2018

Pharmacy Directory
Directorio de farmacias

This directory was updated on 12/05/2018.

Este directorio fue actualizado el 12/05/2018.

Humana Preferred Rx™ (PDP)
Humana Medicare Employer™ (PDP)

Alaska

Changes to our network may occur during the benefit year. An updated Directory is located on our website at **Humana.com**. You may also call Customer Care for updated provider information.
Es posible que se produzcan cambios en nuestra red durante el año de beneficios. Puede consultar el Directorio actualizado en nuestro sitio Web en **Humana.com**. También puede llamar a nuestro departamento de Atención al cliente para obtener información actualizada sobre los proveedores.
To get the most up-to-date information about network pharmacies in your area, or for questions about the information in this directory, you can visit **Humana.com** or call Customer Care. If you are a member of Humana Prescription Drug Plan call Customer Care at **1-800-281-6918**. If you use a TTY, call **711**. You can call us seven days a week, from 8 a.m. to 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from February 15 to September 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day. If you are a member of Humana Medicare Employer PDP call Customer Care at **1-866-396-8810** (TTY: **711**). We're available Monday through Friday from 8 a.m. to 9 p.m. Eastern time. Our phone system may answer your call after hours and on Saturdays, Sundays and some holidays; leave a message and we'll call back by the end of the next business day.

Para obtener la información más actualizada acerca de las farmacias de la red en su área, puede visitar **Humana.com** o llamar al departamento de Atención al cliente. Si está afiliado al Plan de medicamentos recetados de Humana llame al departamento de Atención al cliente al **1-800-281-6918**. Si usa un TTY, llame al **711**. Puede llamarnos. Sin embargo, tenga en cuenta que nuestro sistema telefónico automatizado puede responder su llamada durante los fines de semana y los días festivos entre el 15 de febrero y el 30 de septiembre. Deje su nombre y número de teléfono y le devolveremos la llamada antes del final del siguiente día hábil. Si está afiliado al Plan Humana Medicare PDP del patrono, llame al departamento de Atención al Cliente al **1-866-396-8810** (TTY: **711**). Estamos a su disposición de lunes a viernes de 8 a.m. a 9 p.m., hora del este. Nuestro sistema telefónico podrá responder llamadas fuera del horario de atención y los sábados, domingos y algunos días festivos; deje un mensaje y le devolveremos la llamada antes de finalizar el siguiente día laborable. Si usa un TTY, llame al **711**.

Humana®

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Humana Preferred Rx or Humana Medicare Employer Prescription Drug Plan Pharmacy Directory

Section 1 - Introduction

This directory was updated on 12/05/2018.

This directory provides a list of Humana Preferred Rx or Humana Medicare Employer Prescription Drug Plan network pharmacies. We may also list pharmacies that are in our network but are outside the service area in which you live. You may also fill your prescriptions at these pharmacies. For more information please contact us at the numbers on the front and back cover.

To get a complete description of your prescription coverage, including how to fill your prescriptions, please review the Evidence of Coverage and the Humana Prescription Drug Guide.

This document is available in other formats such as Braille and large print. Contact Customer Care for more information.

How to get the most out of your network
The "network pharmacies" listed in this directory have agreed to provide you with your prescription coverage. You may go to any of our network pharmacies listed in this directory. In most cases, your prescriptions are covered under Humana Preferred Rx or Humana Medicare Employer Prescription Drug Plan only if they are filled at a network pharmacy, or through our mail-order pharmacy service. Once you go to one pharmacy, you are not required to continue going to the same pharmacy to fill your prescription, but can switch to any other of our network pharmacies. We will fill prescriptions at non-network pharmacies under certain circumstances as described in your Evidence of Coverage.

All network pharmacies may not be listed in this directory. Pharmacies may have been added or removed from the list after this directory was printed. This means the pharmacies listed here may no longer be in our network, or there may be newer pharmacies in our network that are not listed. For the most current list, please contact us. Our contact information appears on the front and back cover.

You can go to all the pharmacies on this list, but your costs for some drugs may be less at pharmacies in this list that offer preferred cost-sharing. We have marked these pharmacies with three asterisks (***) to distinguish them from other pharmacies in our network that offer standard cost-sharing. Not all plans offer preferred cost-sharing. Please refer to your Evidence of Coverage (EOC) for more information.

Humana's pharmacy network offers limited access to pharmacies with preferred cost sharing in urban areas of AL, CA, CT, DC, DE, GA, IA, IL, IN, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NY, OH, OR, PA, RI, SC, SD, TN, VA, VT, WA, WI, WV, WY; suburban areas of AZ, CA, CT, DC, DE, HI, IA, IL, IN, MA, MD, ME, MI, MN, MO, MT, ND, NH, NE, NJ, NY, OH, OR, PA, PR, RI, SD, VT, WA, WV, WY; and rural areas of AK, IA, MN, MT, ND, NE, SD, VT, WY. There are an extremely limited number of preferred cost share pharmacies in urban areas in the following states: CT, DE, MA, MD, ME, MI, MN, MS, NC, ND, NY, OH, RI, SC, VT, and WA; suburban areas of: MT and ND; and rural areas of: ND. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call Customer Care at 1-800-281-6918 (TTY: 711) or consult the online pharmacy directory at **Humana.com**.

How do you find network pharmacies in your area?
Pharmacies are listed in this directory by type, then by state, followed by county, parish or municipality. Within each county, parish or municipality, the cities and then each pharmacy is shown alphabetically.

