITORY	\$0 (Tier 4)	
<i>fiber oral powder</i>	\$0 (Tier 4)	
<i>fiber (calcium polycarbophil) 625 mg tablet</i>	\$0 (Tier 4)	
<i>fiber (psyllium husk) 0.52 gram capsule</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).





DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>fiber (psyllium husk/sugar) 3.4 gram/11 gram, 3.4 gram/12 gram, 3.4 gram/7 gram oral powder</i>	\$0 (Tier 4)	
<i>fiber (with aspartame) 3.4 gram/5.8 gram, 3.4 gram/5.8 gram oral powder</i>	\$0 (Tier 4)	
<i>fiber laxative (calcium polycarbophil) 625 mg tablet</i>	\$0 (Tier 4)	
<i>fiber laxative (methylcellulose) 500 mg tablet</i>	\$0 (Tier 4)	
<i>fiber laxative (psyllium husk) 0.52 gram capsule</i>	\$0 (Tier 4)	
<i>pv fiber laxative powder</i>	\$0 (Tier 4)	
<i>fiber smooth oral powder</i>	\$0 (Tier 4)	
<i>fiber smooth ( with sucrose) oral powder</i>	\$0 (Tier 4)	
<i>fiber therapy (ca polycarbophil) 625 mg tablet</i>	\$0 (Tier 4)	
FIBER THERAPY (METHYLCELLULOSE-SUGAR) 2 GRAM/19 GRAM ORAL POWDER	\$0 (Tier 4)	
<i>pv fiber therapy powder</i>	\$0 (Tier 4)	
<i>fiber therapy (methylcellulose) 500 mg tablet</i>	\$0 (Tier 4)	
<i>fiber therapy laxative (psyllium husk) 0.52 gram capsule</i>	\$0 (Tier 4)	
<i>pv fiber therapy powder</i>	\$0 (Tier 4)	
<i>fiber therapy (psyllium seed-sucrose) oral powder</i>	\$0 (Tier 4)	
<i>fiber-caps (psyllium husk) 0.52 gram capsule</i>	\$0 (Tier 4)	
<i>fiber-lax 625 mg tablet</i>	\$0 (Tier 4)	
<i>fiber-tabs 625 mg tablet</i>	\$0 (Tier 4)	
FIBERCON 625 MG TABLET	\$0 (Tier 4)	
<i>first aid antibiotic 3.5 mg-400 unit-5,000 unit/gram topical ointment</i>	\$0 (Tier 4)	
<i>first aid antibiotic-pain rlf 3.5 mg-500 unit-10,000 unit/g top oint</i>	\$0 (Tier 4)	
<i>first aid antiseptic 10 % topical solution</i>	\$0 (Tier 4)	
<i>flanax (naproxen) 220 mg tablet</i>	\$0 (Tier 4)	
<i>flanax antacid liquid</i>	\$0 (Tier 4)	
<i>flavor chews antacid 300 mg (750 mg) tablet</i>	\$0 (Tier 4)	
FLAVOR SWEET ORAL LIQUID	\$0 (Tier 4)	
FLAVOR SWEET-SF ORAL LIQUID	\$0 (Tier 4)	
FLEET ENEMA 19 GRAM-7 GRAM/118 ML	\$0 (Tier 4)	
<i>fleet glycerin (adult) rectal suppository</i>	\$0 (Tier 4)	
<i>fleet glycerin (child) rectal suppository</i>	\$0 (Tier 4)	
FLEET LAXATIVE 5 MG TABLET,DELAYED RELEASE	\$0 (Tier 4)	
FLEET PEDIATRIC 9.5 GRAM-3.5 GRAM/59 ML ENEMA	\$0 (Tier 4)	
<i>flintstones complete (iron) chewable tablet</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FLINTSTONES MULTIVITAMIN 300 MCG CHEWABLE TABLET	\$0 (Tier 4)	
<i>flintstones multivitamin chewable tablet</i>	\$0 (Tier 4)	
FLINTSTONES WITH IRON 18 MG IRON CHEWABLE TABLET	\$0 (Tier 4)	
<i>flintstones/extra c chewable tablet</i>	\$0 (Tier 4)	
<i>foaming antacid 95 mg-358 mg/15 ml oral suspension</i>	\$0 (Tier 4)	
<i>pv foaming antacid chew tablet</i>	\$0 (Tier 4)	
<i>gnp folic acid 400 mcg tablet</i>	\$0 (Tier 4)	
<i>formula em oral solution</i>	\$0 (Tier 4)	
<i>full spectrum b-vitamin c 0.8 mg tablet</i>	\$0 (Tier 4)	
FULLER'S EARTH POWDER	\$0 (Tier 4)	
FUNGOID TINCTURE 2 % TOPICAL; FUNGOID TINCTURE 2 % TOPICAL KIT	\$0 (Tier 4)	
<i>g-tron 10 mg-100 mg/5 ml oral liquid</i>	\$0 (Tier 4)	
<i>gavilax 17 gram/dose oral powder</i>	\$0 (Tier 4)	
GAVISCON 80 MG-14.2 MG CHEWABLE TABLET; GAVISCON 95 MG-358 MG/15 ML ORAL SUSPENSION	\$0 (Tier 4)	
GAVISCON EXTRA STRENGTH 160 MG-105 MG CHEWABLE TABLET; GAVISCON EXTRA STRENGTH 254 MG-237.5 MG/5 ML ORAL SUSPENSION	\$0 (Tier 4)	
<i>gelusil antacid &amp; antigas liq</i>	\$0 (Tier 4)	
GELUSIL ANTACID AND ANTI-GAS 200 MG-200 MG-25 MG CHEWABLE TABLET	\$0 (Tier 4)	
<i>gentleal tears 0.1 %-0.3 % eye drops</i>	\$0 (Tier 4)	
<i>gentle laxative 10 mg rectal suppository; gentle laxative 5 mg tablet, delayed release</i>	\$0 (Tier 4)	
<i>gentlelax 17 gram/dose oral powder</i>	\$0 (Tier 4)	
<i>geravim liquid</i>	\$0 (Tier 4)	
<i>geri-dryl 25 mg tablet</i>	\$0 (Tier 4)	
<i>geri-kot 8.6 mg tablet</i>	\$0 (Tier 4)	
<i>geri-lanta 200 mg-200 mg-20 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
<i>geri-mucil 3.4 gram/5.8 gram oral powder</i>	\$0 (Tier 4)	
<i>geri-pectate 262 mg/15 ml oral suspension</i>	\$0 (Tier 4)	
<i>geri-tussin 100 mg/5 ml oral liquid</i>	\$0 (Tier 4)	
<i>geri-tussin dm 10 mg-100 mg/5 ml syrup</i>	\$0 (Tier 4)	
<i>geriaton oral liquid</i>	\$0 (Tier 4)	
GERITOL COMPLETE 16 MG IRON-0.38 MG TABLET	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GERITOL TONIC WITH FERREX 18 2.5 MG-50 MG-18 MG IRON/15 ML ORAL LIQUID	\$0 (Tier 4)	
<i>gluco burst 40 % oral gel</i>	\$0 (Tier 4)	
<i>cvs glucose 4 gram tablet chew</i>	\$0 (Tier 4)	
<i>glucose gel 40 % oral gel</i>	\$0 (Tier 4)	
<i>glutose 15 40 % oral gel</i>	\$0 (Tier 4)	
<i>glutose 45 40 % oral gel</i>	\$0 (Tier 4)	
<i>glycerin 99.5% liquid; pv glycerin liquid</i>	\$0 (Tier 4)	
<i>gnp glycerin suppository</i>	\$0 (Tier 4)	
GLYCERIN LIQUID	\$0 (Tier 4)	
<i>gnp glycerin suppository</i>	\$0 (Tier 4)	
<i>glycolax 17 gram/dose oral powder</i>	\$0 (Tier 4)	
<i>goody's migraine relief 250 mg-250 mg-65 mg tablet</i>	\$0 (Tier 4)	
<i>guaiasorb dm 10 mg-100 mg/5 ml oral liquid</i>	\$0 (Tier 4)	
<i>guaifenesin 1,200 mg, 200 mg, 400 mg, 600 mg tablet; guaifenesin 300 mg/15 ml soln; guaifenesin er 1,200 mg, 200 mg, 400 mg, 600 mg tablet</i>	\$0 (Tier 4)	
<i>guaifenesin-dm solution</i>	\$0 (Tier 4)	
<i>gummi bear multivitamin chewable tablet</i>	\$0 (Tier 4)	
<i>gyne-lotrimin 2 % vaginal cream</i>	\$0 (Tier 4)	
<i>gyne-lotrimin 7 1 % vaginal cream</i>	\$0 (Tier 4)	
<i>hair vitamins tablet</i>	\$0 (Tier 4)	
<i>hair, skin and nails advanced 3.3 mg iron-25 mcg tablet</i>	\$0 (Tier 4)	
<i>headache formula tablet</i>	\$0 (Tier 4)	
<i>headache relief (asa-acetaminophn-caffeine) 250 mg-250 mg-65 mg tablet</i>	\$0 (Tier 4)	
<i>healthy eyes 1,000 unit-200 mg-60 unit-2mg tablet</i>	\$0 (Tier 4)	
<i>healthy eyes supervision 14,320 unit-226 mg-200 unit capsule</i>	\$0 (Tier 4)	
<i>heartburn antacid 160 mg-105 mg chewable tablet</i>	\$0 (Tier 4)	
<i>heartburn prevention 10 mg, 20 mg tablet</i>	\$0 (Tier 4)	
<i>heartburn relief 160 mg-105 mg chewable tablet</i>	\$0 (Tier 4)	
<i>heartburn relief (famotidine) 10 mg, 20 mg tablet</i>	\$0 (Tier 4)	
<i>heartburn relief (ranitidine) 150 mg, 75 mg tablet</i>	\$0 (Tier 4)	
<i>hemorrhoid ointment</i>	\$0 (Tier 4)	
<i>hi-b complex tablet</i>	\$0 (Tier 4)	
<i>hi-cal plus vit d 500 mg (1,250 mg)-200 unit tablet</i>	\$0 (Tier 4)	
HIBICLENS 4 % TOPICAL LIQUID	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>high potency capsaicin 0.1 % topical cream</i>	\$0 (Tier 4)	
<i>honey bears chewable tablet</i>	\$0 (Tier 4)	
<i>honey bears with iron-zinc chewable tablet</i>	\$0 (Tier 4)	
<i>hospital antiseptic soln</i>	\$0 (Tier 4)	
HYDROCIL ORAL POWDER	\$0 (Tier 4)	
<i>hydrocortisone 1% cream; hydrocortisone 1% ointment; hydrocortisone 100 mg/60 ml; hydrocortisone 2.5% cream; hydrocortisone 2.5% lotion; hydrocortisone 2.5% ointment<sup>MO</sup></i>	\$0 (Tier 1)	
<i>gnp hydrocort acetate 1% cr; gnp hydrocortisone 0.5% crm</i>	\$0 (Tier 4)	
<i>hydrocortisone plus 1 % topical cream</i>	\$0 (Tier 4)	
<i>eq hydrocortisone-aloe 1% crm</i>	\$0 (Tier 4)	
<i>hydrocream 1 % topical</i>	\$0 (Tier 4)	
<i>hydroskin with aloe 1 % cream</i>	\$0 (Tier 4)	
<i>i-prin 200 mg tablet</i>	\$0 (Tier 4)	
I-VITE 1,000 UNIT-200 MG-60 UNIT-2MG TABLET	\$0 (Tier 4)	
<i>i-vite protect 7,160 unit-113 mg-100 unit tablet</i>	\$0 (Tier 4)	
<i>ibuprofen 100 mg, 200 mg tablet; ibuprofen 200 mg softgel; ibuprofen jr str 100 mg tb chw; sm ibuprofen ib 100 mg, 200 mg tablet</i>	\$0 (Tier 4)	
<i>ibuprofen ib 100 mg chewable tablet; ibuprofen ib 200 mg tablet</i>	\$0 (Tier 4)	
ICAPS 3,300 UNIT-5 MG-200MG-75 UNIT TABLET,EXTENDED RELEASE	\$0 (Tier 4)	
<i>icaps areds 14,320 unit-226 mg-200 unit capsule</i>	\$0 (Tier 4)	
ICAPS AREDS 7,160 UNIT-113 MG-100 UNIT TABLET,DELAYED RELEASE	\$0 (Tier 4)	
ICAPS MV 100 MCG-1.66 MG-0.83 MG TABLET,DELAYED RELEASE	\$0 (Tier 4)	
IMODIUM A-D 1 MG/7.5 ML ORAL LIQUID	\$0 (Tier 4)	
<i>infant fever reducer-pain relief 160 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
<i>infant pain reliever 160 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
<i>infant's acetaminophen 160 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
<i>pv infant non-asa 80 mg/0.8 ml</i>	\$0 (Tier 4)	
<i>infant's pain relief 160 mg/5 ml oral suspension; infant's pain relief 80 mg/0.8 ml oral drops,suspension</i>	\$0 (Tier 4)	
<i>infant's pain reliever 80 mg/0.8 ml oral drops,suspension</i>	\$0 (Tier 4)	
INFANT'S TYLENOL 160 MG/5 ML ORAL SUSPENSION	\$0 (Tier 4)	
<i>infants' pain and fever 160 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
<i>infants' pain relief 160 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
<i>insect repellent (deet) 15 % topical spray</i>	\$0 (Tier 4)	
INSECT REPELLENT (PICARIDIN) 20 % TOPICAL SPRAY WITH PUMP	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INSTA-GLUCOSE 24 GRAM/31 GRAM ORAL GEL	\$0 (Tier 4)	
<i>inzo antifungal 2 % topical cream</i>	\$0 (Tier 4)	
<i>iophen dm-nr liquid</i>	\$0 (Tier 4)	
<i>iophen nr liquid</i>	\$0 (Tier 4)	
<i>iron 15 mg/ml drops; iron 325 mg (65 mg iron) tablet</i>	\$0 (Tier 4)	
<i>iron (ferrous sulfate) 325 mg (65 mg iron) tablet</i>	\$0 (Tier 4)	
GNP ISOPROPYL ALCOHOL 91%; GNP ISOPROPYL ALCOHOL 99%; SWAN ISOPROPYL ALCOHOL 70%	\$0 (Tier 4)	
<i>itch relief (clotrimazole) 1 % topical cream</i>	\$0 (Tier 4)	
<i>jock itch (clotrimazole) 1 % topical cream</i>	\$0 (Tier 4)	
<i>jock itch (terbinafine) 1 % topical cream</i>	\$0 (Tier 4)	
<i>kao-tin (bismuth subsalicylate) 262 mg/15 ml oral suspension</i>	\$0 (Tier 4)	
<i>kao-tin (docusate calcium) 240 mg capsule</i>	\$0 (Tier 4)	
KAOPLECTATE (DOCUSATE CALCIUM) 240 MG CAPSULE	\$0 (Tier 4)	
<i>kaoplectate ex str (bismuth ss) 525 mg/15 ml oral suspension</i>	\$0 (Tier 4)	
<i>pv kid's vit complete tab chew</i>	\$0 (Tier 4)	
<i>kid's vit + extra c chew tab</i>	\$0 (Tier 4)	
<i>pv kid's vit + iron tab chew</i>	\$0 (Tier 4)	
<i>pv kids vitamins+iron tab chew</i>	\$0 (Tier 4)	
<i>pv kids vitamins complete</i>	\$0 (Tier 4)	
KIMONO CONDOMS(NON-LUBRICATED)	\$0 (Tier 4)	
KIMONO MAXX CONDOMS	\$0 (Tier 4)	
KIMONO MICROTHIN AQUA LUBE CONDOM	\$0 (Tier 4)	
KIMONO MICROTHIN CONDOMS	\$0 (Tier 4)	
KIMONO MICROTHIN LARGE CONDOMS	\$0 (Tier 4)	
KIMONO TEXTURED CONDOMS	\$0 (Tier 4)	
<i>konsyl (sugar) 3.4 gram, 3.4 gram/11 gram, 3.4 gram/12 gram oral powder; konsyl (sugar) 3.4 gram, 3.4 gram/11 gram, 3.4 gram/12 gram oral powder packet</i>	\$0 (Tier 4)	
KONSYL EASY MIX 4.3 GRAM/6 GRAM ORAL POWDER	\$0 (Tier 4)	
<i>konsyl fiber 625 mg tablet</i>	\$0 (Tier 4)	
KONSYL FORMULA-D 3.4 GRAM/6.5 GRAM ORAL POWDER	\$0 (Tier 4)	
<i>konsyl sugar-free 0.52 gram capsule</i>	\$0 (Tier 4)	
KONSYL SUGAR-FREE 6 GRAM/6 GRAM ORAL POWDER	\$0 (Tier 4)	
KONSYL SUGAR-FREE (ASPARTAME) 3.5 GRAM/5.8 GRAM ORAL POWDER	\$0 (Tier 4)	
<i>lamisil at 1 % topical cream</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>laxative stool softener with senna 8.6 mg-50 mg tablet</i>	\$0 (Tier 4)	
<i>laxacin 8.6 mg-50 mg tablet</i>	\$0 (Tier 4)	
<i>laxaclear 17 gram/dose oral powder</i>	\$0 (Tier 4)	
<i>laxative (bisacodyl) 5 mg, 5 mg tablet; laxative (bisacodyl) 5 mg, 5 mg tablet, delayed release</i>	\$0 (Tier 4)	
<i>laxative (glycerin-pediatric) rectal suppository</i>	\$0 (Tier 4)	
<i>laxative (sennosides) 15 mg chewable tablet; laxative (sennosides) 15 mg, 25 mg tablet; pv laxative 15 mg, 25 mg tablet</i>	\$0 (Tier 4)	
<i>laxative dietary supplement 500 mg tablet</i>	\$0 (Tier 4)	
<i>laxative peg 3350 17 gram/dose oral powder</i>	\$0 (Tier 4)	
<i>laxative pills regular 15 mg tablet</i>	\$0 (Tier 4)	
<i>laxative plus stool softener 8.6 mg-50 mg tablet</i>	\$0 (Tier 4)	
<i>lc-4 4 % topical cream</i>	\$0 (Tier 4)	
<i>lc-5 5 % topical cream</i>	\$0 (Tier 4)	
<i>levonorgestrel 1.5 mg tablet</i>	\$0 (Tier 4)	
<i>lice bedding spray 0.5 % aerosol</i>	\$0 (Tier 4)	
<i>lice complete kit 1-2-3 4 %-0.33 %-0.5 % topical kit</i>	\$0 (Tier 4)	
<i>lice killing 0.33 %-4 % shampoo</i>	\$0 (Tier 4)	
<i>lice killing (permethrin) 1 % topical liquid</i>	\$0 (Tier 4)	
<i>lice pyrinyl shampoo 0.33 %-4 %</i>	\$0 (Tier 4)	
<i>lice solution 4 %-0.33 %-0.5 % topical kit</i>	\$0 (Tier 4)	
<i>lice treatment 0.33 %-4 % shampoo; lice treatment 1 % topical liquid</i>	\$0 (Tier 4)	
<i>lice treatment (permethrin) 1 % topical liquid</i>	\$0 (Tier 4)	
LICIDE SPRAY	\$0 (Tier 4)	
<i>lidocaine 4% cream; lidocaine anorectal 5% cream</i>	\$0 (Tier 4)	
<i>lidocream 4% cream</i>	\$0 (Tier 4)	
LIPO-FLAVONOID PLUS 200 MG-100 MG TABLET	\$0 (Tier 4)	
<i>liquid antacid 200 mg-200 mg-20 mg/5 ml oral suspension; liquid antacid 400 mg-400 mg-40 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
<i>liquid corn and callus remover 17 % topical</i>	\$0 (Tier 4)	
<i>liquitears 1.4 % eye drops</i>	\$0 (Tier 4)	
<i>lite coat aspirin 325 mg tablet</i>	\$0 (Tier 4)	
LITTLE ANIMALS CHEWABLE TABLET	\$0 (Tier 4)	
<i>little animals-iron chewable tablet</i>	\$0 (Tier 4)	
<i>little remedies 0.65 % nasal spray aerosol</i>	\$0 (Tier 4)	
<i>little remedies fever and pain reliever 160 mg/5 ml oral liquid</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LMX 4 4 % TOPICAL CREAM	\$0 (Tier 4)	
LMX 5 5 % TOPICAL CREAM	\$0 (Tier 4)	
<i>loperamide 1 mg/5 ml solution; loperamide 2 mg tablet</i>	\$0 (Tier 4)	
<i>loperamide 2 mg capsule<sup>MO</sup></i>	\$0 (Tier 1)	
<i>loradamed 10 mg tablet</i>	\$0 (Tier 4)	
<i>loratadine 10 mg, 10 mg tablet; loratadine 5 mg/5 ml syrup; sm loratadine 10 mg, 10 mg odt</i>	\$0 (Tier 4)	
<i>lotrimin af 2 % topical powder; lotrimin af 2 % topical spray</i>	\$0 (Tier 4)	
LOTRIMIN AF (CLOTRIMAZOLE) 1 % TOPICAL CREAM	\$0 (Tier 4)	
<i>lubricant eye 57.3 %-42.5 % ointment; lubricant eye 83 %-15 % ointment</i>	\$0 (Tier 4)	
<i>pv lubricant 1.4 % eye drops</i>	\$0 (Tier 4)	
<i>lubrifresh pm 83 %-15 % eye ointment</i>	\$0 (Tier 4)	
MAALOX ADVANCED 1,000 MG-60 MG CHEWABLE TABLET; MAALOX ADVANCED 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION	\$0 (Tier 4)	
<i>maalox maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
MAG-AL PLUS 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION	\$0 (Tier 4)	
<i>mag-al plus extra strength 400 mg-400 mg-40 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
<i>maglox 200 mg-200 mg-20 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
MAGNEBIND 300 250 MG-300 MG TABLET	\$0 (Tier 4)	
<i>mag-oxide magnesium 200 mg tab; magnesium 200 mg magnesium, 420 mg, 500 mg tablet; magnesium oxide 200 mg magnesium, 420 mg, 500 mg tablet</i>	\$0 (Tier 4)	
MAGOX 400 MG TABLET	\$0 (Tier 4)	
<i>mapap (acetaminophen) 160 mg/5 ml oral suspension; mapap (acetaminophen) 160 mg/5 ml, 500 mg/15 ml oral liquid; mapap (acetaminophen) 325 mg tablet; mapap (acetaminophen) 80 mg chewable tablet</i>	\$0 (Tier 4)	
<i>mapap extra strength 500 mg tablet</i>	\$0 (Tier 4)	
<i>masanti double strength 400 mg-400 mg-40 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
<i>masophen 325 mg, 500 mg tablet</i>	\$0 (Tier 4)	
<i>maximum daily multivitamin 18 mg-0.4 mg tablet</i>	\$0 (Tier 4)	
<i>meclizine 12.5 mg, 25 mg tablet<sup>MO</sup></i>	\$0 (Tier 1)	
<i>meclizine 25 mg tablet chew</i>	\$0 (Tier 4)	
<i>medi-laxx tablet</i>	\$0 (Tier 4)	
<i>medi-meclizine 25 mg tablet</i>	\$0 (Tier 4)	
<i>mediproxen 220 mg tablet</i>	\$0 (Tier 4)	
<i>mega multi for women 13.5 mg-200 mcg-250 mcg tablet</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>mega multiple/chelated mineral tablet</i>	\$0 (Tier 4)	
<i>mega multivitamin for men 200 mcg-175 mcg-250 mcg tablet</i>	\$0 (Tier 4)	
<i>mega multivitamin with minerals 13.5 mg-200 mcg-250 mcg tablet; mega multivitamin-mineral tab</i>	\$0 (Tier 4)	
<i>men 50 plus multivitamin 300 mcg-600 mcg-300 mcg tablet</i>	\$0 (Tier 4)	
<i>men's multi-vitamin tablet</i>	\$0 (Tier 4)	
<i>men's one daily tablet</i>	\$0 (Tier 4)	
METAMUCIL 0.52 GRAM CAPSULE	\$0 (Tier 4)	
METAMUCIL (WITH SUGAR) 3.4 GRAM, 3.4 GRAM/12 GRAM, 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM ORAL POWDER; METAMUCIL (WITH SUGAR) 3.4 GRAM, 3.4 GRAM/12 GRAM, 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM ORAL POWDER PACKET	\$0 (Tier 4)	
<i>metamucil powder</i>	\$0 (Tier 4)	
METAMUCIL SUGAR-FREE (ASPARTAME) 3.4 GRAM/5.8 GRAM ORAL POWDER	\$0 (Tier 4)	
METHYLCELLULOSE 2% GEL	\$0 (Tier 4)	
<i>mgo 400 mg tablet</i>	\$0 (Tier 4)	
<i>mi-acid 200 mg-200 mg-20 mg/5 ml oral suspension; mi-acid 400 mg-400 mg-40 mg/5 ml oral suspension; mi-acid 700 mg-300 mg chewable tablet</i>	\$0 (Tier 4)	
<i>micatin 2 % topical cream</i>	\$0 (Tier 4)	
<i>miconazole 7 100 mg vaginal suppository; miconazole 7 2 % vaginal cream</i>	\$0 (Tier 4)	
<i>eq miconazole nitrate 2% crm; miconazole 100 mg vag supp; miconazole 2% spray powder; pv miconazole nitrate 2% cream</i>	\$0 (Tier 4)	
<i>miconazole-3 200 mg-2 % (9 gram) vaginal kit</i>	\$0 (Tier 4)	
<i>miconazole 3 combo pack</i>	\$0 (Tier 4)	
<i>miconazorb af 2 % topical powder</i>	\$0 (Tier 4)	
<i>micro-guard 2 % topical powder</i>	\$0 (Tier 4)	
MIDOL (NAPROXEN) 220 MG TABLET	\$0 (Tier 4)	
<i>migraine formula 250 mg-250 mg-65 mg tablet</i>	\$0 (Tier 4)	
<i>pv migraine pain-reliever tab</i>	\$0 (Tier 4)	
<i>migraine relief 250 mg-250 mg-65 mg tablet</i>	\$0 (Tier 4)	
<i>milk of magnesia 400 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
<i>milltrium senior tablet</i>	\$0 (Tier 4)	
<i>mintox 200 mg-200 mg-20 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
<i>mintox maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).





DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>mintox plus 200 mg-200 mg-25 mg chewable tablet</i>	\$0 (Tier 4)	
MIRALAX 17 GRAM, 17 GRAM/DOSE ORAL POWDER; MIRALAX 17 GRAM, 17 GRAM/DOSE ORAL POWDER PACKET	\$0 (Tier 4)	
MONISTAT 3 4 % (200 MG)-2 % (9 GRAM) VAGINAL PACK, PREFIL APPL AND CREAM; MONISTAT 3 200 MG-2 % (9 GRAM) VAGINAL KIT	\$0 (Tier 4)	
MONISTAT 7 2 % VAGINAL CREAM	\$0 (Tier 4)	
<i>motion relief (meclizine) 25 mg tablet</i>	\$0 (Tier 4)	
<i>motion sickness 50 mg tablet</i>	\$0 (Tier 4)	
<i>motion sickness (meclizine) 25 mg tablet</i>	\$0 (Tier 4)	
<i>motion sickness ii 25 mg tablet</i>	\$0 (Tier 4)	
<i>motion sickness relief 50 mg tablet</i>	\$0 (Tier 4)	
<i>pv motion sickness rel ii tab</i>	\$0 (Tier 4)	
<i>motion sickness relief (meclizine) 25 mg chewable tablet; motion sickness relief (meclizine) 25 mg tablet</i>	\$0 (Tier 4)	
<i>motion-time 25 mg chewable tablet</i>	\$0 (Tier 4)	
MOUTHPIECE DEVICE	\$0 (Tier 4)	
<i>move it along 100 mg tablet</i>	\$0 (Tier 4)	
<i>multi complete with iron 18 mg-400 mcg tablet</i>	\$0 (Tier 4)	
<i>multi-day with iron 18 mg-400 mcg tablet</i>	\$0 (Tier 4)	
<i>multi-delyn liquid</i>	\$0 (Tier 4)	
MULTI-DELYN WITH IRON 10 MG IRON/5 ML ORAL LIQUID	\$0 (Tier 4)	
MULTILEX TABLET	\$0 (Tier 4)	
MULTILEX-T AND M TABLET	\$0 (Tier 4)	
<i>multiple vitamin, womens tablet</i>	\$0 (Tier 4)	
<i>multiple vitamin-minerals tablet</i>	\$0 (Tier 4)	
<i>multiple vitamins tablet</i>	\$0 (Tier 4)	
<i>multivit-iron child tab chew</i>	\$0 (Tier 4)	
<i>pv multivital tablet</i>	\$0 (Tier 4)	
<i>pv multivital platinum tablet</i>	\$0 (Tier 4)	
<i>multivitamins tablet</i>	\$0 (Tier 4)	
<i>multivitamin 50 plus tablet</i>	\$0 (Tier 4)	
<i>pv daily multivitamin-iron tab</i>	\$0 (Tier 4)	
<i>multivit-minerals tablet; multivitamin with minerals 9 mg iron/15 ml oral liquid</i>	\$0 (Tier 4)	
<i>multivitamin-calcium-iron tab</i>	\$0 (Tier 4)	
MURINE EAR 6.5 % DROPS	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>murine ear wax removal system 6.5 % drops</i>	\$0 (Tier 4)	
<i>muro 128 2 % eye drops; muro 128 5 % eye ointment</i>	\$0 (Tier 4)	
MURO 128 5 % EYE DROPS	\$0 (Tier 4)	
<i>pv muscle relief 0.075% cream</i>	\$0 (Tier 4)	
MX-SOL ORAL LIQUID	\$0 (Tier 4)	
<i>my favorite multiple oral liquid</i>	\$0 (Tier 4)	
MYKIDZ IRON SUSPENSION	\$0 (Tier 4)	
<i>naproxen sodium 220 mg caplet</i>	\$0 (Tier 4)	
<i>nasal allergy symptom control 5.2 mg/spray (4 %) spray</i>	\$0 (Tier 4)	
<i>nasal-sinus decongest tab</i>	\$0 (Tier 4)	
<i>nasal antiseptic swabs 10 %</i>	\$0 (Tier 4)	
<i>nasal decongestant (pseudoephedrine) 120 mg tablet, extended release; nasal decongestant (pseudoephedrine) 30 mg tablet</i>	\$0 (Tier 4)	
<i>nasal moisturizing 0.65 % spray aerosol</i>	\$0 (Tier 4)	
<i>nasal spray (sodium chloride) 0.65 % aerosol</i>	\$0 (Tier 4)	
NASALCROM 5.2 MG/SPRAY (4 %) SPRAY	\$0 (Tier 4)	
NATRAPEL 20 % TOPICAL SPRAY	\$0 (Tier 4)	
<i>natura-lax 17 gram/dose oral powder</i>	\$0 (Tier 4)	
<i>v-r natural b-100 tablet</i>	\$0 (Tier 4)	
<i>natural balance tears drops</i>	\$0 (Tier 4)	
<i>natural balance tears 0.1 %-0.3 % eye drops</i>	\$0 (Tier 4)	
<i>natural calcium 500 mg calcium (1,250 mg) tablet</i>	\$0 (Tier 4)	
<i>natural daily fiber 3.4 gram/5.8 gram oral powder</i>	\$0 (Tier 4)	
<i>natural fiber laxative 0.52 gram capsule</i>	\$0 (Tier 4)	
<i>natural fiber laxative (sugar) 3.4 gram/12 gram, 3.4 gram/7 gram oral powder; natural fiber laxative (sugar) oral powder</i>	\$0 (Tier 4)	
<i>natural fiber laxative therapy oral powder</i>	\$0 (Tier 4)	
<i>natural fiber laxative (aspartame) oral powder</i>	\$0 (Tier 4)	
<i>natural psyllium fiber 3.4 gram/5.8 gram oral powder</i>	\$0 (Tier 4)	
<i>natural senna laxative tab</i>	\$0 (Tier 4)	
<i>natural vegetable powder</i>	\$0 (Tier 4)	
<i>natural vegetable laxative (sennosides) 8.6 mg, 8.6 mg tablet</i>	\$0 (Tier 4)	
<i>natural vegetable oral powder</i>	\$0 (Tier 4)	
<i>natural vegetable (psyllium) oral powder</i>	\$0 (Tier 4)	
<i>natural vegetable powder 3.4 gram/12 gram oral</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>nature's tears 0.1 %-0.3 % eye drops</i>	\$0 (Tier 4)	
<i>nature's tears drops</i>	\$0 (Tier 4)	
<i>nausea control oral solution</i>	\$0 (Tier 4)	
<i>nausea relief oral solution</i>	\$0 (Tier 4)	
NEOSPORIN (NEO-BAC-POLYM) 3.5 MG-400 UNIT-5,000 UNIT/GRAM TOP OINTMENT	\$0 (Tier 4)	
<i>neosporin 1% anti-itch cream</i>	\$0 (Tier 4)	
NEOSPORIN PLUS PAIN RELIEF (BACIT) 3.5 MG-500 UNIT-10,000 UNIT/G TOP OINT	\$0 (Tier 4)	
NEPHRO-VITE 0.8 MG TABLET	\$0 (Tier 4)	
NEPHRONEX 900 MCG/5 ML ORAL LIQUID	\$0 (Tier 4)	
<i>neutrathor 1 % topical cream</i>	\$0 (Tier 4)	
<i>nicoderm cq 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr daily transdermal patch</i>	\$0 (Tier 4)	
<i>nicorelief 2 mg, 4 mg gum</i>	\$0 (Tier 4)	
NICORETTE 2 MG, 2 MG, 4 MG, 4 MG BUCCAL LOZENGE; NICORETTE 2 MG, 2 MG, 4 MG, 4 MG BUCCAL MINI LOZENGE; NICORETTE 2 MG, 4 MG GUM	\$0 (Tier 4)	
<i>eq nicotine 14 mg/24hr patch; nicotine 21 mg/24hr patch; nicotine 7 mg/24hr patch; nicotine transdermal system</i>	\$0 (Tier 4)	
<i>cvs nicotine 2 mg, 4 mg mini lozenge; gnp nicotine 2 mg, 4 mg mini lozenge; nicotine 2 mg, 4 mg chewing gum</i>	\$0 (Tier 4)	
<i>nighttime allergy relief 25 mg tablet</i>	\$0 (Tier 4)	
<i>nighttime sleep-aid (doxylamine) 25 mg tablet</i>	\$0 (Tier 4)	
NIX CREME RINSE 1 % TOPICAL LIQUID	\$0 (Tier 4)	
<i>noble formula hc 1 % topical cream</i>	\$0 (Tier 4)	
<i>non-aspirin 160 mg/5 ml oral elixir; non-aspirin 160 mg/5 ml oral suspension; non-aspirin 325 mg tablet; non-aspirin 80 mg chewable tablet</i>	\$0 (Tier 4)	
<i>non-aspirin child 120 mg sup</i>	\$0 (Tier 4)	
<i>non-aspirin 500 mg softgel; non-aspirin extra strength 500 mg tablet; non-aspirin extra strength 500 mg/15 ml oral liquid</i>	\$0 (Tier 4)	
<i>non-aspirin pain relief 325 mg, 500 mg tablet</i>	\$0 (Tier 4)	
<i>non-drowsy allergy 10 mg tablet</i>	\$0 (Tier 4)	
<i>nortemp 160 mg/5 ml oral suspension; nortemp 80 mg/0.8 ml oral drops</i>	\$0 (Tier 4)	
NOVAFERRUM PEDIATRIC 10 MG IRON/ML ORAL DROPS	\$0 (Tier 4)	
<i>nts step 1 21 mg/24 hr transdermal 24 hour patch</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NUTRISOURCE FIBER ORAL POWDER	\$0 (Tier 4)	
nuzole 2% cream	\$0 (Tier 4)	
OCEAN FOR KIDS 0.65% NASAL SPY	\$0 (Tier 4)	
OCEAN NASAL 0.65 % SPRAY AEROSOL	\$0 (Tier 4)	
ocutabs tablet	\$0 (Tier 4)	
ocuvite with lutein 1,000 unit-200 mg-60 unit-2mg tablet	\$0 (Tier 4)	
off active 15 % topical spray	\$0 (Tier 4)	
off deep woods 25 % topical pump spray; off deep woods 25 % topical spray	\$0 (Tier 4)	
off deep woods dry 25 % topical spray powder	\$0 (Tier 4)	
off deep woods sportsmen 25 %, 98.25 % topical spray pump; off deep woods sportsmen 30 % topical spray	\$0 (Tier 4)	
off familycare (with deet) 15 % topical spray powder; off familycare (with deet) 5 %, 7 % topical spray	\$0 (Tier 4)	
omnicap 0.4 mg tablet	\$0 (Tier 4)	
ONCCOR 200 MCG-10 MCG-10 MCG TABLET	\$0 (Tier 4)	
once daily tablet	\$0 (Tier 4)	
oncovite tablet	\$0 (Tier 4)	
one daily 0.4 mg-600 mcg tablet; one daily 300 mg-18 mg-400 mcg-50 mg tablet; one daily tablet	\$0 (Tier 4)	
one daily calcium/iron tablet	\$0 (Tier 4)	
ONE DAILY COMPLETE 18 MG-0.4 MG TABLET; ONE DAILY COMPLETE TABLET	\$0 (Tier 4)	
one daily energy tablet	\$0 (Tier 4)	
one daily essential 0.4 mg tablet; one daily essential tablet	\$0 (Tier 4)	
one daily for men 0.4 mg-600 mcg tablet	\$0 (Tier 4)	
one daily for men 50+ advanced 400 mcg-600 mcg-120 mg tablet	\$0 (Tier 4)	
one daily for women 18 mg-0.4 mg tablet	\$0 (Tier 4)	
one daily maximum 18 mg-0.4 mg tablet	\$0 (Tier 4)	
eql one daily maximum tablet	\$0 (Tier 4)	
one daily men's 50+ 400 mcg-600 mcg-120 mg tablet	\$0 (Tier 4)	
one daily multivitamins with minerals tablet	\$0 (Tier 4)	
one daily multivitamin with iron (folic acid) 18 mg-400 mcg tablet	\$0 (Tier 4)	
one daily multivitamin tablet	\$0 (Tier 4)	
one daily plus iron 18 mg-400 mcg tablet; ra one daily plus iron tablet	\$0 (Tier 4)	
one daily plus minerals tablet	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>one daily with iron tablet</i>	\$0 (Tier 4)	
<i>one daily women 50 plus 400 mcg-120 mg tablet</i>	\$0 (Tier 4)	
<i>one daily women's 18 mg iron-400 mcg-450 mg ca, 27-0.4 mg tablet;</i> <i>one daily women's 27 mg-0.4 mg tablet</i>	\$0 (Tier 4)	
<i>one daily women's health 18 mg iron-400 mcg-450 mg ca tablet</i>	\$0 (Tier 4)	
<i>one daily women's metabolism 300 mg-18 mg-400 mcg-50 mg tablet</i>	\$0 (Tier 4)	
ONE WAY VALVED MOUTHPIECE DEVICE	\$0 (Tier 4)	
ONE-A-DAY CHOLESTEROL PLUS 0.4 MG TABLET	\$0 (Tier 4)	
<i>one-a-day essential tablet</i>	\$0 (Tier 4)	
<i>one-a-day maximum formula tablet</i>	\$0 (Tier 4)	
<i>one-a-day teen advantage 18 mg-400 mcg tablet; one-a-day teen</i> <i>advantage 18-400 mg-mcg, 9 mg iron-400 mcg tablet</i>	\$0 (Tier 4)	
ONE-A-DAY WOMENS FORMULA 18 MG IRON-400 MCG-500 MG CA TABLET	\$0 (Tier 4)	
<i>opcicon one-step 1.5 mg tablet</i>	\$0 (Tier 4)	
<i>opti-vitamins 1,000 unit-200 mg-60 unit-2mg tablet</i>	\$0 (Tier 4)	
ORA-PLUS ORAL SUSPENSION	\$0 (Tier 4)	
ORA-SWEET ORAL LIQUID	\$0 (Tier 4)	
ORA-SWEET SF ORAL LIQUID	\$0 (Tier 4)	
ORAL SUSPEND ORAL	\$0 (Tier 4)	
ORAL SYRUP ORAL LIQUID	\$0 (Tier 4)	
ORAL SYRUP SF ORAL LIQUID	\$0 (Tier 4)	
<i>oralyte oral solution</i>	\$0 (Tier 4)	
<i>os-cal 500 + d3 500 mg (1,250 mg)-200 unit tablet</i>	\$0 (Tier 4)	
OS-CAL 500 + D3 500 MG (1,250 MG)-600 UNIT TABLET	\$0 (Tier 4)	
<i>oysco 500/d 500 mg (1,250 mg)-200 unit tablet</i>	\$0 (Tier 4)	
<i>oysco-500 500 mg calcium (1,250 mg) tablet</i>	\$0 (Tier 4)	
<i>oyster shell + d3 250 mg-125 unit tablet</i>	\$0 (Tier 4)	
<i>oyster shell calcium 500 mg calcium (1,250 mg) tablet</i>	\$0 (Tier 4)	
<i>oyster shell calcium 500 500 mg calcium (1,250 mg) tablet</i>	\$0 (Tier 4)	
<i>oyster shell calcium-vit d tab</i>	\$0 (Tier 4)	
<i>oyster shell calcium-vitamin d3 250 mg-125 unit tablet; oyster shell</i> <i>calcium-vitamin d3 500 mg (1,250 mg)-400 unit tablet</i>	\$0 (Tier 4)	
<i>oystercal-d 500 mg (1,250 mg)-400 unit tablet</i>	\$0 (Tier 4)	
PAIN AND FEVER 325 MG, 500 MG TABLET	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>pain relief 160 mg/5 ml oral liquid; pain relief 500 mg capsule; pain relief 500 mg tablet; pain relief 650 mg tablet, extended release</i>	\$0 (Tier 4)	
<i>pain relief (acetaminophen-aspirin-caff) 250 mg-250 mg-65 mg tablet</i>	\$0 (Tier 4)	
<i>pain relief adult 500 mg/15 ml oral liquid</i>	\$0 (Tier 4)	
<i>pain relief extra strength 500 mg tablet</i>	\$0 (Tier 4)	
<i>pain relief regular strength 325 mg tablet</i>	\$0 (Tier 4)	
<i>pain reliever 325 mg, 500 mg tablet; pain reliever 500 mg capsule</i>	\$0 (Tier 4)	
<i>pain reliever (acetaminophen-aspirin) 250 mg-250 mg-65 mg tablet</i>	\$0 (Tier 4)	
<i>pain reliever extra strength 500 mg tablet</i>	\$0 (Tier 4)	
<i>pain reliever plus 250 mg-250 mg-65 mg tablet</i>	\$0 (Tier 4)	
<i>pain-off 250 mg-250 mg-65 mg tablet</i>	\$0 (Tier 4)	
<i>pamprin max 250 mg-250 mg-65 mg tablet</i>	\$0 (Tier 4)	
PANDA MASK	\$0 (Tier 4)	
PEDI-BORO SOAK 839 MG-1,191 MG TOPICAL POWDER IN PACKET	\$0 (Tier 4)	
PEDIA-LAX 2.8 GRAM/2.7 ML RECTAL SOLUTION	\$0 (Tier 4)	
<i>pediacare fever reducer 160 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
PEDIALYTE ORAL SOLUTION	\$0 (Tier 4)	
PEDIALYTE ADVANCED CARE ORAL SOLUTION	\$0 (Tier 4)	
PEDIALYTE FREEZER POPS ORAL SOLUTION	\$0 (Tier 4)	
PEDIALYTE SINGLES ORAL SOLUTION	\$0 (Tier 4)	
<i>pediatric cough and cold 1 mg-15 mg-5 mg/5 ml oral liquid; pediatric cough-cold syrup</i>	\$0 (Tier 4)	
<i>pediatric electrolyte oral solution</i>	\$0 (Tier 4)	
<i>pediatric enema 9.5 gram-3.5 gram/59 ml</i>	\$0 (Tier 4)	
<i>pediatric freezer pops oral solution</i>	\$0 (Tier 4)	
PEDIATRIC MEDIUM MASK	\$0 (Tier 4)	
<i>sm animal shapes tab chew</i>	\$0 (Tier 4)	
PEDIATRIC PANDA MASK	\$0 (Tier 4)	
PEDIATRIC SMALL MASK	\$0 (Tier 4)	
<i>peg3350 17 gram/dose oral powder</i>	\$0 (Tier 4)	
<i>pep-t-med 262 mg chewable tablet</i>	\$0 (Tier 4)	
PEPCID AC 10 MG, 20 MG TABLET	\$0 (Tier 4)	
<i>peptic relief 262 mg/15 ml oral suspension</i>	\$0 (Tier 4)	
PEPTO-BISMOL 262 MG CHEWABLE TABLET; PEPTO-BISMOL 262 MG/15 ML ORAL SUSPENSION	\$0 (Tier 4)	
PEPTO-BISMOL MAX ST 525 MG/15 ML ORAL SUSPENSION	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PEPTO-BISMOL TO-GO 262 MG CHEWABLE TABLET	\$0 (Tier 4)	
PERDIEM OVERNIGHT RELIEF 15 MG TABLET	\$0 (Tier 4)	
PERI-COLACE TABLET	\$0 (Tier 4)	
PERIGUARD TOPICAL OINTMENT	\$0 (Tier 4)	
<i>cvs permethrin 1% lotion</i>	\$0 (Tier 4)	
PERSA-GEL 10 % TOPICAL	\$0 (Tier 4)	
<i>pharbedryl 25 mg, 50 mg capsule</i>	\$0 (Tier 4)	
<i>pharbetol 325 mg, 500 mg tablet</i>	\$0 (Tier 4)	
<i>pharmacist multi-vite tab</i>	\$0 (Tier 4)	
<i>phillips 500 mg tablet</i>	\$0 (Tier 4)	
PHILLIPS MILK OF MAGNESIA 400 MG/5 ML ORAL SUSPENSION	\$0 (Tier 4)	
<i>phillips' liqui-gels 100 mg capsule</i>	\$0 (Tier 4)	
PHOS-NAK 280 MG-160 MG-250 MG ORAL POWDER PACKET	\$0 (Tier 4)	
<i>pin-x 50 mg/ml oral suspension</i>	\$0 (Tier 4)	
<i>pink bismuth 262 mg chewable tablet; pink bismuth 262 mg tablet; pink bismuth 262 mg/15 ml, 525 mg/15 ml oral suspension</i>	\$0 (Tier 4)	
<i>pink bismuth maximum strength 525 mg/15 ml oral suspension</i>	\$0 (Tier 4)	
PLAN B ONE-STEP 1.5 MG TABLET	\$0 (Tier 4)	
<i>prenatal tablet</i>	\$0 (Tier 4)	
<i>pv poly bacitracin ointment</i>	\$0 (Tier 4)	
POLY-VI-SOL 750 UNIT-35 MG-400 UNIT/ML ORAL DROPS	\$0 (Tier 4)	
POLY-VI-SOL WITH IRON 750 UNIT-400 UNIT-10 MG/ML ORAL DROPS	\$0 (Tier 4)	
<i>poly-vita drops</i>	\$0 (Tier 4)	
<i>poly-vita with iron drops</i>	\$0 (Tier 4)	
<i>poly-vitamin drops</i>	\$0 (Tier 4)	
<i>polyvitamin w-iron drops</i>	\$0 (Tier 4)	
POLY-VITAMINS CHEWABLE TABLET	\$0 (Tier 4)	
<i>polyethylene glycol 3350 powd<sup>MO</sup></i>	\$0 (Tier 1)	
POLYSPORIN 500 UNIT-10,000 UNIT/GRAM TOPICAL OINTMENT	\$0 (Tier 4)	
<i>polyvinyl alcohol 1.4 % eyedrop</i>	\$0 (Tier 4)	
<i>polyvitamin with iron chewable tablet</i>	\$0 (Tier 4)	
<i>povidone-iodine 10% ointment; povidone-iodine 10% swabstick; povidone-iodine 7.5% scrub; qc povidone-iodine 10% soln</i>	\$0 (Tier 4)	
<i>powderlax 17 gram/dose oral</i>	\$0 (Tier 4)	
<i>prenatal 28 mg iron-800 mcg tablet</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>prenatal formula 28 mg iron-800 mcg tablet</i>	\$0 (Tier 4)	
<i>prenatal tablet 28 mg iron-800 mcg</i>	\$0 (Tier 4)	
<i>prenatal vitamins with minerals 28 mg iron-800 mcg tablet</i>	\$0 (Tier 4)	
<i>prenatal tablet</i>	\$0 (Tier 4)	
<i>preparation h hydrocortisone 1 % topical cream</i>	\$0 (Tier 4)	
PRESERVISION AREDS 14,320 UNIT-226 MG-200 UNIT CAPSULE; PRESERVISION AREDS 7,160 UNIT-113 MG-100 UNIT TABLET	\$0 (Tier 4)	
PROFE FORTE CAPSULE	\$0 (Tier 4)	
<i>promolaxin 100 mg tablet</i>	\$0 (Tier 4)	
PRORENAL 8 MG IRON-800 MCG-1,000 UNIT TABLET	\$0 (Tier 4)	
PRORENAL QD 400 MCG-500 UNIT CAPSULE	\$0 (Tier 4)	
PROSIGHT 5,000 UNIT-60 MG-30 UNIT TABLET	\$0 (Tier 4)	
PROSIGHT WITH LUTEIN 60 MG-30 UNIT-6 MG CAPSULE	\$0 (Tier 4)	
<i>provil 200 mg tablet</i>	\$0 (Tier 4)	
<i>gnp pseudoephedrine er 120 mg; pseudoephed 30 mg/5 ml soln; pseudoephedrine 30 mg tablet</i>	\$0 (Tier 4)	
<i>psyllium fiber 0.52 g capsule</i>	\$0 (Tier 4)	
<i>pure and gentle disposable 19 gram-7 gram/118 ml enema</i>	\$0 (Tier 4)	
<i>purelax 17 gram/dose oral powder</i>	\$0 (Tier 4)	
<i>q-dryl 12.5 mg/5 ml liquid; q-dryl 25 mg capsule</i>	\$0 (Tier 4)	
<i>q-pap 160 mg/5 ml liquid; q-pap 325 mg, 500 mg tablet; q-pap ex-str 325 mg, 500 mg tablet</i>	\$0 (Tier 4)	
<i>q-pap ex-str 500 mg tablet</i>	\$0 (Tier 4)	
<i>q-tussin 100 mg/5 ml solution</i>	\$0 (Tier 4)	
<i>q-tussin dm syrup</i>	\$0 (Tier 4)	
<i>quenalin 12.5 mg/5 ml syrup</i>	\$0 (Tier 4)	
<i>quintabs-m iron free 0.4 mg tablet</i>	\$0 (Tier 4)	
<i>quit 2 mg buccal lozenge; quit 2 mg gum</i>	\$0 (Tier 4)	
<i>quit 4 mg buccal lozenge; quit 4 mg gum</i>	\$0 (Tier 4)	
<i>react 1.5 mg tablet</i>	\$0 (Tier 4)	
<i>ready-to-use enema 19 gram-7 gram/118 ml</i>	\$0 (Tier 4)	
<i>recort plus 1% cream</i>	\$0 (Tier 4)	
<i>rectasmoothe 5 % topical cream</i>	\$0 (Tier 4)	
RECTICARE 5 % TOPICAL CREAM	\$0 (Tier 4)	
<i>reese's pinworm medicine 50 mg/ml oral suspension</i>	\$0 (Tier 4)	
REFRESH LACRI-LUBE 56.8 %-42.5 % EYE OINTMENT	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).





DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>reguloid oral powder</i>	\$0 (Tier 4)	
<i>reguloid capsule</i>	\$0 (Tier 4)	
<i>reguloid, sugar free oral powder</i>	\$0 (Tier 4)	
REMEDY ANTIFUNGAL 2 % TOPICAL CREAM	\$0 (Tier 4)	
<i>remedy antifungal 2 % topical powder</i>	\$0 (Tier 4)	
<i>remedy phytoplex antifungal 2 % topical ointment; remedy phytoplex antifungal 2 % topical powder</i>	\$0 (Tier 4)	
<i>rena-vite 0.8 mg tablet</i>	\$0 (Tier 4)	
<i>renal vitamin 0.8 mg tablet</i>	\$0 (Tier 4)	
<i>renal-vite 0.8 mg tablet</i>	\$0 (Tier 4)	
<i>repe1 100 98.11 % topical pump spray</i>	\$0 (Tier 4)	
<i>repe1 family 10 % topical spray; repe1 family 15 % topical spray powder</i>	\$0 (Tier 4)	
<i>repe1 hunter's 25 % topical spray</i>	\$0 (Tier 4)	
<i>repe1 sportsmen 25 % topical spray</i>	\$0 (Tier 4)	
<i>repe1 sportsmen dry 25 % topical spray</i>	\$0 (Tier 4)	
<i>repe1 sportsmen max 40 % lotion; repe1 sportsmen max 40 % topical pump spray; repe1 sportsmen max 40 % topical spray</i>	\$0 (Tier 4)	
<i>repe1 tick defense 15 % topical spray</i>	\$0 (Tier 4)	
<i>ri-gel 200 mg-200 mg-20 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
<i>ri-gel ii 400 mg-400 mg-40 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
<i>ri-mox 200 mg-200 mg-20 mg/5 ml oral suspension</i>	\$0 (Tier 4)	
<i>ri-tussin 100 mg/5 ml oral liquid</i>	\$0 (Tier 4)	
<i>ri-tussin dm 10 mg-100 mg/5 ml syrup</i>	\$0 (Tier 4)	
RID COMPLETE LICE ELIMINATION KIT 0.5 % SPRAY; RID COMPLETE LICE ELIMINATION KIT 4 %-0.33 %-0.5 % TOPICAL	\$0 (Tier 4)	
<i>rid lice killing 0.33 %-4 % shampoo</i>	\$0 (Tier 4)	
<i>ringworm 1 % topical cream</i>	\$0 (Tier 4)	
<i>risacal-d 105 mg-120 unit tablet</i>	\$0 (Tier 4)	
<i>robafen 100 mg/5 ml oral liquid</i>	\$0 (Tier 4)	
<i>robafen dm cough 10 mg-100 mg/5 ml oral liquid</i>	\$0 (Tier 4)	
<i>robafen dm cough-chest congestion 10 mg-100 mg/5 ml syrup</i>	\$0 (Tier 4)	
<i>robitussin cough-chest congestion dm 10 mg-200 mg capsule; robitussin cough-chest dm liq</i>	\$0 (Tier 4)	
RULOX 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION	\$0 (Tier 4)	
<i>safe tussin dm 10 mg-100 mg/5 ml oral liquid</i>	\$0 (Tier 4)	
<i>saline mist 0.65 % nasal spray aerosol</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
saline nasal 0.65 % spray aerosol	\$0 (Tier 4)	
saline nasal mist 0.65 % spray aerosol	\$0 (Tier 4)	
saline nose 0.65 % spray aerosol	\$0 (Tier 4)	
SANI-SUPP (ADULT) RECTAL	\$0 (Tier 4)	
SANI-SUPP (INFANT) RECTAL	\$0 (Tier 4)	
scalp relief 1 % topical solution	\$0 (Tier 4)	
scalpicin anti-itch 1 % topical solution	\$0 (Tier 4)	
scooby-doo one a day chewable tablet	\$0 (Tier 4)	
SCOT-TUSSIN EXPECTORANT 100 MG/5 ML ORAL LIQUID	\$0 (Tier 4)	
scrub care povidone iodine 10 % topical solution	\$0 (Tier 4)	
sea soft 0.65% nasal mist	\$0 (Tier 4)	
secura antifungal 2 % topical cream	\$0 (Tier 4)	
secura antifungal extra thick 2 % topical cream	\$0 (Tier 4)	
sen-o-tab 8.6 mg tablet	\$0 (Tier 4)	
senexon 8.6 mg tablet; senexon 8.8 mg/5 ml liquid	\$0 (Tier 4)	
senexon-s 8.6 mg-50 mg tablet	\$0 (Tier 4)	
senior tabs 0.4 mg-300 mcg-250 mcg tablet	\$0 (Tier 4)	
SENNA 176 MG/5 ML SYRUP	\$0 (Tier 4)	
senna 8.6 mg tablet; senna 8.8 mg/5 ml syrup	\$0 (Tier 4)	
senna lax 8.6 mg tablet	\$0 (Tier 4)	
senna laxative 25 mg, 8.6 mg tablet	\$0 (Tier 4)	
senna laxative-stool softener 8.6 mg-50 mg tablet	\$0 (Tier 4)	
senna plus 8.6 mg-50 mg tablet	\$0 (Tier 4)	
senna with docusate sodium 8.6 mg-50 mg tablet	\$0 (Tier 4)	
senna-s 8.6 mg-50 mg tablet	\$0 (Tier 4)	
senna-time s 8.6 mg-50 mg tablet	\$0 (Tier 4)	
sennalax-s tablet	\$0 (Tier 4)	
senno 8.6 mg tablet	\$0 (Tier 4)	
sennosides-docusate sodium tab	\$0 (Tier 4)	
SENOKOT 8.6 MG TABLET	\$0 (Tier 4)	
SENOKOT-S 8.6 MG-50 MG TABLET	\$0 (Tier 4)	
sentry 18 mg-400 mcg tablet	\$0 (Tier 4)	
sentry (with lutein) 18 mg-500 mcg-300 mcg-250 mcg tablet	\$0 (Tier 4)	
sentry senior 0.4 mg-300 mcg-250 mcg tablet; sentry senior 500 mcg-300 mcg-250 mcg tablet	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
shake that ache 500 mg tablet	\$0 (Tier 4)	
SIDESTREAM PEDIATRIC FACE MASK	\$0 (Tier 4)	
silace 50 mg/5 ml oral liquid; silace 60 mg/15 ml syrup	\$0 (Tier 4)	
siladryl sa 12.5 mg/5 ml oral liquid	\$0 (Tier 4)	
SILICONE MASK - PEDIATRIC	\$0 (Tier 4)	
silphen cough 12.5 mg/5 ml syrup	\$0 (Tier 4)	
siltussin dm das 10 mg-100 mg/5 ml oral liquid	\$0 (Tier 4)	
siltussin sa 100 mg/5 ml oral liquid	\$0 (Tier 4)	
siltussin-dm 10 mg-100 mg/5 ml syrup	\$0 (Tier 4)	
SYRUP VEHICLE	\$0 (Tier 4)	
skin protectant a and d topical ointment	\$0 (Tier 4)	
sleep aid (doxylamine) 25 mg tablet	\$0 (Tier 4)	
smooth antacid 300 mg (750 mg) chewable tablet	\$0 (Tier 4)	
smoothlax 17 gram, 17 gram/dose oral powder; smoothlax 17 gram, 17 gram/dose oral powder packet	\$0 (Tier 4)	
sochlor 5 % eye drops; sochlor 5 % eye ointment	\$0 (Tier 4)	
sodium bicarb 325 mg, 650 mg tablet	\$0 (Tier 4)	
cvs sodium chloride 5% eye drp; cvs sodium chloride 5% oint	\$0 (Tier 4)	
sof-lax 100 mg capsule	\$0 (Tier 4)	
ra soluble fiber 500 mg cplt	\$0 (Tier 4)	
soothe (bismuth subsalicylate) 262 mg chewable tablet; soothe (bismuth subsalicylate) 262 mg tablet	\$0 (Tier 4)	
soothe regular strength 262 mg/15 ml oral suspension	\$0 (Tier 4)	
soothing care (hydrocortisone) 1 % topical cream	\$0 (Tier 4)	
sorbugen nr 10 mg-100 mg/5 ml oral liquid	\$0 (Tier 4)	
spectravite adult 50+ 0.4 mg-300 mcg-250 mcg tablet	\$0 (Tier 4)	
spectravite advanced formula 18 mg-400 mcg tablet	\$0 (Tier 4)	
spectravite men's 8 mg iron-200 mcg-600 mcg tablet	\$0 (Tier 4)	
spectravite senior 500 mcg-300 mcg-250 mcg tablet	\$0 (Tier 4)	
spectravite ultra men 50+ 300 mcg-600 mcg-300 mcg tablet	\$0 (Tier 4)	
spectravite ultra men's senior 300 mcg-600 mcg-300 mcg tablet	\$0 (Tier 4)	
spectravite ultra women 18 mg-400 mcg tablet	\$0 (Tier 4)	
spectravite ultra women's senior 8 mg iron-400 mcg-300 mcg tablet	\$0 (Tier 4)	
st joseph aspirin 81 mg chewable tablet	\$0 (Tier 4)	
st. joseph aspirin 81 mg tablet, delayed release	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
stimulant laxative plus 8.6 mg-50 mg tablet	\$0 (Tier 4)	
stomach relief 262 mg chewable tablet; stomach relief 262 mg tablet	\$0 (Tier 4)	
stomach relief max strength 525 mg/15 ml oral suspension	\$0 (Tier 4)	
stomach relief original 262 mg/15 ml oral suspension	\$0 (Tier 4)	
stool softener 100 mg tablet; stool softener 100 mg, 250 mg capsule; stool softener 50 mg/5 ml oral liquid; stool softener 60 mg/15 ml syrup	\$0 (Tier 4)	
stool softener-stimulant laxative 8.6 mg-50 mg tablet	\$0 (Tier 4)	
stop lice 0.5 % spray	\$0 (Tier 4)	
pv stress 500 tablet	\$0 (Tier 4)	
pv stress 500 plus zinc tab	\$0 (Tier 4)	
stress b with zinc tablet	\$0 (Tier 4)	
stress b tablet	\$0 (Tier 4)	
stress formula 600 c tablet	\$0 (Tier 4)	
stress formula with iron 500 mg-400 mcg-18 mg iron tablet	\$0 (Tier 4)	
stress formula with zinc tablet	\$0 (Tier 4)	
STUART ONE 27 MG IRON-800 MCG-200 MG CAPSULE	\$0 (Tier 4)	
SUDAFED 30 MG TABLET	\$0 (Tier 4)	
sudogest 30 mg, 60 mg tablet	\$0 (Tier 4)	
super b complex-vitamin c tablet	\$0 (Tier 4)	
super b-50 complex capsule	\$0 (Tier 4)	
super b-50 complex plus tablet	\$0 (Tier 4)	
super calcium 600 mg calcium (1,500 mg) tablet	\$0 (Tier 4)	
super multiple tablet	\$0 (Tier 4)	
SUPER MULTIVITAMIN TABLET	\$0 (Tier 4)	
cvs super pain relief tab	\$0 (Tier 4)	
super quints b-50 tablet	\$0 (Tier 4)	
super thera vite m tablet	\$0 (Tier 4)	
superplex-t tablet	\$0 (Tier 4)	
suphedrin 15 mg/5 ml oral liquid; suphedrin 30 mg tablet	\$0 (Tier 4)	
suphedrine 30 mg tablet	\$0 (Tier 4)	
suppository adult rectal	\$0 (Tier 4)	
SURFAK 240 MG CAPSULE	\$0 (Tier 4)	
SWEEN 24 6 % TOPICAL CREAM	\$0 (Tier 4)	
SWEET-SF ORAL LIQUID	\$0 (Tier 4)	
tab-a-vite tablet	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>tab-a-vite-minerals tablet</i>	\$0 (Tier 4)	
<i>tactical 325 mg tablet</i>	\$0 (Tier 4)	
<i>tactical extra strength 500 mg tablet</i>	\$0 (Tier 4)	
TAKE ACTION 1.5 MG TABLET	\$0 (Tier 4)	
<i>tears again (pva) 1.4 % eye drops</i>	\$0 (Tier 4)	
<i>tears naturale-ii eye drops</i>	\$0 (Tier 4)	
<i>tears pure drops</i>	\$0 (Tier 4)	
<i>terbinafine 1% cream</i>	\$0 (Tier 4)	
<i>the magic bullet 10 mg rectal suppository</i>	\$0 (Tier 4)	
<i>thera 400 mcg tablet; thera tablet</i>	\$0 (Tier 4)	
THERA M PLUS (FERROUS FUMARATE) 9 MG IRON-400 MCG TABLET	\$0 (Tier 4)	
THERA-M 27 MG-0.4 MG TABLET	\$0 (Tier 4)	
<i>thera-m 9 mg iron-400 mcg tablet; thera-m tablet</i>	\$0 (Tier 4)	
<i>thera-tabs tablet</i>	\$0 (Tier 4)	
<i>theradex m 27 mg-0.4 mg tablet</i>	\$0 (Tier 4)	
<i>theralogix companion 0.4 mg tablet</i>	\$0 (Tier 4)	
<i>ra therapeutic m multivit tab</i>	\$0 (Tier 4)	
<i>therapeutic-m 9 mg iron-400 mcg tablet</i>	\$0 (Tier 4)	
<i>therapeutic-m vitamin/minerals 27 mg-0.4 mg tablet</i>	\$0 (Tier 4)	
<i>theraseal 1 % topical cream</i>	\$0 (Tier 4)	
<i>theratrum complete 50 plus with lutein tablet</i>	\$0 (Tier 4)	
<i>theratrum complete with lutein tablet</i>	\$0 (Tier 4)	
THEREMS TABLET	\$0 (Tier 4)	
THEREMS-H 27 MG-0.33 MG TABLET	\$0 (Tier 4)	
THEREMS-M 27 MG-0.4 MG TABLET	\$0 (Tier 4)	
<i>cvs tioconazole 1 6.5% ointmnt</i>	\$0 (Tier 4)	
<i>tioconazole-1 6.5 % vaginal ointment</i>	\$0 (Tier 4)	
<i>total allergy medicine 25 mg tablet</i>	\$0 (Tier 4)	
<i>total b/c tablet</i>	\$0 (Tier 4)	
<i>total home insect repellent 30 % topical spray</i>	\$0 (Tier 4)	
<i>travel sickness 50 mg tablet</i>	\$0 (Tier 4)	
<i>tri-biozene ointment</i>	\$0 (Tier 4)	
<i>tri-buffered aspirin 325 mg tablet</i>	\$0 (Tier 4)	
TRI-VI-SOL 750 UNIT-35 MG-400 UNIT/ML ORAL DROPS	\$0 (Tier 4)	
<i>tri-vita drops</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tri-vitamin drops	\$0 (Tier 4)	
triple antibiotic 3.5 mg-400 unit-5,000 unit/gram topical ointment	\$0 (Tier 4)	
triple antibiotic (pram) extra 3.5 mg-500 unit-10,000 unit/g top oint	\$0 (Tier 4)	
triple antibiotic plus 3.5 mg-500 unit-10,000 unit/gram top ointment	\$0 (Tier 4)	
triple antibiotic-pain relief 3.5 mg-500 unit-10,000 unit/gram ointmnt	\$0 (Tier 4)	
triple paste af 2 % topical ointment	\$0 (Tier 4)	
trixaicin 0.025% cream	\$0 (Tier 4)	
trixaicin hp 0.075% cream	\$0 (Tier 4)	
TROMBONEX 150 MG-150 MG-150 MG-150 MG-150 MG CAPSULE	\$0 (Tier 4)	
TRUSTEX LATEX CONDOM	\$0 (Tier 4)	
TRUSTEX LUBRICATED CONDOMS	\$0 (Tier 4)	
TRUSTEX NON-LUBRICATED CONDOMS	\$0 (Tier 4)	
TRUSTEX-RIA LUBRICATED/SPERMICIDE CONDOM	\$0 (Tier 4)	
TRUSTEX-RIA LUBRICATED CONDOMS	\$0 (Tier 4)	
TRUSTEX-RIA NON-LUBRICATED CONDOMS	\$0 (Tier 4)	
TUMS 200 MG CALCIUM (500 MG), 300 MG (750 MG) CHEWABLE TABLET	\$0 (Tier 4)	
TUMS E-X 300 MG (750 MG) CHEWABLE TABLET	\$0 (Tier 4)	
TUMS EXTRA STRENGTH SMOOTHIES 300 MG (750 MG) CHEWABLE TABLET	\$0 (Tier 4)	
TUMS FRESHERS 200 MG CALCIUM (500 MG) CHEWABLE TABLET	\$0 (Tier 4)	
TUMS ULTRA 400 MG CALCIUM (1,000 MG) CHEWABLE TABLET	\$0 (Tier 4)	
tusnel diabetic 10 mg-100 mg/5 ml oral liquid	\$0 (Tier 4)	
tussin 100 mg/5 ml oral liquid; tussin 400 mg tablet	\$0 (Tier 4)	
tussin chest congestion 100 mg/5 ml oral liquid	\$0 (Tier 4)	
pv tussin cough dm liquid	\$0 (Tier 4)	
tussin cough and chest congestion 10 mg-100 mg/5 ml oral liquid	\$0 (Tier 4)	
tussin dm 10 mg-100 mg/5 ml oral liquid; tussin dm 20 mg-400 mg tablet	\$0 (Tier 4)	
tussin dm clear 10 mg-100 mg/5 ml syrup	\$0 (Tier 4)	
tussin dm cough 10 mg-100 mg/5 ml syrup	\$0 (Tier 4)	
cvs tussin dm cough-chest liq; kro tussin dm cough-chest cong; tussin dm cough and chest 10 mg-100 mg/5 ml syrup	\$0 (Tier 4)	
pv tussin dm max liquid; tussin dm max 10 mg-200 mg/5 ml oral liquid	\$0 (Tier 4)	
tussin expectorant 100 mg/5 ml oral liquid	\$0 (Tier 4)	
tussin honey 100 mg/5 ml oral liquid	\$0 (Tier 4)	
TYLENOL 325 MG TABLET	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TYLENOL SORE THROAT 500 MG/15	\$0 (Tier 4)	
tylophen 500 mg capsule	\$0 (Tier 4)	
ultimate men's complete 50+ 300 mcg-600 mcg-300 mcg tablet	\$0 (Tier 4)	
ultimate women's complete 50+ 8 mg iron-400 mcg-300 mcg tablet	\$0 (Tier 4)	
ultra a-d 2 mg tablet	\$0 (Tier 4)	
ultra b-100 complex tablet	\$0 (Tier 4)	
ultra dm free and clear 10 mg-100 mg/5 ml oral liquid	\$0 (Tier 4)	
ultra fresh pm eye ointment	\$0 (Tier 4)	
ultra sleep (doxylamine succinate) 25 mg tablet	\$0 (Tier 4)	
ultra strength antacid 400 mg calcium (1,000 mg) chewable tablet	\$0 (Tier 4)	
ultra strength calcium antacid 400 mg calcium (1,000 mg) chew tablet	\$0 (Tier 4)	
ultra tuss safe 10 mg-100 mg/5 ml syrup	\$0 (Tier 4)	
ultrathon 25 % topical spray	\$0 (Tier 4)	
UNICOMPLEX-M TABLET	\$0 (Tier 4)	
UNISOM (DOXYLAMINE) 25 MG TABLET	\$0 (Tier 4)	
vagistat-3 combo pack	\$0 (Tier 4)	
sm allergy relief 12.5 mg/5 ml; valu-dryl allergy 25 mg capsule; valu-dryl allergy med tab	\$0 (Tier 4)	
verticalm 25 mg tablet	\$0 (Tier 4)	
VIACTIV 500 MG-500 UNIT-40 MCG CHEWABLE TABLET	\$0 (Tier 4)	
vicks qlarquil allergy 10 mg	\$0 (Tier 4)	
vicks qlarquil night 25 mg	\$0 (Tier 4)	
vision tablet	\$0 (Tier 4)	
vision formula (with lutein) 1,000 unit-200 mg-60 unit-2mg tablet	\$0 (Tier 4)	
vision plus lutein tablet	\$0 (Tier 4)	
VITA-BEE WITH C TABLET	\$0 (Tier 4)	
vitalee 0.4 mg tablet	\$0 (Tier 4)	
VITALETS 10 MG IRON CHEWABLE TABLET	\$0 (Tier 4)	
vitalets chewable tablet	\$0 (Tier 4)	
vitamin a and d ointment	\$0 (Tier 4)	
vitamin a and d grx topical ointment; vitamin a and d grx topical ointment in packet	\$0 (Tier 4)	
b complex capsule; pv b complex tablet	\$0 (Tier 4)	
vitamin d3 400 unit tablet	\$0 (Tier 4)	
vitamins and minerals tablet	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vitamins b complex 500 mg-400 mcg-18 mg iron tablet; vitamins b complex capsule; vitamins b complex tablet	\$0 (Tier 4)	
VITAMINS FOR HAIR TABLET	\$0 (Tier 4)	
VITATRUM 18 MG-500 MCG-300 MCG-250 MCG TABLET	\$0 (Tier 4)	
VITRUM SENIOR 500 MCG-300 MCG-250 MCG TABLET	\$0 (Tier 4)	
vitrum senior tablet	\$0 (Tier 4)	
VORTEX FROG MASK-CHILD	\$0 (Tier 4)	
VORTEX LADYBUG MASK-TODDLER	\$0 (Tier 4)	
wal-dram 50 mg tablet	\$0 (Tier 4)	
wal-dryl allergy 12.5 mg/5 ml oral liquid; wal-dryl allergy 25 mg capsule; wal-dryl allergy 25 mg tablet	\$0 (Tier 4)	
wal-itin 10 mg tablet; wal-itin 5 mg/5 ml oral solution	\$0 (Tier 4)	
wal-mucil fiber 0.52 gram capsule	\$0 (Tier 4)	
wal-mucil fiber (aspartame) 3.4 gram/5.8 gram oral powder	\$0 (Tier 4)	
wal-mucil fiber (sugar) 3.4 gram/7 gram oral powder	\$0 (Tier 4)	
wal-mucil natural fiber laxative 3.4 gram/12 gram oral powder	\$0 (Tier 4)	
wal-phed 30 mg tablet	\$0 (Tier 4)	
wal-profen 200 mg capsule; wal-profen 200 mg tablet	\$0 (Tier 4)	
wal-proxen 220 mg tablet	\$0 (Tier 4)	
wal-som (doxylamine) 25 mg tablet	\$0 (Tier 4)	
wal-sporin 500 unit-10,000 unit/gram topical ointment	\$0 (Tier 4)	
wal-tussin 100 mg/5 ml oral liquid	\$0 (Tier 4)	
wal-tussin dm 10 mg-100 mg/5 ml syrup	\$0 (Tier 4)	
wal-tussin dm clear 10 mg-100 mg/5 ml syrup	\$0 (Tier 4)	
wal-zan 75 75 mg tablet	\$0 (Tier 4)	
wal-zyr (cetirizine) 1 mg/ml oral solution; wal-zyr (cetirizine) 10 mg tablet	\$0 (Tier 4)	
wart remover 17 % topical gel; wart remover 17 % topical liquid	\$0 (Tier 4)	
woman's laxative 5 mg, 5 mg tablet; woman's laxative 5 mg, 5 mg tablet, delayed release	\$0 (Tier 4)	
women's daily formula 18 mg iron-400 mcg-500 mg ca, 27-0.4 mg tablet; women's daily formula 27 mg-0.4 mg tablet	\$0 (Tier 4)	
women's gentle laxative (bisacodyl) 5 mg tablet, delayed release	\$0 (Tier 4)	
women's laxative (bisacodyl) 5 mg, 5 mg tablet; women's laxative (bisacodyl) 5 mg, 5 mg tablet, delayed release	\$0 (Tier 4)	
women's one daily 18 mg iron-400 mcg-500 mg ca tablet	\$0 (Tier 4)	
womans stool softener 100 mg	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).





DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>yelets 18 mg-400 mcg tablet</i>	\$0 (Tier 4)	
ZANTAC 75 MG TABLET	\$0 (Tier 4)	
<i>zeasorb (miconazole) 2 % topical powder</i>	\$0 (Tier 4)	
<i>gnp zinc oxide 20% ointment</i>	\$0 (Tier 4)	
ZINC WITH VITAMINS A AND C 15 MG LOZENGES	\$0 (Tier 4)	
<i>zoo chews tablet</i>	\$0 (Tier 4)	
<i>zoo friends 15 mg chewable tablet</i>	\$0 (Tier 4)	
<i>zoo friends original 300 mcg chewable tablet</i>	\$0 (Tier 4)	
ZYRTEC 10 MG TABLET	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



# Index of Drugs

<b>A</b>			
A AND D (LAN, PET) .....	97	acetic acid .....	68
a thru z .....	97	acetylcysteine .....	83, 87
a thru z advanced formula .....	97	acid controller .....	97
a thru z high potency .....	97	acid gone antacid .....	97
a thru z men's ultimate .....	97	acid gone antacid e.strength .....	98
a thru z select .....	97	acid reducer (famotidine) .....	98
a thru z select women's .....	97	acid reducer (ranitidine) .....	98
a thru z select 50+ formula .....	97	acitretin .....	89
a-hydrocort .....	73	acne control cleanser .....	98
abacavir .....	12	acne medication .....	98
abacavir-lamivudine .....	12	acne treatment (benzoyl perox) .....	98
abacavir-lamivudine-zidovudine .....	12	acne vanishing .....	98
abc plus .....	97	acne-clear .....	98
ABELCET .....	12	ACTHAR H.P. ....	62
ABILIFY MAINTENA .....	40	ACTHIB (PF) .....	28
ABRAXANE .....	21	ACTIMMUNE .....	83
acamprosate .....	40	acyclovir .....	12, 89
acarbose .....	73	acyclovir sodium .....	12
ACE AEROSOL CLOUD ENHANCER .....	94	ADACEL(TDAP ADOLESN/ADULT)(PF) .....	28
acebutolol .....	35	ADAGEN .....	67
ACEPHEN .....	97	adapalene .....	89
acetaminophen .....	97	ADCIRCA .....	35
acetaminophen extra strength .....	97	added strength headache relief .....	98
acetaminophen pain relief .....	97	adefovir .....	12
acetaminophen-codeine .....	40	ADEMPAS .....	87
acetazol hc .....	68	adriamycin .....	21
acetazolamide .....	68	adt robitussin peak cld dm max .....	98
acetazolamide sodium .....	68	adult cough formula dm max .....	98
		adult robitussin peak cold dm .....	98

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



adult tussin cough congest dm	98	aftera	98
adult tussin dm	98	ak-poly-bac	68
adult wal-tussin	98	alavert	98
adult wal-tussin dm max	98	ALBENZA	12
adults 50 plus	98	albuterol sulfate	31
ADVAIR DISKUS	87	alclometasone	89
ADVAIR HFA	87	ALCOHOL PADS	89
advanced antacid-antigas	98	ALCOHOL PREP PADS	89
advanced healing	98	ALCOHOL PREP SWABS	89
advil	98	ALCOHOL SWABS	89
ADVIL LIQUI-GEL	98	ALCOHOL WIPES	89
ADVIL MIGRAINE	98	ALECENSA	21
ADVOCATE PEN NEEDLE	53	alendronate	83
ADVOCATE SYRINGES	54	aler-cap	98
AEROCHAMBER MINI	94	ALEVE	98
AEROCHAMBER MV	94	alfuzosin	31
AEROCHAMBER PLUS FLOW-VU	94	ALIMTA	21
AEROCHAMBER PLUS FLOW-VU,L MSK	94	ALINIA	12
AEROCHAMBER PLUS FLOW-VU,M MSK	94	ALIQOPA	22
AEROCHAMBER PLUS FLOW-VU,S MSK	94	ALKERAN	22
AEROCHAMBER PLUS Z STAT	94	all day allergy (cetirizine)	98
AEROCHAMBER PLUS Z STAT LG MSK	94	all day allergy relief(cetir)	98
AEROCHAMBER PLUS Z STAT MD MSK	94	all day relief	98
AEROCHAMBER PLUS Z STAT SM MSK	94	aller-g-time	98
AEROCHAMBER WITH FLOWSIGNAL	94	aller-tec	98
AEROCHAMBER Z-STAT PLUS-FLW SG	94	allerclear	99
AEROGEAR ACTION ASTHMA KIT	94	allergy	99
AEROTRACH PLUS	94	allergy (diphenhydramine)	99
afeditab cr	35	allergy medication	99
AFINITOR	21	allergy medicine	99
AFINITOR DISPERZ	21	allergy relief (cetirizine)	99

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



allergy relief (loratadine) .....	99	AMINOSYN M 3.5 % .....	63
allergy relief(diphenhydramin) .....	99	AMINOSYN 10 % .....	63
allopurinol .....	83	AMINOSYN 8.5 % .....	63
ALMACONE .....	99	AMINOSYN 8.5 %-ELECTROLYTES .....	63
almacone-2 .....	99	AMINOSYN-HBC 7% .....	63
aloe vesta antifungal (micon) .....	99	AMINOSYN-PF 10 % .....	63
ALOE VESTA SKIN CONDITIONER 2 .....	99	AMINOSYN-PF 7 % (SULFITE-FREE) .....	63
alophen .....	99	amiodarone .....	35
alosetron .....	70	AMITIZA .....	70
alprazolam .....	41	amitriptyline .....	41
ALTABAX .....	89	amlodipine .....	35
altachlore .....	99	amlodipine-benazepril .....	35
altamist .....	99	ammonium lactate .....	89
altavera (28) .....	73	amoxapine .....	41
aluminum hydroxide gel .....	99	amoxicillin .....	12
ALUNBRIG .....	22	amoxicillin-pot clavulanate .....	12
amabelz .....	73	amphotericin b .....	12
amantadine hcl .....	41	ampicillin .....	12
AMBISOME .....	12	ampicillin sodium .....	12
amethia lo .....	73	ampicillin-sulbactam .....	12
AMICAR .....	33	AMPYRA .....	83
amifostine crystalline .....	83	ANADROL-50 .....	73
amikacin .....	12	anagrelide .....	33
amiloride .....	63	anastrozole .....	73
amiloride-hydrochlorothiazide .....	63	ANDROGEL .....	73
aminophylline .....	93	androxy .....	74
AMINOSYN II 10 % .....	63	anecream .....	99
AMINOSYN II 15 % .....	63	anecream5 .....	99
AMINOSYN II 7 % .....	63	animal chews .....	99
AMINOSYN II 8.5 % .....	63	animal shape vitamins .....	99
AMINOSYN II 8.5 %-ELECTROLYTES .....	63	animal shapes complete .....	99

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



animal shapes plus iron .....	99	antioxidant vitamins .....	100
antacid (calcium carbonate) .....	99	antiseptic .....	100
antacid anti-gas .....	99	antiseptic skin clnsr(chlorhe) .....	100
antacid anti-gas double str .....	99	antitussive dm .....	100
antacid calcium .....	99	anu-med .....	101
antacid exst (mag carb-al hyd) .....	99	APOKYN .....	41
antacid ext str (calcium carb) .....	100	apraclonidine .....	68
antacid extra-strength .....	100	aprepitant .....	70
antacid liquid .....	100	apri .....	74
antacid m .....	100	APRISO .....	70
antacid maximum strength .....	100	APTIOM .....	41
antacid plus anti-gas .....	100	APTIVUS .....	12
antacid regular strength .....	100	AQUADEKS .....	101
antacid ultra strength .....	100	AQUADEKS PEDIATRIC .....	101
antacid with simethicone .....	100	aquanil hc .....	101
antacid-antigas .....	100	AQUASOL A .....	94
antacid-simethicone .....	100	ARALAST NP .....	87
anti-diarrhea .....	100	aranelle (28) .....	74
anti-diarrheal .....	100	ARCALYST .....	83
anti-diarrheal (loperamide) .....	100	aripiprazole .....	41
anti-fungal .....	100	ARISTADA .....	41
anti-itch (hc) .....	100	armodafinil .....	41
anti-nausea .....	100	ARNUITY ELLIPTA .....	87
antibiotic (bacitracin zinc) .....	100	ARRANON .....	22
antibiotic (neomy-bacit-polym) .....	100	arthritis pain relief(capsaic) .....	101
antibiotic-pain relief (bacit) .....	100	ARTIFICIAL TEARS (PETRO/MIN) .....	101
antifungal (clotrimazole) .....	100	artificial tears(dext70-hydro) .....	101
antifungal (terbinafine) .....	100	artificial tears(hypromellose) .....	101
antifungal cream .....	100	artificial tears(pvalch-povid) .....	101
antihistamine .....	100	ARZERRA .....	22
ANTIOXIDANT FORMULA (SELENIUM) .....	100	aspir-low .....	101

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



aspir-trin .....	101	AVANDIA .....	74
aspir-81 .....	101	AVASTIN .....	22
aspirin .....	101	aviane .....	74
aspirin childrens.....	101	AYR SALINE .....	101
aspirin low dose .....	101	azacitidine .....	22
aspirin-dipyridamole .....	35	AZASITE .....	68
aspirin, buffered .....	101	azathioprine .....	83
ASSURE ID INSULIN SAFETY .....	54	azelastine .....	68
ASTHMAPACK CHILDREN'S .....	94	AZILECT .....	41
ATELVIA .....	83	azithromycin.....	12
atenolol .....	35	azolen tincture .....	101
atenolol-chlorthalidone .....	35	AZOPT .....	68
athenol .....	101	aztreonam .....	12
athlete's foot .....	101	azurette (28).....	74
athlete's foot (clotrimazole) .....	101		
athlete's foot af .....	101	<b>B</b>	
athletic foot cream .....	101	b complete .....	101
atomoxetine .....	41	b complex 1 .....	101
atorvastatin .....	35	b complex-vitamin b12 .....	101
atovaquone .....	12	b-complex .....	101
atovaquone-proguanil .....	12	b-complex with vitamin c .....	101
ATRIPLA .....	12	b-100 complex .....	101
atropine .....	68	b-50 complex .....	101
ATROVENT HFA .....	31	bacitracin .....	13, 68, 102
aubra .....	74	bacitracin zinc .....	102
AURO EARDROPS .....	101	bacitracin-polymyxin b .....	68, 102
AUTOJECT 2 INJECTION DEVICE .....	54	bacitraycin plus .....	102
AUTOPEN 1 TO 16 UNITS .....	54	baclofen .....	31
AUTOPEN 1 TO 21 UNITS .....	54	bal b-100 .....	102
AUTOPEN 2 TO 32 UNITS .....	54	bal b-50 .....	102
AUTOPEN 2 TO 42 UNITS .....	54	balance b-100 .....	102
		balance b-50 .....	102

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



BALANCED B-100 .....	102	BD INTEGRA INSULIN SYRINGE .....	55
BALANCED B-100 COMPLEX .....	102	BD LO-DOSE MICRO-FINE IV .....	55
balanced b-50 .....	102	BD LO-DOSE ULTRA-FINE .....	55
balanced b-50 complex .....	102	BD SAFETYGLIDE INSULIN SYRINGE .....	55
balsalazide .....	70	BD SAFETYGLIDE SYRINGE .....	55
ban-acid .....	102	BD ULTRA-FINE MICRO PEN NEEDLE .....	55
BAND-AID GAUZE PADS .....	87	BD ULTRA-FINE NANO PEN NEEDLES .....	55
banophen .....	102	bedding spray .....	102
BANZEL .....	41	bee-zee .....	102
BARACLUDE .....	13	bekyree (28) .....	74
BAVENCIO .....	22	BELEODAQ .....	22
BAYER ASPIRIN .....	102	BENADRYL .....	102
BAYER CHEWABLE ASPIRIN .....	102	benazepril .....	35
baza antifungal .....	102	benazepril-hydrochlorothiazide .....	35
BAZA PROTECT .....	102	BENDEKA .....	22
BCG VACCINE, LIVE (PF) .....	28	BENLYSTA .....	83, 84
BD ALCOHOL SWABS .....	89	benzoyl peroxide .....	102
BD AUTOSHIELD DUO PEN NEEDLE .....	54	benztropine .....	41
BD AUTOSHIELD PEN NEEDLE .....	54	BESIVANCE .....	68
BD ECLIPSE LUER-LOK .....	54	BESPONSА .....	22
BD INSULIN PEN NEEDLE UF MINI .....	54	best fiber .....	102
BD INSULIN PEN NEEDLE UF ORIG .....	54	beta-hc .....	102
BD INSULIN PEN NEEDLE UF SHORT .....	54	BETADINE .....	102
BD INSULIN SYRINGE .....	54	BETADINE SKIN CLEANSER .....	102
BD INSULIN SYRINGE HALF UNIT .....	54	BETADINE SURGICAL SCRUB .....	102
BD INSULIN SYRINGE MICRO-FINE .....	54	BETADINE SWABSTICKS .....	102
BD INSULIN SYRINGE SAFETY-LOK .....	54	betamethasone dipropionate .....	89
BD INSULIN SYRINGE SLIP TIP .....	54	betamethasone valerate .....	89
BD INSULIN SYRINGE U-500 .....	54	betamethasone, augmented .....	89
BD INSULIN SYRINGE ULT-FINE II .....	54	betasept surgical scrub .....	102
BD INSULIN SYRINGE ULTRA-FINE .....	55	BETASERON .....	84

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



betatemp .....	102	BREATHERITE SPACER-MASK,ADULT .....	94
betaxolol .....	68	BREATHERITE SPACER-MASK,CHILD .....	94
bethanechol chloride .....	31	BREATHERITE SPACER-MASK,INFANT .....	94
BETHKIS .....	13	BREATHERITE SPACER-MASK,S.CHLD .....	94
bexarotene .....	22	BREATHERITE VALVED MDI CHAMBER .....	94
BEXSERO .....	28	BREATHERITE VALVED MDI SPACER .....	94
bicalutamide .....	22	BREATHERITE WITH MASK, LARGE .....	94
BICILLIN C-R .....	13	BREATHERITE WITH MASK, MEDIUM .....	94
BICILLIN L-A .....	13	BREATHERITE WITH MASK, SMALL .....	94
BICNU .....	22	BREO ELLIPTA .....	87
BIDIL .....	35	BREWER'S YEAST .....	103
biocotron .....	102	BRILINTA .....	33
bisa-lax .....	102	brimonidine .....	68
BISAC-EVAC .....	103	BRINTELLIX .....	41
bisacodyl .....	103	BRIVIACT .....	41
biscolax .....	103	bromocriptine .....	41
bismatrol .....	103	BROVANA .....	31
bismuth .....	103	budesonide .....	74, 87
bismuth subsalicylate .....	103	buffered aspirin .....	103
bisoprolol fumarate .....	35	bufferin .....	103
bisoprolol-hydrochlorothiazide .....	35	bumetanide .....	63
bleomycin .....	22	buprenorphine hcl .....	41
blisovi fe 1.5/30 (28) .....	74	buproban .....	41
blisovi fe 1/20 (28) .....	74	bupropion hcl .....	41, 42
BONINE .....	103	bupropion hcl (smoking deter) .....	42
BOOSTRIX TDAP .....	29	bupirone .....	42
BORDERED GAUZE .....	87	busulfan .....	22
BOSULIF .....	22	BUSULFEX .....	22
bp .....	103	butalbital compound w/codeine .....	42
BREATHERITE MDI SPACER .....	94	butalbital-acetaminop-caf-cod .....	42
BREATHERITE RIGID SPACER-MASK .....	94	butalbital-acetaminophen .....	42

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).