Section 2 - Network Pharmacies

Mail-Order Pharmacies
Pharmacies with preferred mail order cost-sharing are pharmacies in Humana's network in which Humana has negotiated lower cost-sharing than at pharmacies with standard mail order cost sharing for its plan members for covered prescription drugs. However, you will still have access to lower drug prices at pharmacies with standard mail-order cost-sharing than at out-of-network mail-order pharmacies. You may go to either of these types of network mail-order pharmacies to receive your covered prescription drugs.

If your plan does not have preferred and standard mail-order cost-sharing pharmacy benefits, you may use any mail-order pharmacy listed.

You can get prescription drugs shipped to your home through our network mail order delivery program. Typically, you should expect to receive your prescription drugs from 5 to 7 days for refills and 7 to 10 days for new prescriptions from the time that the mail order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact Customer Care (details on front and back covers).

To refill your mail order prescriptions, please contact us 14 days before you think the drugs you have on hand will run out to make sure your next order is shipped to you in time.

If you are a member of a qualified State Pharmaceutical Assistance Program, please contact the program to verify that the mail-order pharmacy will coordinate with that program.

Are home infusion pharmacies part of the pharmacy network?
Humana Preferred Rx or Humana Medicare Employer Prescription Drug Plan will cover infusion therapy drugs if:
- Your prescription drug is on your Humana Preferred Rx or Humana Medicare Employer Prescription Drug Plan formulary, or you have a formulary exception;
- Humana Preferred Rx or Humana Medicare Employer Prescription Drug Plan has approved your prescription drug for home infusion therapy; and
- Your prescription is written by an authorized prescriber.

Are long-term care pharmacies part of the pharmacy network?
Residents of a long-term care facility may access their prescription drugs covered under Humana Preferred Rx or Humana Medicare Employer Prescription Drug Plan through the facility's long-term care pharmacy or another network long-term care pharmacy.

Are Indian Health Service/Tribal/Urban Indian Health Program (I/T/U) Pharmacies part of the pharmacy network?
Only Native Americans and Alaska Natives have access to Indian Health Service/Tribal/Urban Indian Health Program (I/T/U) Pharmacies through Humana Preferred Rx or Humana Medicare Employer Prescription Drug Plan pharmacy network. Those other than Native Americans and Alaskan Natives may be able to access these pharmacies under limited circumstances (e.g. emergencies).

What are Physician Dispensing Pharmacies?
These are Physicians/Clinics that are part of Humana's pharmacy networks that can dispense prescribed medications from within their office.

If you have questions about any of the above, please see the first and last cover pages of this directory for information on how to contact us.

Índice

ESTA PÁGINA SE HA DEJADO EN BLANCO POR REQUISITOS DE IMPRESIÓN

Directorio de farmacias de Humana Preferred Rx o Plan Humana Medicare PDP del Patrono

Sección 1 - Introducción

Este directorio se actualizó el 12/05/2018.

Este directorio proporciona una lista de farmacias de la red de Humana Preferred Rx o Plan Humana Medicare PDP del Patrono. También es posible que incluyamos farmacias que están en nuestra red, pero están fuera del área de servicio en la cual usted vive. Usted también puede surtir sus medicamentos recetados en estas farmacias. Para obtener más información, contáctenos a los números que aparecen en la portada y la contraportada.

Para obtener una descripción completa de su cobertura para medicamentos recetados, incluyendo cómo surtir sus medicamentos recetados, revise la Evidencia de cobertura y la Guía de Medicamentos Recetados de Humana.

Este documento está disponible en otros formatos como Braille y letra grande. Contacte a Atención al cliente para obtener más información.

Cómo aprovechar al máximo su red
Las "farmacias de la red" enumeradas en este directorio han aceptado proporcionarle su cobertura para medicamentos recetados. Puede ir a cualquiera de las farmacias de nuestra red que aparecen en este directorio. En la mayoría de los casos, los medicamentos recetados están cubiertos por Humana Preferred Rx o Plan Humana Medicare PDP del Patrono únicamente si las recetas se surten en una farmacia de la red o a través de nuestro servicio de farmacia de pedido por correo. Una vez que vaya a una farmacia, no se le exige que continúe yendo a la misma farmacia para surtir sus medicamentos recetados, sino que puede cambiar a cualquiera de nuestras farmacias de la red. Bajo ciertas circunstancias, surtiremos medicamentos recetados en farmacias que no pertenecen a la red, según se describe en su Evidencia de cobertura.

Es posible que no todas las farmacias de la red estén incluidas en este directorio. Tal vez se hayan añadido o eliminado farmacias de la lista después de la impresión de este directorio. Esto significa que las farmacias enumeradas aquí podrían ya no formar parte de nuestra red, o podría haber farmacias nuevas en nuestra red que no han sido incluidas. Para obtener la lista más actualizada, por favor contáctenos. Nuestra información de contacto aparece en la portada y la contraportada.

Puede ir a todas las farmacias de esta lista, pero sus costos por algunos medicamentos podrían ser menores en las farmacias de esta lista que ofrecen costos compartidos preferidos. Hemos marcado estas farmacias con tres asteriscos (***) para distinguirlas de las demás farmacias en nuestra red que ofrecen costos compartidos estándares. No todos los planes ofrecen costos compartidos preferidos. Consulte su Evidencia de cobertura (EOC, por sus siglas en inglés) para obtener más información.