butalbital-acetaminophen-caff .....	42	calcium polycarbophil .....	104
butalbital-aspirin-caffeine .....	42	calcium with vitamin d .....	104
BUTISOL .....	42	calcium 500 .....	103
butorphanol tartrate .....	42	calcium 500 + d .....	103
<b>C</b>			
ca-d3-mag ox-zinc-cop-mang-bor .....	103	calcium 500 with d .....	103
cabergoline .....	42	calcium 600 .....	103
CABOMETYX .....	22	calcium 600 + d(3) .....	103
calamine .....	103	calcium 600 + minerals .....	103
calamine-zinc oxide .....	103	calcium 600 with vitamin d3 .....	103
calci-chew .....	103	CALCIUM 600-D3 PLUS .....	103
CALCI-MIX .....	103	calcium+d .....	104
CALCIONATE .....	103	calcium-magnesium-zinc .....	104
calcipotriene .....	89	calcium-vitamin d3-vitamin k .....	104
calcitonin (salmon) .....	74	calphron .....	104
calcitrate .....	103	CALQUENCE .....	22
calcitrate-vitamin d .....	103	CALTRATE WITH VITAMIN D3 .....	104
calcitriol .....	93	CALTRATE 600 + D .....	104
calcium acetate .....	63	CALTRATE 600+D PLUS MINERALS .....	104
calcium antacid .....	103	calvite p and d .....	104
calcium antacid tropical .....	103	camila .....	74
calcium antacid ultra max st .....	103	camrese .....	95
calcium carb-mag ox-zinc sulf .....	103	camrese lo .....	74
calcium carbonate .....	104	CANASA .....	71
calcium carbonate-vit d3-min .....	104	CANCIDAS .....	13
calcium carbonate-vitamin d3 .....	104	candesartan .....	35
calcium chloride .....	95	candesartan-hydrochlorothiazid .....	35
calcium citrate + d .....	104	capacet .....	42
calcium citrate-vitamin d3 .....	104	CAPASTAT .....	13
calcium gluconate .....	104	CAPITAL WITH CODEINE .....	42
calcium magnesium + d .....	104	CAPRELSA .....	22
		captopril .....	35

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



captopril-hydrochlorothiazide .....	35	ceftazidime in d5w .....	13
CAPZASIN-HP .....	104	ceftriaxone .....	13
CARBAGLU .....	63	cefuroxime axetil .....	13
carbamazepine .....	42	cefuroxime sodium .....	14
carbamoxide ear drops .....	104	CELLCEPT .....	84
carbidopa-levodopa .....	42	CELLCEPT INTRAVENOUS .....	84
carboplatin .....	22	CELONTIN .....	42
CAREFINE PEN NEEDLE .....	55	centamin .....	104
CARETOUCH ALCOHOL PREP PAD .....	89	central-vite .....	104
CARETOUCH INSULIN SYRINGE .....	55	central-vite men's under 50 .....	104
CARETOUCH PEN NEEDLE .....	55	central-vite select .....	104
carisoprodol .....	31	central-vite senior .....	104
carteolol .....	68	central-vite with lycopene .....	104
cartia xt .....	35	central-vite women's mature .....	104
carvedilol .....	35	centram-care .....	104
caspofungin .....	13	CENTRUM .....	104
CAYSTON .....	13	centrum complete .....	105
caziant (28) .....	74	CENTRUM KIDS .....	105
cefaclor .....	13	CENTRUM MEN .....	105
cefadroxil .....	13	CENTRUM SILVER .....	105
cefazolin .....	13	CENTRUM SILVER ULTRA MEN'S .....	105
cefazolin in dextrose (iso-os) .....	13	CENTRUM SILVER WOMEN .....	105
cefdinir .....	13	CENTRUM SPECIALIST PRENATAL .....	105
cefepime .....	13	CENTRUM ULTRA MEN'S .....	105
cefotaxime .....	13	century .....	105
cefotetan .....	13	century adults 50+ .....	105
cefoxitin .....	13	century cardio .....	105
cefoxitin in dextrose, iso-osm .....	13	century cardio health formula .....	105
cefpodoxime .....	13	century mature .....	105
cefprozil .....	13	century ultimate men's .....	105
ceftazidime .....	13	century ultimate women's .....	105

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



cephalexin .....	14	child's vitamin with iron .....	106
CERAVE BABY MOISTURIZING .....	105	children's acetaminophen .....	106
CERDELGA .....	84	children's aller-tec .....	106
CEREZYME .....	67	children's allergy (diphenhyd) .....	106
CEROVITE .....	105	children's allergy complete .....	106
CEROVITE ADVANCED FORMULA .....	105	children's allergy relief(lor) .....	106
cerovite jr .....	105	children's allergy(cetirizine) .....	106
CEROVITE SENIOR .....	105	children's aspirin .....	106
certa plus .....	105	children's cetirizine .....	106
CERTAVITE SENIOR-ANTIOXIDANT .....	105	children's chest congestion .....	106
certavite-antioxid (iron gluc) .....	105	children's chewable complete .....	106
certavite-antioxidant .....	105	children's chewable multivitmn .....	106
cetirizine .....	105	children's chewable vitamin .....	106
CETROTIDE .....	95	children's chewable w/minerals .....	106
CHANTIX .....	31	children's chewables .....	106
CHANTIX CONTINUING MONTH BOX .....	31	children's chewables extra c .....	106
CHANTIX STARTING MONTH BOX .....	31	children's chewables with iron .....	106
CHEMET .....	73	CHILDREN'S CLARITIN .....	106
CHENODAL .....	71	children's fever reducing .....	106
CHERRY FLAVOR (BULK) .....	105	children's iron .....	106
chewable multi vitamin .....	105	children's multivit w/extra c .....	106
CHEWABLE-VITE .....	105	children's non-aspirin .....	106
CHEWABLE-VITE WITH IRON .....	105	children's pain relief .....	106
child allergy relf(cetirizine) .....	105	children's pain reliever .....	106
child aspirin .....	105	children's pain-fever relief .....	107
child mucinex chest congestion .....	106	children's q-pap .....	107
child mucus relief expectorant .....	106	children's saline nasal spray .....	107
child pain rel-fever reducer .....	106	children's silapap .....	107
child vitamin with minerals .....	106	children's tactinal .....	107
child's all day allergy(cetir) .....	106	children's wal-dryl allergy .....	107
child's chewable vitamins/iron .....	106	children's wal-zyr .....	107

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



CHILDREN'S ZYRTEC ALLERGY .....	107	CITRUCEL SUGAR FREE .....	107
childs chew vite .....	107	citrus calcium .....	107
childs/iron .....	107	cladribine .....	22
chloramphenicol sod succinate .....	14	clarithromycin .....	14
chlorhexidine gluconate .....	68, 107	CLARITIN .....	107
chloroquine phosphate .....	14	CLARITIN REDITABS .....	107
chlorothiazide .....	63	clearasil daily clear(benzoyl) .....	107
chlorothiazide sodium .....	63	clearlax .....	107
chlorpromazine .....	42	clemastine .....	21
chlorthalidone .....	63	CLICKFINE .....	55
CHOLBAM .....	71	clindamycin hcl .....	14
cholecalciferol (vitamin d3) .....	107	clindamycin in 0.9 % sod chlor .....	14
cholestyramine (with sugar) .....	35	clindamycin in 5 % dextrose .....	14
cholestyramine light .....	36	clindamycin palmitate hcl .....	14
chorionic gonadotropin, human .....	74	clindamycin pediatric .....	14
chromium chloride .....	95	clindamycin phosphate .....	14, 89
ciclodan .....	89	CLINIMIX E 2.75%/D10W SUL FREE .....	64
ciclopirox .....	89	CLINIMIX E 2.75%/D5W SULF FREE .....	64
cilostazol .....	33	CLINIMIX E 4.25%/D25W SUL FREE .....	64
cimetidine .....	71	CLINIMIX E 4.25%/D5W SULF FREE .....	64
cimetidine hcl .....	71	CLINIMIX E 5%/D15W SULFIT FREE .....	64
CINRYZE .....	84	CLINIMIX E 5%/D20W SULFIT FREE .....	64
ciprofloxacin hcl .....	14, 68	CLINIMIX E 5%/D25W SULFIT FREE .....	64
ciprofloxacin in 5 % dextrose .....	14	CLINIMIX 2.75%/D5W SULFIT FREE .....	63
cisplatin .....	22	CLINIMIX 4.25%-D20W SULF-FREE .....	63
citalopram .....	42	CLINIMIX 4.25%-D25W SULF-FREE .....	63
citracal + d maximum .....	107	CLINIMIX 4.25%/D10W SULF FREE .....	63
CITRACAL + D PETITES .....	107	CLINIMIX 4.25%/D5W SULFIT FREE .....	63
citracal regular .....	107	CLINIMIX 5%-D20W(SULFITE-FREE) .....	64
citrucel .....	107	CLINIMIX 5%/D15W SULFITE FREE .....	63
CITRUCEL (SUCROSE) .....	107	CLINIMIX 5%/D25W SULFITE-FREE .....	63

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



clobetasol .....	89	colistin (colistimethate na) .....	14
clobetasol-emollient .....	89	colocort .....	89
clofarabine .....	22	COMBIGAN .....	68
CLOLAR .....	22	COMETRIQ .....	22
clomipramine .....	42	COMFORT EZ PEN NEEDLES .....	55
clonazepam .....	43	COMFORT EZ SYRINGE .....	56
clonidine .....	36	comfort gel .....	108
clonidine hcl .....	36	comfort gel extra strength .....	108
clopidogrel .....	33	COMPETE .....	108
clorazepate dipotassium .....	43	COMPLERA .....	14
clorpres .....	36	complete .....	108
clotrimazole .....	89, 107	complete allergy .....	108
clotrimazole af .....	107	complete allergy medicine .....	108
clotrimazole 3 day .....	107	complete lice treatment .....	108
clotrimazole-betamethasone .....	89	complete men .....	108
clotrimazole-3 .....	107	complete multi .....	108
clotrimazole-7 .....	107	complete multi 50+ .....	108
clozapine .....	43	complete multivitamin .....	108
COARTEM .....	14	complete multivitamin-mineral .....	108
cod liver oil .....	107	complete senior .....	108
codeine sulfate .....	43	complete women .....	108
col-rite .....	108	complete 50+ .....	108
COLACE .....	108	compound w .....	108
COLACE CLEAR .....	108	compro .....	71
COLCRYS .....	84	CONDOMS-PREM LUBRICATED .....	108
COLEMAN BOTANICALS INSECT .....	108	constulose .....	64
COLEMAN HIGH-DRY INSECT REPEL .....	108	cool bottoms .....	108
COLEMAN SKINSMART INSECT REP .....	108	COPAXONE .....	84
COLEMAN SPORTSMEN INSECT REPEL .....	108	copper chloride .....	95
COLEMAN 100 MAX INSECT REPEL .....	108	CORLANOR .....	36
colestipol .....	36	cormax .....	89

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



corn-callus remover .....	108	cutter natural insect repellnt .....	109
CORTAID .....	108	cutter natural repellent2 .....	109
cortisone .....	74	cutter skinsations .....	109
cortizone-10 .....	108	cyanocobalamin (vitamin b-12) .....	95
cortizone-10 plus .....	108	cyclafem 1/35 (28) .....	74
COSENTYX .....	89	cyclafem 7/7/7 (28) .....	74
COSENTYX (2 SYRINGES) .....	90	cyclobenzaprine .....	31
COSENTYX PEN .....	90	cyclophosphamide .....	23
COSENTYX PEN (2 PENS) .....	90	cycloserine .....	14
COSMEGEN .....	22	CYCLOSET .....	43
COTELLIC .....	22	cyclosporine .....	84
cough control dm .....	109	cyclosporine modified .....	84
cough formula dm .....	109	CYKLOKAPRON .....	33
cough suppressant-expectorant .....	109	cyproheptadine .....	21
cough syrup .....	109	CYRAMZA .....	23
cough syrup dm .....	109	cyred .....	74
COUMADIN .....	33	CYSTADANE .....	84
CREON .....	71	CYSTAGON .....	84
CRESEMBA .....	14	CYSTARAN .....	68
critic-aid clear af .....	109	cytarabine .....	23
CRIXIVAN .....	14	cytarabine (pf) .....	23
cromolyn .....	87, 88	CYTOMEL .....	74
cryselle (28) .....	74		
CUBICIN .....	14	<b>D</b>	
CUBICIN RF .....	14	dacarbazine .....	23
CUPRIMINE .....	73	dactinomycin .....	23
CURITY ALCOHOL SWABS .....	90	daily fiber .....	109
CURITY GAUZE .....	87	daily fiber (psyllium-sucrose) .....	109
cutter backwoods .....	109	daily multi-vitamins/iron .....	109
cutter backwoods dry .....	109	daily multiple .....	109
cutter lemon eucalyptus .....	109	daily multiple for men .....	109
		daily multiple for men 50+ .....	109

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



daily multiple for women	109	delyla (28)	74
daily multiple for women 50+	109	demeclocycline	14
daily multiple vitamins/iron	109	DEMSEER	84
daily multivitamin with iron	109	DENAVIR	90
daily multivitamin-minerals	109	DEPO-ESTRADIOL	74
daily value	109	DERMACEA	87
daily vitamin formula	109	dermafungal	110
daily vitamin formula-iron	109	dermarest eczema (hydrocort)	110
daily vitamin formula-minerals	109	DESCOVY	14
daily vitamin with iron	109	desenex	110
daily vitamin with iron and ca	109	desipramine	43
DAILY VITES/IRON	109	desmopressin	74
DAILY-VITE	109	desog-e.estradiol/e.estradiol	74
DAKLINZA	14	desogestrel-ethinyl estradiol	74
DALIRESP	88	desonide	90
danazol	74	desoximetasone	90
dantrolene	31	desvenlafaxine succinate	43
dapsone	14	dexamethasone	74
DAPTACEL (DTAP PEDIATRIC) (PF)	29	dexamethasone intensol	74
daptomycin	14	dexamethasone sodium phosphate	68, 75
DARAPRIM	14	dexmethylphenidate	43
DARZALEX	23	dexrazoxane hcl	84
dasetta 1/35 (28)	74	dextroamphetamine	43
dasetta 7/7/7 (28)	74	dextroamphetamine-amphetamine	43
daunorubicin	23	dextromethorphan-guaifenesin	110
DAUNOXOME	23	dextrose	110
deblitane	74	dextrose 10 % and 0.2 % nacl	64
DEBROX	109	dextrose 10 % in water (d10w)	64
decitabine	23	dextrose 5 % in water (d5w)	64
deep sea nasal	109	dextrose 5%-0.2 % sod chloride	64
delta d3	110	dextrose 5%-0.3 % sod.chloride	64

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



dex4 glucose .....	110	DILANTIN INFATABS .....	44
dex4 glucose pouch pack .....	110	DILANTIN-125 .....	44
dex4 glucose quick dissolve .....	110	dilt-xr .....	36
diabetic siltussin das-na .....	110	diltiazem hcl .....	36
diabetic siltussin-dm .....	110	dino-life .....	110
diabetic siltussin-dm max str .....	110	dino-life with extra c .....	110
diabetic tussin dm .....	110	dino-life with iron-zinc .....	110
dialyvite 800 .....	110	DIOCTO .....	110
DIALYVITE 800 WITH ZINC 15 .....	110	dioctyl .....	110
DIALYVITE 800 WITH ZINC 50 .....	110	diotame .....	110
diamode .....	110	diphedryl .....	110
diarrhea relief (bismuth subs) .....	110	diphedryl allergy .....	110
DIASTAT .....	43	diphenhist .....	110
DIASTAT ACUDIAL .....	43	diphenhydramine hcl .....	21, 110
diazepam .....	43	diphenoxylate-atropine .....	71
diazepam intensol .....	44	dipyridamole .....	36
dibucaine .....	110	disopyramide phosphate .....	36
diclofenac potassium .....	44	disposable enema .....	110
diclofenac sodium .....	44, 68	disulfiram .....	84
dicloxacillin .....	14	DIURIL .....	64
dicyclomine .....	31	divalproex .....	44
didanosine .....	14	doc-q-lace .....	110
DIFICID .....	15	doc-q-lax .....	110
diflunisal .....	44	DOCEFREZ .....	23
digestive relief .....	110	docetaxel .....	23
digitek .....	36	docu .....	111
digox .....	36	docuprene .....	111
digoxin .....	36	docusate calcium .....	111
dihydroergotamine .....	31	docusate sodium .....	111
DILANTIN .....	44	docusil .....	111
DILANTIN EXTENDED .....	44	dofetilide .....	36

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).





dok .....	111	DURAMORPH (PF) .....	44
dok plus .....	111	DUREZOL .....	68
donepezil .....	31	dutasteride .....	84
DORIBAX .....	15	dutasteride-tamsulosin .....	84
doripenem .....	15	dyna-hex .....	111
dorzolamide .....	68	d10 %-0.45 % sodium chloride .....	64
dorzolamide-timolol .....	68	d2.5 %-0.45 % sodium chloride .....	64
double antibiotic .....	111	d5 % and 0.9 % sodium chloride .....	64
double antibiotic (b.tracn zn) .....	111	d5 %-0.45 % sodium chloride .....	64
doxazosin .....	36	<b>E</b>	
doxepin .....	44	e.c. prin .....	111
doxercalciferol .....	93	E-Z SPACER .....	95
doxorubicin .....	23	ear care .....	111
doxorubicin, peg-liposomal .....	23	ear drops otc .....	111
doxy-100 .....	15	ear health formula .....	111
doxycycline hyclate .....	15, 68	ear wax removal kit .....	111
doxycycline monohydrate .....	15	ear wax removal system .....	111
DRAMAMINE .....	111	EASIVENT HOLDING CHAMBER .....	95
dramamine less drowsy .....	111	EASY COMFORT INSULIN SYRINGE .....	56
driminate .....	111	EASY COMFORT PEN NEEDLES .....	56
DRISDOL .....	95	EASY TOUCH .....	56
dronabinol .....	71	EASY TOUCH ALCOHOL PREP PADS .....	90
DROPLET PEN NEEDLE .....	56	EASY TOUCH FLIPLOCK INSULIN .....	56
drosiprenone-ethinyl estradiol .....	75	EASY TOUCH INSULIN SAFETY SYR .....	56
DROXIA .....	23	EASY TOUCH INSULIN SYRINGE .....	56
DUAVEE .....	75	EASY TOUCH LUER LOCK INSULIN .....	57
ducodyl .....	111	EASY TOUCH SHEATHLOCK INSULIN .....	57
DULCOLAX (BISACODYL) .....	111	EASY TOUCH UNI-SLIP .....	57
dulcolax stool softener (dss) .....	111	econazole .....	90
duloxetine .....	44	econtra ez .....	111
duofilm .....	111	ECOTRIN .....	111

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



ecotrin low strength .....	111	ENDOMETRIN .....	95
eczema anti-itch .....	111	enema .....	111
ed-apap .....	111	enema disposable .....	111
EDURANT .....	15	ENFAMIL ENFALYTE .....	112
EFFIENT .....	33	ENGERIX-B (PF) .....	29
EGRIFTA .....	75	ENGERIX-B PEDIATRIC (PF) .....	29
ELDERTONIC .....	111	enoxaparin .....	33
electrolyte-48 in d5w .....	64	enpresse .....	75
electrolytes-dextrose .....	111	enskyce .....	75
ELELYSO .....	67	entacapone .....	44
ELIDEL .....	90	entecavir .....	15
elinest .....	75	enteric coated aspirin .....	112
ELIQUIS .....	33	ENTRESTO .....	36
ELITEK .....	67	enulose .....	64
ELIXOPHYLLIN .....	93	EPCLUSA .....	15
ELLA .....	75	epinastine .....	68
ELMIRON .....	84	EPINEPHRINE .....	31
EMBEDA .....	44	EPIPEN .....	31
EMCYT .....	23	EPIPEN JR .....	31
EMEND .....	71	EPIPEN JR 2-PAK .....	31
emetrol .....	111	EPIPEN 2-PAK .....	31
emoquette .....	75	epirubicin .....	23
EMPLICITI .....	23	epitol .....	44
EMSAM .....	44	EPIVIR HBV .....	15
EMTRIVA .....	15	eplerenone .....	36
enalapril maleate .....	36	EPOGEN .....	33
enalapril-hydrochlorothiazide .....	36	EPZICOM .....	15
ENBREL .....	84	EQUETRO .....	44
ENBREL MINI .....	84	ERAXIS(WATER DILUENT) .....	15
ENBREL SURECLICK .....	84	ERBITUX .....	23
endocet .....	44	ergocalciferol (vitamin d2) .....	95

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



ERGOMAR .....	31	EX-LAX (SENNOSIDES) .....	112
ERIVEDGE .....	23	excedrin migraine .....	112
errin .....	75	EXEL INSULIN .....	57
ERWINAZE .....	23	EXELON .....	31
ery pads .....	90	exemestane .....	75
ERYTHROCIN .....	15	EXJADE .....	73
erythromycin .....	15, 68	EXONDYS 51 .....	84
erythromycin with ethanol .....	90	EXPECTA PRENATAL .....	112
erythromycin-benzoyl peroxide .....	90	expectorant .....	112
ESBRIET .....	88	expectorant cough syrup .....	112
escitalopram oxalate .....	44	expectorant dm .....	112
essentia .....	112	ezetimibe .....	37
ESSENTIAL BALANCE WITH LUTEIN .....	112		
ESSENTIAL DAILY .....	112	<b>F</b>	
ESTRACE .....	75	FABRAZYME .....	67
estradiol .....	75	fallback solo .....	112
estradiol valerate .....	75	falmina (28) .....	75
estradiol-norethindrone acet .....	75	famciclovir .....	15
estropipate .....	75	famotidine .....	71, 112
eszopiclone .....	44	famotidine (pf) .....	71
ethacrynate sodium .....	64	famotidine (pf)-nacl (iso-os) .....	71
ethambutol .....	15	FANAPT .....	44
ethosuximide .....	44	FANTASY CONDOM .....	112
ethynodiol diac-eth estradiol .....	75	FARESTON .....	75
etidronate disodium .....	84	FARYDAK .....	23
etodolac .....	44	FASLODEX .....	23
ETOPOPHOS .....	23	felbamate .....	45
etoposide .....	23	felodipine .....	37
evac-u-gen (sennosides) .....	112	FEMCON FE .....	75
EVOMELA .....	23	femynor .....	75
EVOTAZ .....	15	fenofibrate .....	37
		fenofibrate micronized .....	37