La red de farmacias de Humana ofrece acceso limitado a farmacias con costos compartidos preferidos en las áreas urbanas de AL, CA, CT, DC, DE, GA, IA, IL, IN, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NY, OH, OR, PA, RI, SC, SD, TN, VA, VT, WA, WI, WV; WY; las áreas suburbanas de AZ, CA, CT, DC, DE, HI, IA, IL, IN, MA, MD, ME, MI, MN, MO, MT, ND, NH, NE, NJ, NY, OH, OR, PA, PR, RI, SD, VT, WA, WV, WY; y las áreas rurales de AK, IA, MN, MT, ND, NE, SD, VT, WY. Hay un número muy reducido de farmacias con costos compartidos preferidos en las áreas urbanas de los siguientes estados: CT, DE, MA, MD, ME, MI, MN, MS, NC, ND, NY, OH, RI, SC, VT y WA las áreas suburbanas de: MT y ND, y las áreas rurales de: ND. Es posible que los costos menores anunciados en los materiales de nuestro plan para estas farmacias no estén disponibles en la farmacia que usted usa. Si desea información actualizada sobre las farmacias de nuestra red, incluidas las farmacias con costos compartidos preferidos, llame a Atención al cliente al 1-800-281-6918 (TTY: 711) o consulte el directorio de farmacias en línea en **espanol.humana.com**.

¿Cómo puede encontrar farmacias de la red en su área?
Las farmacias se enumeran en este directorio por tipo, luego por estado, y por condado, parroquia o municipio. Dentro de cada condado, parroquia o municipalidad, las ciudades y luego cada farmacia se muestran por orden alfabético.

Sección 2 – Farmacias de la red

Farmacias de pedido por correo
Las farmacias de pedido por correo con costos compartidos preferidos son farmacias de la red de Humana con las cuales Humana ha negociado costos compartidos inferiores a los de las farmacias de pedido por correo con costos compartidos estándares para los afiliados del plan para medicamentos recetados cubiertos. Sin embargo, usted aún tendrá acceso a precios de medicamentos más bajos en farmacias de pedido por correo con costos compartidos estándares que en farmacias de pedido por correo fuera de la red. Usted puede ir a cualquiera de estos tipos de farmacias de pedido por correo de la red para recibir sus medicamentos recetados cubiertos.

Si su plan no tiene beneficios de farmacias de pedido por correo con costos compartidos estándares y preferidos, puede utilizar cualquier farmacia de pedido por correo en la lista.

Puede recibir los medicamentos recetados en su hogar a través del programa de envío de pedidos por correo de la red. Por lo general, puede esperar recibir sus medicamentos recetados de 5 a 7 días para repeticiones y de 7 a 10 días para nuevas recetas desde el momento en que la farmacia de pedido por correo recibe el pedido. Si no recibe su(s) medicamento(s) recetado(s) en este tiempo, contacte a Atención al cliente (detalles aparecen en la portada y contraportada).

Para repetir sus recetas de pedido por correo, contáctenos 14 días antes del momento en que cree que se le acabarán los medicamentos, para asegurarse de que se le envíe a tiempo el próximo pedido.

Si está afiliado a un Programa estatal de asistencia farmacéutica acreditado, contacte al programa para verificar que la farmacia de pedido por correo coordinará su servicio con ese programa.

¿Forman parte de la red de farmacias las farmacias de infusión en el hogar?
Humana Preferred Rx o Plan Humana Medicare PDP del Patrono cubrirá los medicamentos para terapia de infusión si:

- Su medicamento recetado aparece en su formulario de Humana Preferred Rx o Plan Humana Medicare PDP del Patrono, o si cuenta con una excepción al formulario;
- Humana Preferred Rx o Plan Humana Medicare PDP del Patrono ha aprobado su medicamento recetado para terapia de infusión en el hogar, y
- Su medicamento ha sido recetado por una persona autorizada.

¿Forman parte de la red de farmacias las farmacias de cuidado a largo plazo?
Los residentes de un centro de cuidado a largo plazo pueden tener acceso a sus medicamentos recetados cubiertos por Humana Preferred Rx o Plan Humana Medicare PDP del Patrono a través de la farmacia de cuidado a largo plazo del centro u otra farmacia de cuidado a largo plazo de la red.

¿Forman parte de la red de farmacias las farmacias del Programa de servicios de salud indígena/tribal/urbana (I/T/U)?
Solo los indios americanos y los nativos de Alaska tienen acceso a las farmacias del Programa de servicios de salud indígena/tribal/urbana (I/T/U) a través de la red de farmacias de Humana Preferred Rx o Plan Humana Medicare PDP del Patrono. Aquellos que no sean indios americanos y nativos de Alaska podrían tener acceso a estas farmacias bajo circunstancias limitadas (por ejemplo, emergencias).

¿Qué son las farmacias con médicos que despachan medicamentos?
Son médicos o clínicas que forman parte de la red de farmacias de Humana que pueden despachar los medicamentos recetados dentro de su consultorio.

Si tiene preguntas acerca de lo señalado anteriormente, consulte la portada y la contraportada de este directorio para obtener información acerca de cómo contactarnos.

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 1-800-281-6918, 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 1-800-281-6918 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**

La discriminación es contra la ley

Humana, Inc. y sus subsidiarias cumplen con todas las leyes aplicables de derechos civiles federales y no discriminan por motivos de raza, color de la piel, origen nacional, edad, discapacidad o sexo. Humana Inc. y sus subsidiarias no excluyen a nadie, ni los tratan de manera diferente por motivos de raza, color de la piel, origen nacional, edad, discapacidad o sexo.

Humana Inc. y sus subsidiarias proporcionan:

- Ayudas y servicios auxiliares gratuitos, como por ejemplo intérpretes acreditados para hablar por señas, interpretación remota por video e información escrita en otros formatos para personas con discapacidades cuando dichas ayudas y servicios auxiliares sean necesarios para garantizar la igualdad de oportunidades de participación.
- Servicios gratuitos de idiomas para personas cuyo idioma principal no es el inglés, cuando dichos servicios sean necesarios para proporcionar acceso útil, tales como documentos traducidos o interpretación oral.

Si necesita estos servicios, llame al 1-800-281-6918 o bien, si utiliza un TTY, llame al 711.

Si usted cree que **Humana Inc. y sus subsidiarias** han fallado en proveer estos servicios o le han discriminado de otra forma por motivos de raza, color de la piel, origen nacional, edad, discapacidad o sexo, puede presentar una queja formal ante:

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

Si necesita ayuda para presentar una queja formal, llame al 1-800-281-6918 o bien, si utiliza un TTY, llame al 711.

También puede presentar una queja de derechos civiles con el **Departamento de Salud y Servicios Humanos,** Oficina de Derechos Civiles, por medios electrónicos a través del portal de quejas de la Oficina de Derechos Civiles, en: **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf,** por correo postal o por teléfono al:

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)

Los formularios de quejas están disponibles en **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 1-800-281-6918 **(TTY: 711)**.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-281-6918 **(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 1-800-281-6918 **(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 1-800-281-6918 **(TTY: 711)**.

한국어 (Korean): 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . 1-800-281-6918 **(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 1-800-281-6918 **(TTY: 711)**.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-281-6918 **(телетайп: 711)**.

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-281-6918 **(TTY: 711)**.

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-281-6918 **(ATS : 711)**.

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-281-6918 **(TTY: 711)**.

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-281-6918 **(TTY: 711)**.

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-281-6918 **(TTY: 711)**.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-281-6918 **(TTY: 711)**.

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-281-6918 **(TTY：711)** まで、お電話にてご連絡ください。

فارسی (Farsi):
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-281-6918 **(TTY: 711)** تماس بگیرید.

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-800-281-6918 **(TTY: 711)**.

العربية (Arabic):
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-281-6918 (رقم هاتف الصم والبكم: **711**).

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List of Network Pharmacies

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Mail-Order Pharmacies

ALL COUNTIES

Mail Order: Preferred Cost-Sharing

HUMANA PHARMACY
MAIL ORDER
800-379-0092

HUMANA SPECIALTY PHARMACY
MAIL ORDER
800-486-2668

Mail Order: Standard Cost-Sharing

WALMART PHARMACY
MAIL ORDER
800-273-3455

90 day represents those pharmacies that offer an extended supply of maintenance medications. Most network pharmacies participate in ePrescribing. Humana Prescription Drug Plans are not providers of medical services. Humana Prescription Drug Plans do not endorse, control, or interfere with the clinical judgment or treatment recommendations made by the physicians or other providers listed in this directory or otherwise selected by you.

Retail Pharmacies

ALASKA

ANCHORAGE COUNTY

ALASKA MANAGED CARE PHARMACY 1829 - 90 Day
5600 DEBARR RD STE 8
ANCHORAGE, AK 99504
800-730-2627

ALASKA NATIVE MEDICAL CENTER MEDISET PHARMACY
1W326
ANCHORAGE, AK 99508
907-729-2199

ALASKA NATIVE MEDICAL CENTER PHARMACY - 90 Day
4315 DIPLOMACY DR
ANCHORAGE, AK 99508
907-729-2112

ALPINE APOTHECARY - 90 Day
158 HOLMGREN
GIRDWOOD, AK 99587
907-205-4270

ANCHORAGE NATIVE PRIMARY CARE CENTER PHAR - 90 Day
4320 DIPLOMACY DR
ANCHORAGE, AK 99508
907-729-5111

ANCHORAGE NEIGHBORHOOD HEALTH CENTER PHAR - 90 Day
4951 BUSINESS PARK BLVD
SUITE 106
ANCHORAGE, AK 99503
907-743-7203

ANTHC INTERNAL MEDICINE PHARMACY - 90 Day
3900 AMBASSADOR DR STE 311
ANCHORAGE, AK 99508
907-729-2112

ANTHC OUTPATIENT SURGERY CENTER OUTPATIEN - 90 Day
3801 UNIVERSITY LAKE DR STE 100
ANCHORAGE, AK 99508
907-729-2112

BERNIE'S PHARMACY - 90 Day
4100 LAKE OTIS PKWY 200
ANCHORAGE, AK 99508
907-562-2138

CARRS PHARMACY 0520 - 90 Day
3101 PENLAND PKWY
ANCHORAGE, AK 99508
907-339-5260

CARRS PHARMACY 1802 - 90 Day
1340 GAMBELL STREET
ANCHORAGE, AK 99501
907-339-0260

CARRS PHARMACY 1805 - 90 Day
1650 W NORTHERN LIGHTS BLVD
ANCHORAGE, AK 99517
907-339-0560

CARRS PHARMACY 1807 - 90 Day
11431 BUSINESS BOULEVARD
EAGLE RIVER, AK 99577
907-726-0760

CARRS PHARMACY 1809 - 90 Day
5600 DEBARR RD
ANCHORAGE, AK 99504
907-339-0960

CARRS PHARMACY 1812 - 90 Day
4000 W DIMOND BLVD
ANCHORAGE, AK 99515
907-339-1260

CARRS PHARMACY 1813 - 90 Day
1501 E HUFFMAN RD
ANCHORAGE, AK 99511
907-339-1360

CARRS PHARMACY 1817 - 90 Day
7731 EAST NORTHERN LIGHTS BOUL
ANCHORAGE, AK 99504
907-339-1760

CARRS PHARMACY 2628 - 90 Day
1725 ABBOTT ROAD
ANCHORAGE, AK 99507
907-339-2860

COSTCO - 90 Day
All Locations
800-607-6861
711 (TTY/TDD)