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



fenofibrate nanocrystallized .....	37	fiber therapy (ca polycarboph) .....	113
fenofibric acid (choline) .....	37	FIBER THERAPY (M-CELL/SUGAR) .....	113
fentanyl .....	45	fiber therapy (m-cellulose) .....	113
fentanyl citrate .....	45	fiber therapy laxative (husk) .....	113
fentanyl citrate (pf) .....	45	fiber therapy sugar free .....	113
feosol .....	112	fiber therapy(psyl seed-sugar) .....	113
FER-IN-SOL .....	112	fiber-caps (psyllium husk) .....	113
fer-iron .....	112	fiber-lax .....	113
FERAHEME .....	95	fiber-tabs .....	113
FEROSUL .....	112	FIBERCON .....	113
FERRLECIT .....	95	finasteride .....	84
ferro-time .....	112	FIRAZYR .....	84
ferrous sulfate .....	112	FIRMAGON KIT W DILUENT SYRINGE .....	75
ferrousul .....	112	first aid antibiotic .....	113
FETZIMA .....	45	first aid antibiotic-pain rlf .....	113
fever reducer .....	112	first aid antiseptic .....	113
fever reducer an pain reliever .....	112	flanax (naproxen) .....	113
feverall .....	112	flanax antacid .....	113
FIASP .....	75	flavor chews antacid .....	113
FIASP FLEXTOUCH .....	75	FLAVOR SWEET .....	113
fiber .....	112	FLAVOR SWEET-SF .....	113
fiber (calcium polycarbophil) .....	112	flavoxate .....	93
fiber (psyllium husk) .....	112	flecainide .....	37
fiber (psyllium husk/sugar) .....	113	FLEET ENEMA .....	113
fiber (with aspartame) .....	113	fleet glycerin (adult) .....	113
fiber laxative (ca polycarbo) .....	113	fleet glycerin (child) .....	113
fiber laxative (methylcellulo) .....	113	FLEET LAXATIVE .....	113
fiber laxative (psyllium husk) .....	113	FLEET PEDIATRIC .....	113
fiber laxative (psyllium) s/f .....	113	flintstones complete (iron) .....	113
fiber smooth .....	113	FLINTSTONES MULTIVITAMIN .....	114
fiber smooth (sucrose) .....	113	FLINTSTONES WITH IRON .....	114

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



flintstones/extra c .....	114	fondaparinux .....	33
FLOVENT DISKUS .....	88	formula em .....	114
FLOVENT HFA .....	88	FORTEO .....	75
fluconazole .....	15	FORTICAL .....	75
fluconazole in dextrose(iso-o) .....	15	fosamprenavir .....	15
fluconazole in nacl (iso-osm) .....	15	foscarnet .....	15
flucytosine .....	15	fosinopril .....	37
fludarabine .....	23	fosinopril-hydrochlorothiazide .....	37
fludrocortisone .....	75	fosphenytoin .....	45
flunisolide .....	68	FRAGMIN .....	33
fluocinolone .....	90	FREESTYLE PRECISION .....	57
fluocinolone and shower cap .....	90	full spectrum b-vitamin c .....	114
fluocinonide .....	90	FULLER'S EARTH (BULK) .....	114
fluocinonide-e .....	90	FUNGOID TINCTURE .....	114
fluocinonide-emollient .....	90	furosemide .....	64
fluoride (sodium) .....	84	FUSILEV .....	84
fluorometholone .....	68	FUZEON .....	15
fluorouracil .....	24, 90	FYCOMPA .....	45
fluoxetine .....	45	<b>G</b>	
fluphenazine decanoate .....	45	g-tron .....	114
fluphenazine hcl .....	45	gabapentin .....	45
flurbiprofen .....	45	galantamine .....	31, 32
flurbiprofen sodium .....	68	GAMUNEX-C .....	29
flutamide .....	24	ganciclovir sodium .....	15
fluticasone .....	68, 90	GANIRELIX .....	95
fluvoxamine .....	45	GARDASIL (PF) .....	29
foaming antacid .....	114	GARDASIL 9 (PF) .....	29
foaming antacid extra strength .....	114	gatifloxacin .....	68
folic acid .....	95, 114	GATTEX ONE-VIAL .....	71
FOLOTYN .....	24	GATTEX 30-VIAL .....	71
fomepizole .....	84	GAUZE BANDAGE .....	87

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



GAUZE PAD .....	87	GERITOL TONIC WITH FERREX 18 .....	115
gavilax .....	114	gianvi (28) .....	75
gavilyte-c .....	71	gildess fe 1.5/30 (28) .....	76
gavilyte-g .....	71	gildess fe 1/20 (28) .....	76
gavilyte-n .....	71	gildess 1.5/30 (21) .....	76
GAVISCON .....	114	gildess 1/20 (21) .....	76
GAVISCON EXTRA STRENGTH .....	114	gildess 24 fe .....	76
GAZYVA .....	24	GILENYA .....	85
gelusil antacid and anti-gas .....	114	GILOTRIF .....	24
gemcitabine .....	24	GLASSIA .....	88
gemfibrozil .....	37	GLEEVEC .....	24
generlac .....	64	GLEOSTINE .....	24
gengraf .....	84	glimepiride .....	76
gentak .....	69	glipizide .....	76
gentamicin .....	15, 69, 90	glipizide-metformin .....	76
gentamicin in nacl (iso-osm) .....	15	GLUCAGEN HYPOKIT .....	76
gentel tears .....	114	GLUCAGON EMERGENCY KIT (HUMAN) .....	76
gentle laxative .....	114	gluco burst .....	115
gentlelax .....	114	glucose .....	115
GENVOYA .....	16	glucose gel .....	115
GEODON .....	45	glutose 15 .....	115
geravim .....	114	glutose 45 .....	115
geri-dryl .....	114	glycerin .....	115
geri-kot .....	114	glycerin (adult) .....	115
geri-lanta .....	114	GLYCERIN (BULK) .....	115
geri-mucil .....	114	glycerin (child) .....	115
geri-pectate .....	114	glycolax .....	115
geri-tussin .....	114	glycopyrrolate .....	32
geri-tussin dm .....	114	GLYSET .....	76
geriaton .....	114	GLYXAMBI .....	76
GERITOL COMPLETE .....	114	goody's migraine relief .....	115

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



granisetron (pf) .....	71	heartburn relief (famotidine) .....	115
granisetron hcl .....	71	heartburn relief (ranitidine) .....	115
GRANIX .....	33, 34	heather .....	76
griseofulvin microsize .....	16	HECTOROL .....	93
griseofulvin ultramicrosize .....	16	hemorrhoid .....	115
guaiasorb dm .....	115	heparin (porcine) .....	34
guaifenesin .....	115	heparin (porcine) in 5 % dex .....	34
guaifenesin-dm .....	115	heparin(porcine) in 0.45% nacl .....	34
guanfacine .....	37	HEPATAMINE 8% .....	64
guanidine .....	32	HERCEPTIN .....	24
gummi bear multivitamin .....	115	HETLIOZ .....	46
gyne-lotrimin .....	115	HEXALEN .....	24
gyne-lotrimin 7 .....	115	hi-b complex .....	115
<b>H</b>		hi-cal plus vit d .....	115
hair vitamins .....	115	HIBERIX (PF) .....	29
hair, skin and nails advanced .....	115	HIBICLENS .....	115
HALAVEN .....	24	high potency capsaicin .....	116
halobetasol propionate .....	90	honey bears .....	116
haloperidol .....	45	honey bears with iron-zinc .....	116
haloperidol decanoate .....	45	hospital antiseptic .....	116
haloperidol lactate .....	45	HUMIRA .....	85
HARVONI .....	16	HUMIRA PEDIATRIC CROHN'S START .....	85
HAVRIX (PF) .....	29	HUMIRA PEN .....	85
headache formula .....	115	HUMIRA PEN CROHN'S-UC-HS START .....	85
headache relief (asa-acet-caf) .....	115	HUMIRA PEN PSORIASIS-UVEITIS .....	85
HEALTHY ACCENTS UNIFINE PENTIP .....	57	HYCAMTIN .....	24
healthy eyes .....	115	hydralazine .....	37
healthy eyes supervision .....	115	hydrochlorothiazide .....	64
heartburn antacid .....	115	HYDROCIL .....	116
heartburn prevention .....	115	hydrocodone-acetaminophen .....	46
heartburn relief .....	115	hydrocodone-ibuprofen .....	46

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



hydrocortisone .....	76, 90, 116	IDHIFA .....	24
hydrocortisone acetate .....	116	ifosfamide .....	24
hydrocortisone butyrate .....	90	ILEVRO .....	69
hydrocortisone plus .....	116	IMBRUVICA .....	24
hydrocortisone valerate .....	90	IMFINZI .....	24
hydrocortisone-acetic acid .....	69	imipenem-cilastatin .....	16
hydrocortisone-aloe vera .....	116	imipramine hcl .....	46
hydrocream .....	116	imipramine pamoate .....	46
hydromorphone .....	46	imiquimod .....	90
hydromorphone (pf) .....	46	IMLYGIC .....	24
hydroskin with aloe .....	116	IMODIUM A-D .....	116
hydroxocobalamin .....	95	IMOGAM RABIES-HT (PF) .....	29
hydroxychloroquine .....	16	IMOVAX RABIES VACCINE (PF) .....	29
hydroxyurea .....	24	IMURAN .....	85
hydroxyzine hcl .....	46	INCONTROL ALCOHOL PADS .....	90
hydroxyzine pamoate .....	46	INCONTROL PEN NEEDLE .....	57
HYPERRAB S/D (PF) .....	29	INCRELEX .....	76
<b>I</b>		indapamide .....	65
i-prin .....	116	indomethacin .....	46
I-VITE .....	116	INFANRIX (DTAP) (PF) .....	29
i-vite protect .....	116	infant fever reducer-pain relf .....	116
IBRANCE .....	24	infant pain reliever .....	116
ibuprofen .....	46, 116	infant's acetaminophen .....	116
ibuprofen ib .....	116	infant's non-aspirin .....	116
ibuprofen-oxycodone .....	46	infant's pain relief .....	116
ICAPS .....	116	infant's pain reliever .....	116
icaps areds .....	116	INFANT'S TYLENOL .....	116
ICAPS MV .....	116	infants' pain and fever .....	116
ICLUSIG .....	24	infants' pain relief .....	116
IDAMYCIN PFS .....	24	INFED .....	95
idarubicin .....	24	INFUMORPH P/F .....	46

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).





INFUVITE ADULT .....	95	IONOSOL-MB IN D5W .....	65
INFUVITE PEDIATRIC .....	95	iophen dm-nr .....	117
INGREZZA .....	46	iophen-nr .....	117
INLYTA .....	24	IPOL .....	29
insect repellent (deet) .....	116	ipratropium bromide .....	32, 69
INSECT REPELLENT (PICARIDIN) .....	116	ipratropium-albuterol .....	32
INSPIRACHAMBER .....	95	irbesartan .....	37
INSPIRACHAMBER WITH MASK-MED .....	95	irbesartan-hydrochlorothiazide .....	37
INSPIRACHAMBER WITH MASK-SMALL .....	95	IRESSA .....	24
INSTA-GLUCOSE .....	117	irinotecan .....	24
INSULIN SYR/NDL U100 HALF MARK .....	57	iron .....	117
INSULIN SYRINGE .....	57	iron (ferrous sulfate) .....	117
INSULIN SYRINGE MICROFINE .....	57	ISENTRESS .....	16
INSULIN SYRINGE NEEDLELESS .....	57	ISENTRESS HD .....	16
INSULIN SYRINGE ULTRAFINE .....	57	isibloom .....	76
INSULIN SYRINGE-NEEDLE U-100 .....	57	ISOLYTE-P IN 5 % DEXTROSE .....	65
INSULIN SYRINGES (DISPOSABLE) .....	58	ISOLYTE-S .....	65
INSUPEN .....	58	isoniazid .....	16
INTELENCE .....	16	ISOPROPYL ALCOHOL .....	117
INTRALIPID .....	65	ISOPTO CARPINE .....	69
INTRON A .....	16	isosorbide dinitrate .....	37
introvale .....	76	isosorbide mononitrate .....	37
INVANZ .....	16	isradipine .....	37
INVEGA SUSTENNA .....	46	ISTODAX .....	25
INVEGA TRINZA .....	46	itch relief (clotrimazole) .....	117
INVIRASE .....	16	itraconazole .....	16
INVOKAMET .....	76	IV PREP WIPES .....	91
INVOKAMET XR .....	76	ivermectin .....	16
INVOKANA .....	76	IXEMPRA .....	25
inzo antifungal .....	117	IXIARO (PF) .....	29
IONOSOL-B IN D5W .....	65		

**J**

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



JAKAFI .....	25	KETEK .....	16
jantoven .....	34	ketoconazole .....	16, 91
JANUMET .....	76	ketoprofen .....	46
JANUMET XR .....	76	ketorolac .....	69
JANUVIA .....	76	KEYTRUDA .....	25
JARDIANCE .....	76	kid's vitamins .....	117
jencycla .....	76	kid's vitamins + extra c .....	117
JENTADUETO .....	76	kid's vitamins + iron .....	117
JENTADUETO XR .....	76	kids vitamins + iron .....	117
JEVTANA .....	25	kids vitamins complete .....	117
jock itch (clotrimazole) .....	117	kimidess (28) .....	77
jock itch (terbinafine) .....	117	KIMONO CONDOMS(NON-LUBRICATED) .....	117
juleber .....	77	KIMONO MAXX CONDOMS .....	117
JULUCA .....	16	KIMONO MICROTHIN AQUA LUBE CON .....	117
junel fe 1.5/30 (28) .....	77	KIMONO MICROTHIN CONDOMS .....	117
junel fe 1/20 (28) .....	77	KIMONO MICROTHIN LARGE CONDOMS .....	117
junel fe 24 .....	77	KIMONO TEXTURED CONDOMS .....	117
junel 1.5/30 (21) .....	77	KINRIX (PF) .....	29
junel 1/20 (21) .....	77	kionex .....	65
		kionex (with sorbitol) .....	65
	<b>K</b>	KISQALI .....	25
KABIVEN .....	65	KISQALI FEMARA CO-PACK .....	25
KADCYLA .....	25	klor-con m10 .....	65
KALETRA .....	16	KLOR-CON M15 .....	65
KALYDECO .....	88	klor-con m20 .....	65
kao-tin (bismuth subsalicylat) .....	117	klor-con sprinkle .....	65
kao-tin (docusate calcium) .....	117	KLOR-CON 10 .....	65
KAOPLECTATE (DOCUSATE CALCIUM) .....	117	KLOR-CON 8 .....	65
kaoplectate ex str (bismuth ss) .....	117	konsyl (sugar) .....	117
kariva (28) .....	77	KONSYL EASY MIX .....	117
kelnor 1/35 (28) .....	77	konsyl fiber .....	117
KEPIVANCE .....	91		

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



KONSYL FORMULA-D .....	117	lax stool softener with senna .....	118
konsyl sugar-free .....	117	laxacin .....	118
KONSYL SUGAR-FREE (ASPARTAME) .....	117	laxaclear .....	118
KORLYM .....	77	laxative (bisacodyl) .....	118
kurvelo .....	77	laxative (glycerin-pediatric) .....	118
KUVAN .....	85	laxative (sennosides) .....	118
KYNAMRO .....	37	laxative dietary supplement .....	118
KYPROLIS .....	25	laxative peg 3350 .....	118
		laxative pills regular .....	118
		laxative plus stool softener .....	118
<b>L</b>		LAZANDA .....	47
l norgest/e.estradiol-e.estrad .....	77	lc-4 .....	118
labetalol .....	37	lc-5 .....	118
lactated ringers .....	65	leflunomide .....	85
lactulose .....	65	LENVIMA .....	25
lamisil at .....	117	lessina .....	77
lamivudine .....	16	LETAIRIS .....	88
lamivudine-zidovudine .....	16	letrozole .....	77
lamotrigine .....	47	leucovorin calcium .....	85
LANOXIN .....	37	LEUKERAN .....	25
LANOXIN PEDIATRIC .....	37	LEUKINE .....	34
lansoprazole .....	71	leuprolide .....	77
LANTUS .....	77	LEVEMIR .....	77
LANTUS SOLOSTAR .....	77	LEVEMIR FLEXTOUCH .....	77
larin fe 1.5/30 (28) .....	77	levetiracetam .....	47
larin fe 1/20 (28) .....	77	levetiracetam in nacl (iso-os) .....	47
larin 1.5/30 (21) .....	77	levobunolol .....	69
larin 1/20 (21) .....	77	levocarnitine .....	85
larin 24 fe .....	77	levocarnitine (with sugar) .....	85
larissia .....	77	levocetirizine .....	21
LARTRUVO .....	25	levofloxacin .....	17, 69
latanoprost .....	69		
LATUDA .....	47		

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



levofloxacin in d5w .....	17	linezolid-0.9% sodium chloride .....	17
levoleucovorin .....	85	LINZESS .....	71
levonest (28) .....	77	liothyronine .....	78
levonorg-eth estrad triphasic .....	77	LIPO-FLAVONOID PLUS .....	118
levonorgestrel .....	118	liquid antacid .....	118
levonorgestrel-ethinyl estrad .....	77	liquid corn and callus remover .....	118
levora-28 .....	77	liquitears .....	118
levorphanol tartrate .....	47	lisinopril .....	37
levothyroxine .....	77	lisinopril-hydrochlorothiazide .....	37
LEVOXYL .....	77	lite coat aspirin .....	118
LEXIVA .....	17	LITE TOUCH INSULIN PEN NEEDLES .....	58
LIALDA .....	71	LITE TOUCH INSULIN SYRINGE .....	58
lice bedding spray .....	118	LITE TOUCH-MEDIUM MASK .....	95
lice complete kit 1-2-3 .....	118	LITEAIRE MDI CHAMBER .....	95
lice killing .....	118	LITETOUCH-LARGE MASK .....	95
lice killing (permethrin) .....	118	LITETOUCH-SMALL MASK .....	95
lice pyrinyl shampoo .....	118	lithium carbonate .....	47
lice solution .....	118	lithium citrate .....	47
lice treatment .....	118	LITHOSTAT .....	65
lice treatment (permethrin) .....	118	LITTLE ANIMALS .....	118
LICIDE SPRAY .....	118	little animals-iron .....	118
lidocaine .....	91, 118	little remedies .....	118
lidocaine (pf) .....	83	little remedies fever and pain .....	118
lidocaine hcl .....	69, 83	LMX 4 .....	119
lidocaine viscous .....	69	LMX 5 .....	119
lidocaine-prilocaine .....	91	LONSURF .....	25
lidocream .....	118	loperamide .....	119
lillow .....	77	lopinavir-ritonavir .....	17
lincomycin .....	17	loradamed .....	119
lindane .....	91	loratadine .....	119
linezolid .....	17	lorazepam .....	47

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



lorazepam intensol .....	47	MAG-AL PLUS .....	119
loryna (28) .....	78	mag-al plus extra strength .....	119
losartan .....	37	MAGELLAN INSULIN SAFETY SYRNG .....	58
losartan-hydrochlorothiazide .....	37	MAGELLAN SYRINGE .....	58
lotrimin af .....	119	maglox .....	119
LOTTRIMIN AF (CLOTRIMAZOLE) .....	119	MAGNEBIND 300 .....	119
lovastatin .....	37	magnesium oxide .....	119
low-ogestrel (28) .....	78	magnesium sulfate .....	47
loxapine succinate .....	47	magnesium sulfate in d5w .....	47
lubricant eye .....	119	magnesium sulfate in water .....	47, 95
lubricant eye (polyv alcohol) .....	119	MAGOX .....	119
lubrifresh pm .....	119	malathion .....	91
LUMIGAN .....	69	manganese chloride .....	95
LUMIZYME .....	67	mapap (acetaminophen) .....	119
LUPRON DEPOT .....	78	mapap extra strength .....	119
LUPRON DEPOT (3 MONTH) .....	78	maprotiline .....	47
LUPRON DEPOT (4 MONTH) .....	78	marlissa .....	78
LUPRON DEPOT (6 MONTH) .....	78	MARPLAN .....	47
LUPRON DEPOT-PED .....	78	MARQIBO .....	25
LUPRON DEPOT-PED (3 MONTH) .....	78	masanti double strength .....	119
lutera (28) .....	78	masophen .....	119
LYNPARZA .....	25	MATULANE .....	25
LYRICA .....	47	MAXI-COMFORT INSULIN SYRINGE .....	58
LYSODREN .....	25	maximum daily multivitamin .....	119
lyza .....	78	meclizine .....	119
		meclofenamate .....	47
	<b>M</b>	medi-laxx .....	119
M.V.I. ADULT .....	95	medi-meclizine .....	119
M.V.I. PEDIATRIC .....	95	mediproxen .....	119
M-M-R II (PF) .....	29	medroxyprogesterone .....	78
MAALOX ADVANCED .....	119	mefloquine .....	17
maalox maximum strength .....	119		

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



mega multi for women	119	METAMUCIL SUGAR-FREE (ASPART)	120
mega multiple/chelated mineral	120	metaproterenol	32
mega multivitamin for men	120	metaxalone	32
mega multivitamin with mineral	120	metformin	78
megestrol	78	methadone	48
MEKINIST	25	METHADOSE	48
meloxicam	47, 48	methazolamide	69
melphalan	25	methenamine hippurate	17
melphalan hcl	25	methergine	87
memantine	48	methimazole	78
men 50 plus multivitamin	120	METHITEST	78
men's multi-vitamin	120	methocarbamol	32
men's one daily	120	methotrexate sodium	25
MENACTRA (PF)	29	methotrexate sodium (pf)	26
MENEST	78	methoxsalen	91
MENHIBRIX (PF)	29	methyclothiazide	65
MENOMUNE - A/C/Y/W-135	29	METHYLCCELLULOSE (BULK)	120
MENOMUNE - A/C/Y/W-135 (PF)	29	methyldopa	37
MENTAX	91	methyldopa-hydrochlorothiazide	38
MENVEO A-C-Y-W-135-DIP (PF)	29	methylergonovine	87
meperidine	48	methylphenidate hcl	48
MEPHYTON	95	methylprednisolone	78
mercaptopurine	25	methylprednisolone acetate	78
meropenem	17	methylprednisolone sodium succ	78
meropenem-0.9% sodium chloride	17	methyltestosterone	78
mesalamine	71	metipranolol	69
mesalamine with cleansing wipe	72	metoclopramide hcl	72
mesna	85	metolazone	65
MESNEX	85	metoprolol succinate	38
METAMUCIL	120	metoprolol ta-hydrochlorothiaz	38
METAMUCIL (WITH SUGAR)	120	metoprolol tartrate	38

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



metronidazole .....	17, 91	minoxidil .....	38
metronidazole in nacl (iso-os) .....	17	mintox .....	120
mexiletine .....	38	mintox maximum strength .....	120
mgo .....	120	mintox plus .....	121
mi-acid .....	120	MIRALAX .....	121
MIACALCIN .....	78	mirtazapine .....	48
micatin .....	120	misoprostol .....	72
miconazole nitrate .....	120	mitomycin .....	26
miconazole 7 .....	120	mitoxantrone .....	26
miconazole-skin clnsr17 .....	120	modafinil .....	48
miconazole-3 .....	91, 120	moexipril .....	38
miconazorb af .....	120	moexipril-hydrochlorothiazide .....	38
micro-guard .....	120	molindone .....	48
MICROCHAMBER .....	96	mometasone .....	91
microgestin fe 1.5/30 (28) .....	79	MONAGHAN Z STAT CHAMBER .....	96
microgestin fe 1/20 (28) .....	79	MONAGHAN Z STAT CHAMBER-LG MSK .....	96
microgestin 1.5/30 (21) .....	78	MONAGHAN Z STAT CHAMBER-MD MSK .....	96
microgestin 1/20 (21) .....	78	MONAGHAN Z STAT CHAMBER-SM MSK .....	96
MICROGESTIN 24 FE .....	78	MONISTAT 3 .....	121
MICROSPACER .....	96	MONISTAT 7 .....	121
midodrine .....	32	MONOJECT INSULIN SAFETY SYRINGE .....	58
MIDOL (NAPROXEN) .....	120	MONOJECT INSULIN SYRINGE .....	58
miglitol .....	79	MONOJECT SYRINGE .....	58
migraine formula .....	120	MONOJECT ULTRA COMFORT INSULIN .....	58
migraine pain reliever .....	120	montelukast .....	88
migraine relief .....	120	morphine .....	48, 49
milk of magnesia .....	120	morphine (pf) .....	49
milltrium senior .....	120	morphine concentrate .....	49
mimvey .....	79	motion relief (meclizine) .....	121
MINI ULTRA-THIN II .....	58	motion sickness .....	121
minocycline .....	17	motion sickness (meclizine) .....	121

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



motion sickness ii	121	muro 128	122
motion sickness relief	121	muscle relief	122
motion sickness relief ii	121	MUSTARGEN	26
motion sickness relief(mecliz)	121	MX-SOL	122
motion-time	121	my favorite multiple	122
MOUTHPIECE	121	MYALEPT	79
move it along	121	mycophenolate mofetil	85
moxifloxacin	69	mycophenolate mofetil hcl	85
MOZOBIL	34	mycophenolate sodium	85
MULTAQ	38	MYFORTIC	85
multi complete with iron	121	MYKIDZ IRON	122
multi-day with iron	121	MYLOTARG	26
multi-delyn	121	myorisan	91
MULTI-DELYN WITH IRON	121	MYRBETRIQ	93
MULTILEX	121	myzilra	79
MULTILEX-T AND M	121		
multiple vitamin-minerals	121	<b>N</b>	
multiple vitamin, womens	121	nabumetone	49
multiple vitamins	121	nadolol	38
multiple vitamins with iron	121	nadolol-bendroflumethiazide	38
multivital	121	nafcillin	17
multivital platinum	121	nafcillin in dextrose iso-osm	17
multivitamin	121	NAGLAZYME	67
multivitamin with iron	121	nalbuphine	49
multivitamin with minerals	121	naloxone	49
multivitamin 50 plus	121	naltrexone	49
multivitamin-calcium and iron	121	NAMENDA XR	49
mupirocin	91	NAMZARIC	49
mupirocin calcium	91	naphazoline	69
MURINE EAR	121	naproxen	49
murine ear wax removal system	122	naproxen sodium	49, 122
		naratriptan	49

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).