CVS - 90 Day
All Locations
800-746-7287
711 (TTY/TDD)

FAMILY PHARMACY - 90 Day
11432 BUSINESS BLVD 10
EAGLE RIVER, AK 99577
907-694-7007

FRED MEYER PHARMACY 701011 - 90 Day
1000 E NORTHERN LIGHTS BLVD
ANCHORAGE, AK 99508
907-264-9633

FRED MEYER PHARMACY 701018 - 90 Day
7701 DEBARR RD
ANCHORAGE, AK 99504
907-269-1733

FRED MEYER PHARMACY 701071 - 90 Day
2000 WEST DIMOND BLVD
ANCHORAGE, AK 99515
907-267-6733

FRED MEYER PHARMACY 701656 - 90 Day
2300 ABBOTT ROAD
ANCHORAGE, AK 99507
907-365-2033

FRED MEYER PHARMACY 701668 - 90 Day
13401 OLD GLENN HWY
EAGLE RIVER, AK 99577
907-689-4033

GENEVA WOODS MEDSET PHARMACY 48553 - 90 Day
501 W INTERNATIONAL AIRPORT RD
ANCHORAGE, AK 99518
907-562-2414

GENOA HEALTHCARE, LLC 00146 - 90 Day
4020 FOLKER ST STE 5
ANCHORAGE, AK 99508
907-891-7079

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PROVIDENCE MEDICAL ARTS PHARMACY - 90 Day
3300 PROVIDENCE DR
ANCHORAGE, AK 99508
907-212-5090

SCF RASU PHARMACY - 90 Day
4160 TUDOR CENTRE DR
ANCHORAGE, AK 99508
907-729-4157

WALGREENS* - 90 Day**
All Locations
800-925-4733
877-924-7889 (TTY/TDD)

WALMART* - 90 Day**
All Locations
800-925-6278
711 (TTY/TDD)

BETHEL COUNTY

YUKON KUSKOKWIM DELTA REGIONAL HOSPITAL P - 90 Day
700 CHIEF EDDIE HOFFMAN HWY
BETHEL, AK 99559
907-543-6000

DENALI COUNTY

ALASKA FAMILY PHARMACY - 90 Day
248.1 MILE PARKS HIGHWAY
HEALY, AK 99743
907-683-3636

DILLINGHAM COUNTY

KANAKANAK HOSPITAL - 90 Day
6000 KANAKANAK RD
DILLINGHAM, AK 99576
907-842-9422

FAIRBANKS NORTH STAR COUNTY

ALASKA FAMILY PHARMACY
1001 NOBLE ST
FAIRBANKS, AK 99701
907-452-2556

167 S SANTA CLAUS LN
NORTH POLE, AK 99705
907-488-8555

1919 LATHROP ST
FAIRBANKS, AK 99701
907-452-1514

CHIEF ANDREW ISAAC HEALTH CENTER PHARMACY - 90 Day
1717 WEST COWLES STREET
FAIRBANKS, AK 99701
907-459-3807

DENALI PHARMACY - 90 Day
1650 COWLES ST
FAIRBANKS, AK 99701
907-458-5615

FRED MEYER PHARMACY 701224 - 90 Day
930 OLD STEESE HIGHWAY
FAIRBANKS, AK 99701
907-459-4233

FRED MEYER PHARMACY 701485 - 90 Day
3755 AIRPORT WAY
FAIRBANKS, AK 99709
907-474-1433

SAFEWAY PHARMACY 1821 - 90 Day
301 NORTH SANTA CLAUS LANE
NORTH POLE, AK 99705
907-490-2760

SAFEWAY PHARMACY 2754 - 90 Day
3627 AIRPORT WAY
FAIRBANKS, AK 99701
907-374-4060

SAFEWAY PHARMACY 3410 - 90 Day
30 COLLEGE ROAD
FAIRBANKS, AK 99701
907-374-4160

WALGREENS* - 90 Day**
All Locations
800-925-4733
877-924-7889 (TTY/TDD)

WALMART* - 90 Day**
All Locations
800-925-6278
711 (TTY/TDD)

HAINES COUNTY

SEARHC HAINES MEDICAL CLINIC PHARMACY 457 - 90 Day
131 FIRST AVE S
HAINES, AK 99827
907-766-6300

JUNEAU COUNTY

COSTCO - 90 Day
All Locations
800-607-6861
711 (TTY/TDD)

FRED MEYER PHARMACY 701158 - 90 Day
8181 OLD GLACIER HWY
JUNEAU, AK 99801
907-789-0860

JUNEAU DRUG COMPANY - 90 Day
202 FRONT ST
JUNEAU, AK 99801
907-586-1233

SAFEWAY PHARMACY 1820 - 90 Day
3033 VINTAGE BLVD
JUNEAU, AK 99801
907-523-2060

SEARHC MEDICAL CENTER 456 - 90 Day
1200 SALMON CREEK LN
JUNEAU, AK 99801
907-463-4040

KENAI PENINSULA COUNTY

FRED MEYER PHARMACY 701017 - 90 Day
43843 STERLING HWY
SOLDOTNA, AK 99669
907-260-2233

SAFEWAY PHARMACY 0548 - 90 Day
44428 STERLING HIGHWAY
SOLDOTNA, AK 99669
907-714-5460

SAFEWAY PHARMACY 1808 - 90 Day
10576 KENAI SPUR HIGHWAY
KENAI, AK 99611
907-283-6360

SAFEWAY PHARMACY 1832 - 90 Day
90 STERLING HWY
HOMER, AK 99603
907-226-1060

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Retail Pharmacies

SAFEWAY PHARMACY 2728 - 90 Day
MILE 1.5 1907 SEWARD HIGHWAY
SEWARD, AK 99664
907-224-6960

SCOTTS FAMILY PHARMACY HEALTH AND NUTRITI - 90 Day
4014 LAKE ST STE 101
HOMER, AK 99603
907-226-2580

SOLDOTNA PROFESSIONAL PHARMACY - 90 Day
299 N BINKLEY ST
SOLDOTNA, AK 99669
907-262-3800

THREE BEARS PHARMACY 50 - 90 Day
10575 KENAI SPUR HWY
KENAI, AK 99611
907-335-2061

ULMER'S DRUG & HARDWARE - 90 Day
3858 LAKE STREET STE 5
HOMER, AK 99603
907-235-7760

WALGREENS* - 90 Day**
All Locations
800-925-4733
877-924-7889 (TTY/TDD)

WALMART* - 90 Day**
All Locations
800-925-6278
711 (TTY/TDD)

KETCHIKAN GATEWAY COUNTY

ISLAND PHARMACY - 90 Day
3526 TONGASS AVE
KETCHIKAN, AK 99901
907-225-6186

KETCHIKAN INDIAN CORPORATION - 90 Day
2960 TONGASS AVE
KETCHIKAN, AK 99901
907-228-9205

SAFEWAY PHARMACY 1818 - 90 Day
2417 TONGASS AVENUE
KETCHIKAN, AK 99901
907-228-1960

WALMART* - 90 Day**
All Locations
800-925-6278
711 (TTY/TDD)

KODIAK ISLAND COUNTY

KANA PHARMACY - 90 Day
3449 E REZANOF DR
KODIAK, AK 99615
907-486-9860

SAFEWAY PHARMACY 1090 - 90 Day
2685 MILL BAY RD
KODIAK, AK 99615
907-481-1560

WALMART* - 90 Day**
All Locations
800-925-6278
711 (TTY/TDD)

MATANUSKA-SUSITNA COUNTY

CARRS PHARMACY 1739 - 90 Day
664 W EVERGREEN AVE
PALMER, AK 99645
907-761-1460

CARRS PHARMACY 1811 - 90 Day
595 EAST PARKS HIGHWAY 300
WASILLA, AK 99687
907-352-1160

CVS - 90 Day
All Locations
800-746-7287
711 (TTY/TDD)

FRED MEYER PHARMACY 649 - 90 Day
535 W EVERGREEN AVE
PALMER, AK 99645
907-761-4233

FRED MEYER PHARMACY 653 - 90 Day
1501 E PARKS HWY
WASILLA, AK 99654
907-352-5033

GENEVA WOODS MAT-SU PHARMACY 48551 - 90 Day
3674 E COUNTRY FIELD CIRCLE
WASILLA, AK 99654
907-376-8200

GENEVA WOODS PHARMACY 48556 - 90 Day
950 E BOGARD RD
WASILLA, AK 99654
907-352-2870

THREE BEARS PHARMACY 60 - 90 Day
8151 E PALMER WASILLA HWY
PALMER, AK 99645
907-746-3891

THREE BEARS PHARMACY 85 - 90 Day
3950 S KNIK GOOSE BAY RD
WASILLA, AK 99623
907-376-4511

VALLEY NATIVE PRIMARY CARE CENTER PHARMACY
1001 S KNIK GOOSE BAY RD
WASILLA, AK 99654
907-631-7660

WALGREENS* - 90 Day**
All Locations
800-925-4733
877-924-7889 (TTY/TDD)

WALMART* - 90 Day**
All Locations
800-925-6278
711 (TTY/TDD)