NARCAN .....	49	nausea control .....	123
nasal allergy symptom control .....	122	nausea relief .....	123
nasal and sinus decongestant .....	122	NEBUPENT .....	17
nasal antiseptic swabs .....	122	necon 0.5/35 (28) .....	79
nasal decongestant (pseudoeph) .....	122	necon 1/35 (28) .....	79
nasal moisturizing .....	122	necon 10/11 (28) .....	79
nasal spray (sodium chloride) .....	122	nefazodone .....	49
NASALCROM .....	122	neo-polycin .....	69
NASCOBAL .....	96	neo-polycin hc .....	69
nateglinide .....	79	neomycin .....	17
NATPARA .....	79	neomycin-bacitracin-poly-hc .....	69
NATRAPEL .....	122	neomycin-bacitracin-polymyxin .....	69
natura-lax .....	122	neomycin-polymyxin b gu .....	91
natural b-100 .....	122	neomycin-polymyxin b-dexameth .....	69
natural balance .....	122	neomycin-polymyxin-gramicidin .....	69
natural balance tears .....	122	neomycin-polymyxin-hc .....	69
natural calcium .....	122	NEOSPORIN (NEO-BAC-POLYM) .....	123
natural daily fiber .....	122	neosporin (neo-polym-gramicid) .....	69
natural fiber laxative .....	122	neosporin anti-itch .....	123
natural fiber laxative (sugar) .....	122	NEOSPORIN PLUS PAINRELIEF(BAC) .....	123
natural fiber laxative therapy .....	122	NEPHRAMINE 5.4 % .....	65
natural fiber laxative(aspart) .....	122	NEPHRO-VITE .....	123
natural psyllium fiber .....	122	NEPHRONEX .....	123
natural senna laxative .....	122	NERLYNX .....	26
natural veg laxative(dextrose) .....	122	NEULASTA .....	34
natural veg laxative(sennosid) .....	122	NEUPOGEN .....	34
natural vegetable .....	122	NEUPRO .....	49
natural vegetable (psyllium) .....	122	neutraphor .....	123
natural vegetable powder .....	122	nevirapine .....	17
nature's tears .....	123	NEXAVAR .....	26
nature's tears (hypromellose) .....	123	niacor .....	38

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



nicardipine .....	38	norethindrone acetate .....	79
nicoderm cq .....	123	norethindrone-e.estradiol-iron .....	79
nicorelief .....	123	norgestimate-ethinyl estradiol .....	79
NICORETTE .....	123	norlyda .....	79
nicotine .....	123	norlyroc .....	79
nicotine (polacrilex) .....	123	NORMOSOL-M IN 5 % DEXTROSE .....	65
NICOTROL NS .....	32	NORMOSOL-R .....	65
nifedical xl .....	38	NORMOSOL-R IN 5 % DEXTROSE .....	65
nifedipine .....	38	NORMOSOL-R PH 7.4 .....	65
nighttime allergy relief .....	123	nortemp .....	123
nighttime sleep-aid (doxylamn) .....	123	NORTHERA .....	32
nikki (28) .....	79	nortrel 0.5/35 (28) .....	79
NILANDRON .....	26	nortrel 1/35 (21) .....	79
nilutamide .....	26	nortrel 1/35 (28) .....	79
nimodipine .....	38	nortrel 7/7/7 (28) .....	79
NINLARO .....	26	nortriptyline .....	49
nitrofurantoin .....	17	NORVIR .....	17
nitrofurantoin macrocrystal .....	17	NOVAFERRUM PEDIATRIC .....	123
nitrofurantoin monohyd/m-cryst .....	17	NOVOFINE AUTOCOVER .....	59
nitroglycerin .....	38	NOVOFINE PLUS .....	59
NITROSTAT .....	38	NOVOFINE 30 .....	59
NIX CREME RINSE .....	123	NOVOFINE 32 .....	59
noble formula hc .....	123	NOVOLIN N .....	79
non-aspirin .....	123	NOVOLIN R .....	79
non-aspirin child .....	123	NOVOLIN 70/30 .....	79
non-aspirin extra strength .....	123	NOVOLOG .....	79
non-aspirin pain relief .....	123	NOVOLOG FLEXPEN .....	79
non-drowsy allergy .....	123	NOVOLOG MIX 70-30 .....	79
noreth-ethinyl estradiol-iron .....	79	NOVOLOG MIX 70-30 FLEXPEN .....	79
norethindrone (contraceptive) .....	79	NOVOLOG PENFILL .....	79
norethindrone ac-eth estradiol .....	79	NOVOPEN ECHO .....	59

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



NOVOTWIST .....	59	olanzapine .....	49, 50
NOXAFIL .....	17	omega-3 acid ethyl esters .....	38
nts step 1 .....	123	omeprazole .....	72
NUEDEXTA .....	49	omnicap .....	124
NULOJIX .....	85	OMNITROPE .....	80
NUPLAZID .....	49	ONCASPAR .....	26
NUTRILIPID .....	65	ONCCOR .....	124
NUTRISOURCE FIBER .....	124	once daily .....	124
nuzole .....	124	oncovite .....	124
nyamyc .....	91	ondansetron .....	72
nyata .....	91	ondansetron hcl .....	72
nystatin .....	17, 91	ondansetron hcl (pf) .....	72
nystatin-triamcinolone .....	91	one daily .....	124
nystop .....	91	one daily calcium/iron .....	124
	<b>O</b>	ONE DAILY COMPLETE .....	124
OCEAN FOR KIDS .....	124	one daily energy .....	124
OCEAN NASAL .....	124	one daily essential .....	124
octreotide acetate .....	85	one daily for men .....	124
ocutabs .....	124	one daily for men 50+ advanced .....	124
ocuvite with lutein .....	124	one daily for women .....	124
ODEFSEY .....	17	one daily maximum .....	124
ODOMZO .....	26	one daily maximum (with ca) .....	124
OFEV .....	88	one daily men's 50+ .....	124
off active .....	124	one daily multi-vit w-mineral .....	124
off deep woods .....	124	one daily multivit-iron(folic) .....	124
off deep woods dry .....	124	one daily multivitamin .....	124
off deep woods sportsmen .....	124	one daily plus iron .....	124
off familycare (with deet) .....	124	one daily plus minerals .....	124
ofloxacin .....	18, 69	one daily with iron .....	125
ogestrel (28) .....	79	one daily women 50 plus .....	125
okebo .....	18	one daily women's .....	125

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



one daily women's health .....	125	os-cal 500 + d3 .....	125
one daily women's metabolism .....	125	oseltamivir .....	18
ONE WAY VALVED MOUTHPIECE .....	125	oxaliplatin .....	26
ONE-A-DAY CHOLESTEROL PLUS .....	125	oxandrolone .....	80
one-a-day essential .....	125	oxaprozin .....	50
one-a-day maximum formula .....	125	oxazepam .....	50
one-a-day teen advantage .....	125	oxcarbazepine .....	50
ONE-A-DAY WOMENS FORMULA .....	125	oxybutynin chloride .....	93
ONFI .....	50	oxycodone .....	50
ONIVYDE .....	26	oxycodone-acetaminophen .....	50
opcicon one-step .....	125	oxycodone-aspirin .....	50
OPDIVO .....	26	oysco 500/d .....	125
OPSUMIT .....	88	oysco-500 .....	125
opti-vitamins .....	125	oyster shell + d3 .....	125
OPTICHAMBER ADULT MASK-LARGE .....	96	oyster shell calcium .....	125
OPTICHAMBER DIAMOND LG MASK .....	96	oyster shell calcium 500 .....	125
OPTICHAMBER DIAMOND VHC .....	96	oyster shell calcium-vit d2 .....	125
OPTICHAMBER DIAMOND-MED MSK .....	96	oyster shell calcium-vit d3 .....	125
OPTICHAMBER DIAMOND-SML MASK .....	96	oystercal-d .....	125
ORA-PLUS .....	125		
ORA-SWEET .....	125	<b>P</b>	
ORA-SWEET SF .....	125	PACERONE .....	38
ORAL SUSPEND .....	125	paclitaxel .....	26
ORAL SYRUP .....	125	PAIN AND FEVER .....	125
ORAL SYRUP SF .....	125	pain relief .....	126
oralone .....	91	pain relief (acetamin-asp-caf) .....	126
oralyte .....	125	pain relief adult .....	126
ORFADIN .....	85	pain relief extra strength .....	126
ORKAMBI .....	88	pain relief regular strength .....	126
orphenadrine citrate .....	32	pain reliever .....	126
orsythia .....	80	pain reliever (acetam-aspirin) .....	126
		pain reliever extra strength .....	126

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



pain reliever plus .....	126	PEDIATRIC SMALL MASK .....	126
pain-off .....	126	PEDVAX HIB (PF) .....	30
paliperidone .....	50	peg 3350-electrolytes .....	72
pamidronate .....	85	peg-electrolyte soln .....	72
pamprin max .....	126	PEGANONE .....	50
PANDA MASK .....	126	PEGINTRON .....	18
PANRETIN .....	91	PEGINTRON REDIPEN .....	18
pantoprazole .....	72	peg3350 .....	126
paricalcitol .....	93	PEN NEEDLE .....	59
paroex oral rinse .....	69	PEN NEEDLE, DIABETIC .....	59
paromomycin .....	18	penicillin g potassium .....	18
paroxetine hcl .....	50	penicillin g sodium .....	18
PASER .....	18	penicillin v potassium .....	18
PATADAY .....	69	PENTACEL (PF) .....	30
PAXIL .....	50	PENTAM .....	18
PAZEO .....	69	pentazocine-naloxone .....	50
PEDI-BORO SOAK .....	126	PENTIPS .....	59
PEDIA-LAX .....	126	pentoxifylline .....	34
pediacare fever reducer .....	126	pep-t-med .....	126
PEDIALYTE .....	126	PEPCID AC .....	126
PEDIALYTE ADVANCED CARE .....	126	peptic relief .....	126
PEDIALYTE FREEZER POPS .....	126	PEPTO-BISMOL .....	126
PEDIALYTE SINGLES .....	126	PEPTO-BISMOL MAX ST .....	126
PEDIARIX (PF) .....	29	PEPTO-BISMOL TO-GO .....	127
pediatric cough and cold .....	126	PERDIEM OVERNIGHT RELIEF .....	127
pediatric electrolyte .....	126	PERFOROMIST .....	32
pediatric enema .....	126	PERI-COLACE .....	127
pediatric freezer pops .....	126	PERIGUARD .....	127
PEDIATRIC MEDIUM MASK .....	126	PERIKABIVEN .....	65
pediatric multivitamin .....	126	perindopril erbumine .....	38
PEDIATRIC PANDA MASK .....	126	periogard .....	69

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



PERJETA .....	26	pioglitazone .....	80
permethrin .....	91, 127	pioglitazone-glimepiride .....	80
perphenazine .....	50	pioglitazone-metformin .....	80
perphenazine-amitriptyline .....	50	piperacillin-tazobactam .....	18
PERSA-GEL .....	127	pirmella .....	80
pfizerpen-g .....	18	piroxicam .....	51
pharbedryl .....	127	PLAN B ONE-STEP .....	127
pharbetol .....	127	PLASMA-LYTE A .....	65
pharmacist favorite multi-vit .....	127	PLASMA-LYTE 148 .....	65
phenelzine .....	50	PLASMA-LYTE-56 IN 5 % DEXTROSE .....	65
phenobarbital .....	50	pnv cmb#95-ferrous fumarate-fa .....	127
PHENYTEK .....	50	pnv ob+dha .....	93
phenytoin .....	50	POCKET CHAMBER .....	96
phenytoin sodium .....	50	podofilox .....	91
phenytoin sodium extended .....	51	poly bacitracin (zinc) .....	127
phillips .....	127	POLY-VI-SOL .....	127
PHILLIPS MILK OF MAGNESIA .....	127	POLY-VI-SOL WITH IRON .....	127
phillips' liqui-gels .....	127	poly-vita .....	127
PHOS-NAK .....	127	poly-vita (iron) .....	127
PHOSLYRA .....	65	poly-vitamin .....	127
PHOSPHOLINE IODIDE .....	69	poly-vitamin with iron .....	127
PHYSIOLYTE .....	65	POLY-VITAMINS .....	127
PHYSIOSOL IRRIGATION .....	65	polycin .....	70
phytonadione (vitamin k1) .....	96	polyethylene glycol 3350 .....	72, 127
pilocarpine hcl .....	32, 70	polymyxin b sulf-trimethoprim .....	70
pimozide .....	51	polymyxin b sulfate .....	18
pimtrea (28) .....	80	POLYSPORIN .....	127
pin-x .....	127	polyvinyl alcohol .....	127
pindolol .....	38	polyvitamin with iron .....	127
pink bismuth .....	127	POMALYST .....	26
pink bismuth maximum strength .....	127	portia .....	80

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



PORTRAZZA .....	26	prednisone intensol .....	80
potassium chlorid-d5-0.45%nacl .....	66	PREMARIN .....	80
potassium chloride .....	66	PREMASOL 10 % .....	66
potassium chloride in lr-d5 .....	66	PREMASOL 6 % .....	66
potassium chloride in 0.9%nacl .....	66	PREMPHASE .....	80
potassium chloride in 5 % dex .....	66	PREMPRO .....	80
potassium chloride-d5-0.2%nacl .....	66	PRENATABS FA .....	93
potassium chloride-d5-0.3%nacl .....	66	prenatal .....	127
potassium chloride-d5-0.9%nacl .....	66	prenatal formula .....	128
potassium chloride-0.45 % nacl .....	66	prenatal plus (calcium carb) .....	93
potassium citrate .....	66	prenatal tablet .....	128
POTIGA .....	51	prenatal vitamin with minerals .....	128
povidone-iodine .....	127	prenatal vits96-iron fum-folic .....	128
powderlax .....	127	preparation h hydrocortisone .....	128
pr natal 400 .....	93	PRESERVISION AREDS .....	128
pr natal 400 ec .....	93	prevalite .....	39
pr natal 430 .....	93	previfem .....	80
pr natal 430 ec .....	93	PREZCOBIX .....	18
PRALUENT PEN .....	38	PREZISTA .....	18
PRALUENT SYRINGE .....	38	PRIFTIN .....	18
pramipexole .....	51	primaquine .....	18
prasugrel .....	34	PRIMEAIRE .....	96
pravastatin .....	38	primidone .....	51
prazosin .....	38	PRIMSOL .....	18
PRED-G .....	70	PRISTIQ .....	51
PRED-G S.O.P. ....	70	PRIVIGEN .....	30
prednicarbate .....	91	PRO COMFORT ALCOHOL PADS .....	91
prednisolone .....	80	PRO COMFORT PEN NEEDLE .....	59
prednisolone acetate .....	70	probenecid .....	66
prednisolone sodium phosphate .....	70, 80	probenecid-colchicine .....	66
prednisone .....	80	procainamide .....	39

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



PROCALAMINE 3% .....	66	PROSIGHT .....	128
PROCHAMBER .....	96	PROSIGHT WITH LUTEIN .....	128
prochlorperazine .....	72	PROTONIX .....	72
prochlorperazine edisylate .....	72	protriptyline .....	51
prochlorperazine maleate .....	72	provil .....	128
PROCRIT .....	34	pseudoephedrine hcl .....	128
procto-med hc .....	91	psyllium husk .....	128
procto-pak .....	91	PULMOZYME .....	88
proctosol hc .....	91	pure and gentle disposable .....	128
proctozone-hc .....	91	purelax .....	128
PRODIGY INSULIN SYRINGE .....	59	PURIXAN .....	26
PROFE FORTE .....	128	pyrazinamide .....	18
progesterone in oil .....	80	pyridostigmine bromide .....	32
progesterone micronized .....	80	pyridoxine (vitamin b6) .....	96
PROGLYCEM .....	80		
PROGRAF .....	85	<b>Q</b>	
PROLEUKIN .....	26	q-dryl .....	128
PROLIA .....	86	q-pap .....	128
PROMACTA .....	34	q-pap extra strength .....	128
promethazine .....	21	q-tussin .....	128
promethegan .....	21	q-tussin dm .....	128
promolaxin .....	128	QUADRACEL (PF) .....	30
propafenone .....	39	quasense .....	80
proprantheline .....	32	quenalin .....	128
proparacaine .....	70	quetiapine .....	51
propranolol .....	39	quinapril .....	39
propranolol-hydrochlorothiazid .....	39	quinapril-hydrochlorothiazide .....	39
propylthiouracil .....	80	quinidine gluconate .....	39
PROQUAD (PF) .....	30	quinidine sulfate .....	39
PRORENAL .....	128	quinine sulfate .....	18
PRORENAL QD .....	128	quintabs-m iron free .....	128
		quit 2 .....	128

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).





quit 4 .....	128	REMODULIN .....	88
<b>R</b>		rena-vite .....	129
RABAVERT (PF) .....	30	RENACIDIN .....	96
raloxifene .....	80	renal vitamin .....	129
ramipril .....	39	renal-vite .....	129
RANEXA .....	39	REVELA .....	66
ranitidine hcl .....	72	repaglinide .....	80
RAPAMUNE .....	86	REPATHA PUSHTRONEX .....	39
rasagiline .....	51	REPATHA SURECLICK .....	39
react .....	128	REPATHA SYRINGE .....	39
ready-to-use enema .....	128	repe family .....	129
REBETOL .....	18	repe hunter's .....	129
reclipsen (28) .....	80	repe sportsmen .....	129
RECOMBIVAX HB (PF) .....	30	repe sportsmen dry .....	129
recort plus .....	128	repe sportsmen max .....	129
rectasmoothe .....	128	repe tick defense .....	129
RECTICARE .....	128	repe 100 .....	129
RECTIV .....	91	RESCRIPTOR .....	18, 19
reese's pinworm medicine .....	128	reserpine .....	39
REFRESH LACRI-LUBE .....	128	RESTASIS .....	70
REGRANEX .....	92	RESTASIS MULTIDOSE .....	70
reguloid .....	129	RETROVIR .....	19
reguloid (psyllium husk) .....	129	REVATIO .....	39
reguloid, sugar free .....	129	REVLIMID .....	26
RELENZA DISKHALER .....	18	REXULTI .....	51
RELION NEEDLES .....	59	REYATAZ .....	19
RELION PEN NEEDLES .....	59	RHEUMATREX .....	26
RELISTOR .....	72	ri-gel .....	129
REMEDY ANTIFUNGAL .....	129	ri-gel ii .....	129
remedy phytoplex antifungal .....	129	ri-mox .....	129
REMICADE .....	86	ri-tussin .....	129

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



ri-tussin dm .....	129	roweepra .....	51
ribasphere .....	19	RUBRACA .....	26
ribavirin .....	19	RULOX .....	129
RID COMPLETE LICE ELIM KIT .....	129	RYDAPT .....	26
rid lice killing .....	129		
RIDAURA .....	73	<b>S</b>	
rifabutin .....	19	SABRIL .....	51
RIFAMATE .....	19	safe tussin dm .....	129
rifampin .....	19	SAFESNAP INSULIN SYRINGE .....	59
RIFATER .....	19	saline mist .....	129
riluzole .....	51	saline nasal .....	130
rimantadine .....	19	saline nasal mist .....	130
ringer's .....	66	saline nose .....	130
ringworm .....	129	SAMSCA .....	66
risacal-d .....	129	SANCUSO .....	72
risedronate .....	86	SANDIMMUNE .....	86
RISPERDAL CONSTA .....	51	SANDOSTATIN LAR DEPOT .....	86
risperidone .....	51	SANI-SUPP (ADULT) .....	130
RITEFLO AEROCHAMBER .....	96	SANI-SUPP (INFANT) .....	130
RITUXAN .....	26	SANTYL .....	92
RITUXAN HYCELA .....	26	SAPHRIS (BLACK CHERRY) .....	51
rivastigmine tartrate .....	32	SAVELLA .....	51
rizatriptan .....	51	scalp relief .....	130
robafen .....	129	scalpicin anti-itch .....	130
robafen dm cough .....	129	scooby-doo one a day .....	130
robafen dm cough-chest congest .....	129	scopolamine base .....	72
robitussin cough-chest cong dm .....	129	SCOT-TUSSIN EXPECTORANT .....	130
ropinirole .....	51	scrub care povidone iodine .....	130
rosuvastatin .....	39	sea soft nasal mist .....	130
ROTARIX .....	30	secura antifungal .....	130
ROTATEQ VACCINE .....	30	secura antifungal extra thick .....	130
		selegiline hcl .....	51