NOME COUNTY

ANIKKAN INUIT ILUQUTAAT SUBREGIONAL PHARM - 90 Day
189 AIRPORT ROAD
UNALAKLEET, AK 99684
907-624-5423

NORTON SOUND HEALTH CORPORATION 484 - 90 Day
1000 GREG KRUSCHEK AVE
NOME, AK 99762
907-443-3377

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NORTH SLOPE COUNTY

SAMUEL SIMMONDS MEM HOSP PHARMACY - 90 Day
7000 UULA STREET
BARROW, AK 99723
907-852-9277

NORTHWEST ARCTIC COUNTY

MANIILAQ HEALTH CENTER PHARMACY - 90 Day
5TH ST AND GRIZZLEY
KOTZEBUE, AK 99752
907-442-7182

PRINCE OF WALES-HYDER COUNTY

ALICIA ROBERTS MEDICAL CENTER PHARMACY - 90 Day
7300A KLAWOCK HOLLIS HWY
KLAWOCK, AK 99925
907-755-4800

ANNETTE ISLAND SERVICE UNIT - 90 Day
563 BRENDIBLE ST
METLAKATLA, AK 99926
907-886-4748

WHALE TAIL PHARMACY - 90 Day
333 COLD STORAGE RD
CRAIG, AK 99921
907-826-5750

SITKA COUNTY

SEARHC MT EDGECUMBE PHARMACY - 90 Day
222 TONGASS DR
SITKA, AK 99835
907-966-2411

SOUTHEAST FAIRBANKS COUNTY

INTERIOR ALASKA PHARMACY - 90 Day
2730 ALASKA HWY
DELTA JUNCTION, AK 99737
907-895-6246

VALDEZ-CORDOVA COUNTY

CROSS ROAD PHARMACY - 90 Day
187 GLENN HWY
GLENNALLEN, AK 99588
907-822-3336

SAFEWAY PHARMACY 1833 - 90 Day
109 E PIONEER DR
VALDEZ, AK 99686
907-835-3737

WRANGELL COUNTY

SEARHC ALASKA ISLAND COMMUNITY SERVICES P - 90 Day
333 CHURCH ST
WRANGELL, AK 99929
907-874-5005

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Home Infusion Pharmacies

ALASKA

ANCHORAGE COUNTY

GENEVA WOODS PROFESSIONAL INFUSION PHARMACY
501 W INTL AIRPORT RD STE 4
ANCHORAGE, AK 99518
907-334-8535

KENAI PENINSULA COUNTY

PROFESSIONAL HOME IV
182 S BIRCH ST
SOLDOTNA, AK 99669
907-262-8737

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ALASKA

ANCHORAGE COUNTY

ALASKA NATIVE MEDICAL CENTER MEDISET PHARMACY
1W326
ANCHORAGE, AK 99508
907-729-2199

GENEVA WOODS MEDSET PHARMACY 48553
501 W INTERNATIONAL AIRPORT RD
ANCHORAGE, AK 99518
907-562-2414

GENEVA WOODS PROFESSIONAL INFUSION PHARMACY
501 W INTL AIRPORT RD STE 4
ANCHORAGE, AK 99518
907-334-8535

GENOA HEALTHCARE, LLC 00146
4020 FOLKER ST STE 5
ANCHORAGE, AK 99508
907-891-7079

MEDSET PHARMACY, LLC
4101 ARCTIC BLVD STE B
ANCHORAGE, AK 99503
907-770-6081

PROVIDENCE APOTHECARY
920 COMPASSION CIR
ANCHORAGE, AK 99504
907-212-9251

RELIANCE MEDSETS
1035 W FIREWEED LN
ANCHORAGE, AK 99503
907-770-0649

FAIRBANKS NORTH STAR COUNTY

CHIEF ANDREW ISAAC HEALTH CENTER PHARMACY 156
1717 WEST COWLES STREET
FAIRBANKS, AK 99701
907-459-3807

FAIRBANKS MEMORIAL HOSPITAL PHARMACY
1650 COWLES ST
FAIRBANKS, AK 99701
907-458-5610

KENAI PENINSULA COUNTY

SCOTTS FAMILY PHARMACY HEALTH AND NUTRITION
4014 LAKE ST STE 101
HOMER, AK 99603
907-226-2580

SOLDOTNA PROFESSIONAL PHARMACY
299 N BINKLEY ST
SOLDOTNA, AK 99669
907-262-3800

SOUTH PENINSULA HOSPITAL PHARMACY
4300 BARTLETT ST
HOMER, AK 99603
907-235-0257

MATANUSKA-SUSITNA COUNTY

GENEVA WOODS MAT-SU MEDSET PHARMACY 48552
3674 E COUNTRY FIELD CR
WASILLA, AK 99654
907-376-8200

GENEVA WOODS MAT-SU PHARMACY 48551
3674 E COUNTRY FIELD CIRCLE
WASILLA, AK 99654
907-376-8200

GENEVA WOODS PHARMACY 48556
950 E BOGARD RD
WASILLA, AK 99654
907-352-2870

NOME COUNTY

NORTON SOUND HEALTH CORPORATION 484
1000 GREG KRUSCHEK AVE
NOME, AK 99762
907-443-3377

NORTH SLOPE COUNTY

SAMUEL SIMMONDS MEM HOSP PHARMACY
7000 UULA STREET
BARROW, AK 99723
907-852-9277

WRANGELL COUNTY

SEARHC ALASKA ISLAND COMMUNITY SERVICES PHARMACY 4
333 CHURCH ST
WRANGELL, AK 99929
907-874-5005

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ITU Pharmacies

ALASKA

ANCHORAGE COUNTY

ALASKA NATIVE MEDICAL CENTER MEDISET PHARMACY
1W326
ANCHORAGE, AK 99508
907-729-2199

ALASKA NATIVE MEDICAL CENTER PHARMACY - 90 Day
4315 DIPLOMACY DR
ANCHORAGE, AK 99508
907-729-2112

ANCHORAGE NATIVE PRIMARY CARE CENTER PHAR - 90 Day
4320 DIPLOMACY DR
ANCHORAGE, AK 99508
907-729-5111

SCF RASU PHARMACY - 90 Day
4160 TUDOR CENTRE DR
ANCHORAGE, AK 99508
907-729-4157

BETHEL COUNTY

YUKON KUSKOKWIM DELTA REGIONAL HOSPITAL P - 90 Day
700 CHIEF EDDIE HOFFMAN HWY
BETHEL, AK 99559
907-543-6000

DILLINGHAM COUNTY

KANAKANAK HOSPITAL - 90 Day
6000 KANAKANAK RD
DILLINGHAM, AK 99576
907-842-9422

FAIRBANKS NORTH STAR COUNTY

CHIEF ANDREW ISAAC HEALTH CENTER PHARMACY - 90 Day
1717 WEST COWLES STREET
FAIRBANKS, AK 99701
907-459-3807

HAINES COUNTY

SEARHC HAINES MEDICAL CLINIC PHARMACY 457 - 90 Day
131 FIRST AVE S
HAINES, AK 99827
907-766-6300

JUNEAU COUNTY

SEARHC MEDICAL CENTER 456 - 90 Day
1200 SALMON CREEK LN
JUNEAU, AK 99801
907-463-4040

KENAI PENINSULA COUNTY

NORTH STAR HEALTH CLINIC PHARMACY
201 3RD AVE
SEWARD, AK 99664
907-224-4907

KETCHIKAN GATEWAY COUNTY

KETCHIKAN INDIAN CORPORATION - 90 Day
2960 TONGASS AVE
KETCHIKAN, AK 99901
907-228-9205

KODIAK ISLAND COUNTY

KANA PHARMACY - 90 Day
3449 E REZANOF DR
KODIAK, AK 99615
907-486-9860

MATANUSKA-SUSITNA COUNTY

VALLEY NATIVE PRIMARY CARE CENTER PHARMACY
1001 S KNIK GOOSE BAY RD
WASILLA, AK 99654
907-631-7660

NOME COUNTY

NORTON SOUND HEALTH CORPORATION 484 - 90 Day
1000 GREG KRUSCHEK AVE
NOME, AK 99762
907-443-3377

NORTH SLOPE COUNTY

SAMUEL SIMMONDS MEM HOSP PHARMACY - 90 Day
7000 UULA STREET
BARROW, AK 99723
907-852-9277

NORTHWEST ARCTIC COUNTY

MANIILAQ HEALTH CENTER PHARMACY - 90 Day
5TH ST AND GRIZZLEY
KOTZEBUE, AK 99752
907-442-7182

PRINCE OF WALES-HYDER COUNTY

ALICIA ROBERTS MEDICAL CENTER PHARMACY - 90 Day
7300A KLAWOCK HOLLIS HWY
KLAWOCK, AK 99925
907-755-4800

ANNETTE ISLAND SERVICE UNIT - 90 Day
563 BRENDIBLE ST
METLAKATLA, AK 99926
907-886-4748

SITKA COUNTY

SEARHC MT EDGECUMBE PHARMACY - 90 Day
222 TONGASS DR
SITKA, AK 99835
907-966-2411

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ALASKA

ANCHORAGE COUNTY

ARCTIC PAIN RELIEF CENTER LLC - 90 Day
3901 OLD SEWARD HWY STE 11
ANCHORAGE, AK 99503
907-250-9441

SOUTHEAST FAIRBANKS COUNTY

FAMILY MEDICAL CENTER - 90 Day
HC 60 BOX 4860
DELTA JUNCTION, AK 99737
907-895-5109

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This directory was updated on 12/05/2018.
Este directorio fue actualizado el 12/05/2018.

To get the most up-to-date information about network pharmacies in your area, or for questions about the information in this directory, you can visit **Humana.com** or call Customer Care. If you are a member of Humana Prescription Drug Plan call Customer Care at **1-800-281-6918**. If you use a TTY, call **711**. You can call us seven days a week, from 8 a.m. to 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from February 15 to September 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day. If you are a member of Humana Medicare Employer PDP call Customer Care at **1-866-396-8810** (TTY: **711**). We're available Monday through Friday from 8 a.m. to 9 p.m. Eastern time. Our phone system may answer your call after hours and on Saturdays, Sundays and some holidays; leave a message and we'll call back by the end of the next business day. If you use a TTY, call **711**.

Para obtener la información más actualizada acerca de las farmacias de la red en su área, puede visitar **Humana.com** o llamar al departamento de Atención al cliente. Si está afiliado al Plan de Medicamentos Recetados de Humana llame al departamento de Atención al cliente al **1-800-281-6918**. Si usa un TTY, llame al **711**. Puede llamarnos los siete días de la semana, entre las 8 a.m. y las 8 p.m. Sin embargo, tenga en cuenta que nuestro sistema telefónico automatizado puede responder su llamada durante los fines de semana y los días festivos entre el 15 de febrero y el 30 de septiembre. Deje su nombre y número de teléfono y le devolveremos la llamada antes del final del siguiente día laborable.Si está afiliado al Plan Humana Medicare PDP del patrono, llame al departamento de Atención al cliente al **1-866-396-8810** (TTY: **711**). Estamos a su disposición de lunes a viernes de 8 a.m. a 9 p.m., hora del este. Nuestro sistema telefónico podrá responder llamadas fuera del horario de atención y los sábados, domingos y algunos días festivos; deje un mensaje y le devolveremos la llamada antes de finalizar el siguiente día laborable. Si usa un TTY, llame al **711**.

Changes to our network may occur during the benefit year. An updated Directory is located on our website at **Humana.com**. You may also call Customer Care for updated provider information.

Es posible que se produzcan cambios en nuestra red durante el año de beneficios. Puede consultar el Directorio actualizado en nuestro sitio Web en **Humana.com**. También puede llamar a nuestro departamento de Atención al cliente para obtener información actualizada sobre los proveedores.

Humana is a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. The pharmacy network may change at any time. You will receive notice when necessary.

Humana es un plan independiente de medicamentos recetados con un contrato con Medicare. La afiliación a este plan de Humana depende de la renovación del contrato. La red de farmacias puede cambiar en cualquier momento. Usted recibirá un aviso cuando sea necesario.

Humana®