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



SELZENTRY .....	19	siladryl sa .....	131
sen-o-tab .....	130	sildenafil (antihypertensive) .....	39
senexon .....	130	SILICONE MASK - INFANT .....	96
senexon-s .....	130	SILICONE MASK - PEDIATRIC .....	131
senior tabs .....	130	silphen cough .....	131
SENNA .....	130	siltussin dm das .....	131
senna lax .....	130	siltussin sa .....	131
senna laxative .....	130	siltussin-dm .....	131
senna laxative-stool softener .....	130	silver sulfadiazine .....	92
senna plus .....	130	SIMPLE SYRUP .....	131
senna with docusate sodium .....	130	SIMPONI .....	86
senna-s .....	130	SIMULECT .....	86
senna-time s .....	130	simvastatin .....	39
sennalax-s .....	130	sirolimus .....	86
senno .....	130	SIRTURO .....	19
sennosides-docusate sodium .....	130	SIVEXTRO .....	19
SENOKOT .....	130	skin protectant a and d .....	131
SENOKOT-S .....	130	sleep aid (doxylamine) .....	131
SENSIPAR .....	80	SMOFLIPID .....	66
sentry .....	130	smooth antacid .....	131
sentry (with lutein) .....	130	smoothlax .....	131
sentry senior .....	130	sochlor .....	131
SEREVENT DISKUS .....	32	sodium bicarbonate .....	66, 131
SEROSTIM .....	80	sodium chloride .....	66, 96, 131
sertraline .....	51	sodium chloride 0.45 % .....	66
setlakin .....	81	sodium chloride 0.9 % .....	66
shake that ache .....	131	sodium chloride 3 % .....	66
sharobel .....	81	sodium chloride 5 % .....	66
SIDESTREAM PEDIATRIC FACE MASK .....	131	SODIUM EDECIN .....	66
SIGNIFOR .....	81	sodium ferric gluconat-sucrose .....	96
silace .....	131	sodium lactate .....	66

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



sodium phenylbutyrate .....	67	spironolactone .....	39
sodium phosphate .....	96	sprintec (28) .....	81
sodium polystyrene (sorb free) .....	67	SPRITAM .....	51, 52
sodium polystyrene sulfonate .....	67	SPRYCEL .....	26
sof-lax .....	131	SPS (WITH SORBITOL) .....	67
SOLTAMOX .....	81	sronyx .....	81
SOLU-MEDROL .....	81	SSD .....	92
SOLU-MEDROL (PF) .....	81	st joseph aspirin .....	131
soluble fiber .....	131	st. joseph aspirin .....	131
SOMATULINE DEPOT .....	81	stavudine .....	19
SOMAVERT .....	81	STERILE GAUZE PAD .....	87
soothe (bismuth subsalicylate) .....	131	STIMATE .....	81
soothe regular strength .....	131	stimulant laxative plus .....	132
soothing care (hydrocortisone) .....	131	STIOLTO RESPIMAT .....	32
sorbugen nr .....	131	STIVARGA .....	26
SORIATANE .....	92	stomach relief .....	132
sorine .....	39	stomach relief max strength .....	132
sotalol .....	39	stomach relief original .....	132
sotalol af .....	39	stool softener .....	132
SOVALDI .....	19	stool softener-stimulant laxat .....	132
spectravite adult 50+ .....	131	stop lice .....	132
spectravite advanced formula .....	131	STRATTERA .....	52
spectravite men's .....	131	STRENSIQ .....	67
spectravite senior .....	131	streptomycin .....	19
spectravite ultra men 50+ .....	131	stress b with zinc .....	132
spectravite ultra men's sr .....	131	stress b-biotin .....	132
spectravite ultra women .....	131	stress formula with iron .....	132
spectravite ultra women's sr .....	131	stress formula with zinc .....	132
SPIRIVA RESPIMAT .....	32	stress formula 600 c .....	132
SPIRIVA WITH HANDIHALER .....	32	stress 500 .....	132
spironolacton-hydrochlorothiaz .....	39	stress 500 plus zinc .....	132

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



STRIBILD .....	19	SUPREP BOWEL PREP KIT .....	72
STRIVERDI RESPIMAT .....	32	SURE COMFORT ALCOHOL PREP PADS .....	92
STUART ONE .....	132	SURE COMFORT INS. SYR. U-100 .....	59
SUBOXONE .....	52	SURE COMFORT INSULIN SYRINGE .....	59
SUCRAID .....	67	SURE COMFORT PEN NEEDLE .....	60
sucralfate .....	72	SURE-FINE PEN NEEDLES .....	60
SUDAFED .....	132	SURE-JECT INSULIN SYRINGE .....	60
sudogest .....	132	SURE-PREP ALCOHOL PREP PADS .....	92
sulfacetamide sodium .....	70	SURFAK .....	132
sulfacetamide sodium (acne) .....	92	SURMONTIL .....	52
sulfacetamide-prednisolone .....	70	SUSTIVA .....	19
sulfadiazine .....	19	SUTENT .....	27
sulfamethoxazole-trimethoprim .....	19	SWEEN 24 .....	132
sulfasalazine .....	19	SWEET-SF .....	132
sulindac .....	52	syeda .....	81
sumatriptan .....	52	SYLATRON .....	19
sumatriptan succinate .....	52	SYLVANT .....	27
super b complex-vitamin c .....	132	SYMBICORT .....	88
super b-50 complex .....	132	SYMLINPEN 120 .....	81
super b-50 complex plus .....	132	SYMLINPEN 60 .....	81
super calcium .....	132	SYNAGIS .....	19
super multiple .....	132	SYNAREL .....	81
SUPER MULTIVITAMIN .....	132	SYNERCID .....	20
super pain relief .....	132	SYNJARDY .....	81
super quintis b-50 .....	132	SYNJARDY XR .....	81
super thera vite m .....	132	SYNRIBO .....	27
superplex-t .....	132	SYNTHROID .....	81
suphedrin .....	132	SYPRINE .....	73
suphedrine .....	132		
suppository adult .....	132		
SUPRAX .....	19		

**T**

tab-a-vite .....	132
tab-a-vite-minerals .....	133

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



TABLOID .....	27	terbinafine hcl .....	20, 133
tacrolimus .....	86, 92	terbutaline .....	32
tactical .....	133	terconazole .....	92
tactical extra strength .....	133	TERUMO INSULIN SYRINGE .....	60
TAFINLAR .....	27	testosterone cypionate .....	81
TAGRISSO .....	27	testosterone enanthate .....	81
TAKE ACTION .....	133	tetanus-diphtheria toxoids-td .....	30
TAMIFLU .....	20	tetanus,diphtheria tox ped(pf) .....	30
tamoxifen .....	81	tetrabenazine .....	52
tamsulosin .....	32	tetracycline .....	20
TARCEVA .....	27	THALOMID .....	86
TARGETIN .....	27, 92	the magic bullet .....	133
tarina fe 1/20 (28) .....	81	theophylline .....	93
TASIGNA .....	27	thera .....	133
TAXOTERE .....	27	THERA M PLUS (FERROUS FUMARAT) .....	133
tazarotene .....	92	THERA-M .....	133
TAZORAC .....	92	thera-tabs .....	133
taztia xt .....	39	theradex m .....	133
tears again (pva) .....	133	theralogix companion .....	133
tears naturale ii .....	133	therapeutic m + beta-carotene .....	133
tears pure .....	133	therapeutic-m .....	133
TECENTRIQ .....	27	therapeutic-m vitamin/minerals .....	133
TECHLITE PEN NEEDLE .....	60	theraseal .....	133
TEFLARO .....	20	theratrum complete with lutein .....	133
TEKTURNA .....	39	theratrum complete 50 plus/lut .....	133
telmisartan .....	39	THEREMS .....	133
telmisartan-amlodipine .....	40	THEREMS-H .....	133
temazepam .....	52	THEREMS-M .....	133
TEMODAR .....	27	THERMAZENE .....	92
TENIVAC (PF) .....	30	thiamine hcl (vitamin b1) .....	96
terazosin .....	40	THINPRO INSULIN SYRINGE .....	60

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



THIOLA .....	86	TOPCARE CLICKFINE .....	60
thioridazine .....	52	TOPCARE ULTRA COMFORT .....	60
thiotepa .....	27	topiramate .....	52
thiothixene .....	52	toposar .....	27
thrivite-19 .....	93	topotecan .....	27
THYMOGLOBULIN .....	86	TORISEL .....	27
THYROLAR-1 .....	81	torsemide .....	67
THYROLAR-1/2 .....	82	total allergy medicine .....	133
THYROLAR-1/4 .....	82	total b/c .....	133
THYROLAR-2 .....	82	total home insect repellent .....	133
THYROLAR-3 .....	82	TOUJEO SOLOSTAR .....	82
tiagabine .....	52	TOVIAZ .....	93
ticlopidine .....	34	TPN ELECTROLYTES .....	67
tigecycline .....	20	TRACLEER .....	88
TIKOSYN .....	40	TRADJENTA .....	82
tilia fe.....	82	tramadol .....	52
timolol maleate .....	40, 70	tramadol-acetaminophen .....	52
tinidazole .....	20	trandolapril .....	40
tioconazole .....	133	tranexamic acid .....	34
tioconazole-1 .....	133	TRANSDERM-SCOP .....	72
TIVICAY .....	20	tranylcypromine .....	52
tizanidine .....	32	TRAVASOL 10 % .....	67
TOBI PODHALER .....	20	TRAVATAN Z .....	70
tobramycin .....	70	travel sickness .....	133
tobramycin sulfate .....	20	trazodone .....	52
tobramycin-dexamethasone .....	70	TREANDA .....	27
TOBREX .....	70	TRECTOR .....	20
TOLAK .....	92	TRELSTAR .....	82
tolbutamide .....	82	TRESIBA FLEXTOUCH U-100 .....	82
tolcapone.....	52	TRESIBA FLEXTOUCH U-200 .....	82
tolterodine.....	93	tretinoin .....	92

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



tretinoin (chemotherapy) .....	27	triple paste af .....	134
TREXALL .....	27	TRISENOX .....	27
tri femynor .....	82	TRIUMEQ .....	20
tri-biozene .....	133	trivora (28) .....	82
tri-buffered aspirin .....	133	trixaicin .....	134
tri-legest fe .....	82	trixaicin hp .....	134
tri-lo-estarylla .....	82	TROMBONEX .....	134
tri-lo-sprintec .....	82	TROPHAMINE 10 % .....	67
tri-previfem (28) .....	82	TROPHAMINE 6% .....	67
tri-sprintec (28) .....	82	tropicamide .....	70
TRI-VI-SOL .....	133	tropium .....	93
tri-vita .....	133	TRUEPLUS INSULIN .....	60
tri-vitamin .....	134	TRUEPLUS PEN NEEDLE .....	61
triamcinolone acetonide .....	92	TRULICITY .....	82
triamterene-hydrochlorothiazid .....	67	TRUMENBA .....	30
triderm .....	92	TRUSTEX LATEX CONDOM .....	134
trifluoperazine .....	52	TRUSTEX LUBRICATED CONDOMS .....	134
trifluridine .....	70	TRUSTEX NON-LUB CONDOMS .....	134
trihexyphenidyl .....	52	TRUSTEX-RIA LUB/SPERMICIDE .....	134
triklo .....	40	TRUSTEX-RIA LUBRICATED CONDOMS .....	134
trilyte with flavor packets .....	72	TRUSTEX-RIA NON-LUB CONDOMS .....	134
trimethobenzamide .....	72	TRUVADA .....	20
trimethoprim .....	20	TUMS .....	134
trimipramine .....	52	TUMS E-X .....	134
trinessa (28) .....	82	TUMS EXTRA STRENGTH SMOOTHIES .....	134
trinessa lo .....	82	TUMS FRESHERS .....	134
TRINTELLIX .....	52	TUMS ULTRA .....	134
triple antibiotic .....	134	tusnel diabetic .....	134
triple antibiotic (pram) extra .....	134	tussin .....	134
triple antibiotic plus .....	134	tussin chest congestion .....	134
triple antibiotic-pain relief .....	134	tussin cough dm .....	134

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).





tussin cough-chest congestion .....	134	ultimate men's complete 50+ .....	135
tussin dm .....	134	ultimate women's complete 50+ .....	135
tussin dm clear .....	134	ultra a-d .....	135
tussin dm cough .....	134	ultra b-100 complex .....	135
tussin dm cough and chest .....	134	ULTRA CMFT INS SYR HALF UNIT .....	61
tussin dm max .....	134	ULTRA COMFORT INSULIN SYRINGE .....	62
tussin expectorant .....	134	ultra dm free and clear .....	135
tussin honey .....	134	ultra fresh pm .....	135
TWINRIX (PF) .....	30	ultra sleep (doxylamine succ) .....	135
TYBOST .....	86	ultra strength antacid .....	135
TYGACIL .....	20	ultra strength calcium antacid .....	135
TYKERB .....	27	ultra tuss safe .....	135
TYLENOL .....	134	ULTRA-THIN II (SHORT) INS SYR .....	62
TYLENOL SORE THROAT .....	135	ULTRA-THIN II (SHORT) PEN NDL .....	62
tylophen .....	135	ULTRA-THIN II INS PEN NEEDLES .....	62
TYPHIM VI .....	30	ULTRA-THIN II INSULIN SYRINGE .....	62
TYSABRI .....	86	ultrathon .....	135
TYVASO .....	88	UNICOMPLEX-M .....	135
TYVASO INSTITUTIONAL START KIT .....	88	UNIFINE PENTIPS .....	62
TYVASO REFILL KIT .....	88	UNIFINE PENTIPS PLUS .....	62
TYVASO STARTER KIT .....	88	UNISOM (DOXYLAMINE) .....	135
TYZEKA .....	20	UNITHROID .....	82
		UNITUXIN .....	27
	<b>U</b>	ursodiol .....	73
u-cort .....	92	UVADEX .....	92
ULTICARE .....	61		<b>V</b>
ULTICARE INSULIN SYR HALF UNIT .....	61	vagistat-3 .....	135
ULTICARE INSULIN SYRINGE .....	61	valacyclovir .....	20
ULTICARE PEN NEEDLE .....	61	VALCHLOR .....	92
ULTILET ALCOHOL SWAB .....	92	valganciclovir .....	20
ULTILET INSULIN SYRINGE .....	61	valproate sodium .....	52
ULTILET PEN NEEDLE .....	61		

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



valproic acid	52	vicks qlearquil nighttime rlf	135
valproic acid (as sodium salt)	52	VICTOZA 2-PAK	82
valsartan	40	VICTOZA 3-PAK	82
valsartan-hydrochlorothiazide	40	VIDEX 2 GRAM PEDIATRIC	20
valu-dryl allergy	135	VIDEX 4 GRAM PEDIATRIC	20
vancomycin	20	vienva	82
VANISHPOINT SYRINGE	62	vigabatrin	53
VAQTA (PF)	30	VIGAMOX	70
VARIVAX (PF)	30	VIIBRYD	53
VARIZIG	30	VIMPAT	53
VASCEPA	40	vinblastine	28
VECTIBIX	27	vincasar pfs	28
VELCADE	27	vincristine	28
velivet triphasic regimen (28)	82	vinorelbine	28
VELTASSA	67	violele (28)	83
VEMLIDY	20	VIRACEPT	20
VENCLEXTA	27	VIRAZOLE	20
VENCLEXTA STARTING PACK	27	VIREAD	20
venlafaxine	53	vision	135
VENOFER	96	vision formula (with lutein)	135
VENTOLIN HFA	32	vision plus lutein	135
verapamil	40	VITA-BEE WITH C	135
VEREGEN	92	vitalee	135
VERIPRED 20	82	VITALETS	135
VERSACLOZ	53	vitamin a and d	135
verticalm	135	vitamin a and d grx	135
VERZENIO	28	vitamin b complex	135
vestura (28)	82	vitamin d2	96
VIACTIV	135	vitamin d3	135
VIBERZI	73	vitamin k	96
vicks qlearquil allergy	135	vitamin k1	96

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



vitamins and minerals .....	135	wal-sporin .....	136
vitamins b complex .....	136	wal-tussin .....	136
VITAMINS FOR HAIR .....	136	wal-tussin dm .....	136
VITATRUM .....	136	wal-tussin dm clear .....	136
VITEKTA .....	20	wal-zan 75 .....	136
VITRUM SENIOR .....	136	wal-zyr (cetirizine) .....	136
VOLTAREN .....	53	warfarin .....	34
voriconazole .....	20, 21	wart remover .....	136
VORTEX FROG MASK-CHILD .....	136	water for inject, bacteriostat .....	96
VORTEX HOLDING CHAMBER .....	96	water for injection, sterile .....	97
VORTEX HOLDING CHAMBER CHILD .....	96	water for irrigation, sterile .....	67
VORTEX HOLDING CHAMBER TODDLER .....	96	WEBCOL .....	92
VORTEX LADYBUG MASK-TODDLER .....	136	WELCHOL .....	40
VORTEX VHC FROG MASK-CHILD .....	96	wera (28) .....	83
VORTEX VHC LADYBUG MASK-TODDLER .....	96	WINRHO SDF .....	30
VOTRIENT .....	28	woman's laxative .....	136
VPRIV .....	67	women's daily formula .....	136
VRAYLAR .....	53	women's gentle laxative(bisac) .....	136
VYXEOS .....	28	women's laxative (bisacodyl) .....	136
<b>W</b>		women's one daily .....	136
wal-dram .....	136	women's stool softener .....	136
wal-dryl allergy .....	136	wymzya fe .....	83
wal-itin .....	136	<b>X</b>	
wal-mucil fiber .....	136	XALKORI .....	28
wal-mucil fiber (aspartame) .....	136	XARELTO .....	34
wal-mucil fiber (sugar) .....	136	XATMEP .....	28
wal-mucil natural fiber lax .....	136	XELJANZ .....	86
wal-phed .....	136	XELJANZ XR .....	86
wal-profen .....	136	XGEVA .....	86
wal-proxen .....	136	XIFAXAN .....	21
wal-som (doxylamine) .....	136	XOLAIR .....	88

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



XTAMPZA ER .....	53	ziprasidone hcl .....	53
XTANDI .....	28	ZIRGAN .....	70
XYREM .....	53	zoledronic acid .....	86
<b>Y</b>		zoledronic acid-mannitol-water .....	86
yelets .....	137	ZOLINZA .....	28
YERVOY .....	28	zolpidem .....	53
YF-VAX (PF) .....	30	zonisamide .....	53
YONDELIS .....	28	ZONTIVITY .....	35
<b>Z</b>		zoo chews .....	137
zafirlukast .....	88	zoo friends .....	137
zaleplon .....	53	zoo friends original .....	137
ZALTRAP .....	28	ZORTRESS .....	86
ZANOSAR .....	28	ZOSTAVAX (PF) .....	30
ZANTAC 75 .....	137	zovia 1/35e (28) .....	83
zarah .....	83	zovia 1/50e (28) .....	83
ZARXIO .....	34	ZOVIRAX .....	92
ZAVESCA .....	86	ZYDELIG .....	28
zeasorb (miconazole) .....	137	ZYKADIA .....	28
ZEJULA .....	28	ZYPREXA RELPREVV .....	53
ZELBORAF .....	28	ZYRTEC .....	137
ZEMPLAR .....	94	ZYTIGA .....	28
zenatane .....	92	ZYVOX .....	21
zenchent fe .....	83	1-day .....	97
ZERBAXA .....	21	1ST TIER UNIFINE PENTIPS .....	53
ZERIT .....	21	1ST TIER UNIFINE PENTIPS PLUS .....	53
ZETIA .....	40	24hour allergy .....	97
ZIAGEN .....	21	3 day vaginal .....	97
zidovudine .....	21	3-day vaginal .....	97
zinc chloride .....	97	4-n-1 no rinse wash .....	97
zinc oxide .....	137	8-MOP .....	89
ZINC WITH VITAMINS A AND C .....	137		

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](http://Humana.com).



---

## List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, heart-related conditions. That is where you will find drugs that treat heart conditions.

Infection.....	12	Over the Counter Drugs.....	97
Allergies.....	21		
Cancer.....	21		
Prevent diseases.....	28		
Autoimmune disorder.....	31		
Blood clotting.....	33		
Heart-related conditions.....	35		
Brain and spinal conditions.....	40		
Diabetes.....	53		
Drugs used for diagnosis of disease.....	62		
High blood pressure and water retention.....	63		
Genetic conditions.....	67		
Eye, ear, nose and throat conditions.....	68		
Stomach and intestinal conditions.....	70		
Arthritis.....	73		
High levels of metal in the blood.....	73		
Hormone imbalance.....	73		
Local pain.....	83		
Arthritis and other conditions such as MS and osteoporosis.....	83		
Post-partum bleeding.....	87		
Wound treatment.....	87		
Asthma.....	87		
Skin problems.....	89		
Bladder problems.....	93		
Vitamin deficiencies.....	93		
Non Part D Drugs.....	94		

---

**If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



## **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.
- 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 1-800-787-3311, 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:

### **Discrimination Grievances**

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

If you need help filing a grievance, call 1-800-787-3311 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 **1-800-787-3311 (TTY: 711)**.

**Español (Spanish):** **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-787-3311 (TTY: 711)**.

**Polski (Polish):** **UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-787-3311 (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 **1-800-787-3311 (TTY: 711)**。

**한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-787-3311 (TTY: 711)** 번으로 전화해 주십시오.

**Tagalog (Tagalog – Filipino):** **PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-787-3311 (TTY: 711)**.

**Русский (Russian):** **ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-787-3311 (телетайп: 711)**.

**ગુજરાતી (Gujarati):** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-787-3311 (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 **1-800-787-3311 (TTY: 711)**.

**Italiano (Italian):** **ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-787-3311 (TTY: 711)**.

**Français (French):** **ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-787-3311 (ATS : 711)**.

**λληνικά (Greek):** **ΠΡΟΣΟΧΗ:** Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-800-787-3311 (TTY: 711)**.

**Deutsch (German):** **ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-787-3311 (TTY: 711)**.

**Diné Bizaad (Navajo):** Dii baa akó ninízin: Dii saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éi ná hóló, kojí' hódíílnih **1-800-787-3311 (TTY: 711)**.

**العربية (Arabic):**

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-787-3311 (رقم هاتف الصم والبك: 711)**.

**हिंदी (Hindi):** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-787-3311 (TTY: 711)** पर कॉल करें।

**وڤرأ (Urdu):**

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-787-3311 (TTY: 711)**۔











PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. THIS FORMULARY WAS UPDATED ON 12/26/2017. IF YOU HAVE QUESTIONS, PLEASE CALL HUMANA GOLD PLUS INTEGRATED H0336-001 (MEDICARE-MEDICAID PLAN) AT 1-800-737-3311 (TTY: 711), 8 A.M. to 8 P.M., MONDAY THROUGH FRIDAY, CENTRAL TIME. THIS CALL IS FREE.

**Humana**<sup>®</sup>