

2020 List of Covered Drugs (Formulary)

Humana Gold Plus
Integrated
(Medicare-Medicaid Plan)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. THIS FORMULARY WAS UPDATED ON 12/11/2020. FOR MORE RECENT INFORMATION OR OTHER QUESTIONS, CONTACT US AT 1-800-787-3311 (TTY: 711), 8 A.M. to 8 P.M., MONDAY THROUGH FRIDAY, CENTRAL TIME OR VISIT HUMANA.COM.

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Humana Gold Plus Integrated (Medicare-Medicaid Plan) | 2020 List of Covered Drugs (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs and items are covered by Humana Gold Plus Integrated. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Humana Gold Plus Integrated. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

Table of Contents:

A. Disclaimers	4
B. Frequently Asked Questions	5
B1. What prescription drugs are on the List of Covered Drugs? (We call the List of Covered Drugs the "Drug List" for short.)	5
B2. Does the Drug List ever change?	5
B3. What happens when there is a change to the Drug List?	6
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	7
B5. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?	7
B6. What happens if we change our rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?	7
B7. How can you find a drug on the Drug List?	7
B8. What if the drug you want to take is not on the Drug List?	8
B9. 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?	8
B10. Can you ask for an exception to cover your drug?	10
B11. How can you ask for an exception?	11
B12. How long does it take to get an exception?	11
B13. What are generic drugs?	11
B14. What are OTC drugs?	11
B15. Does Humana Gold Plus Integrated cover non-drug OTC products?	11
B16. What is your copay?	11
B17. What are drug tiers?	12
C. List of Covered Drugs	13
D. List of Drugs by Medical Conditions	123
E. Index of Covered Drugs	166

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.



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A. Disclaimers

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.
- Attention: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-800-787-3311 (TTY: 711), Monday - Friday from 8 a.m. - 8 p.m. Central Time. The call is free.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-787-3311 (TTY: 711), de lunes a viernes de 8 a.m. a 8 p.m. hora del centro. La llamada es gratuita.
- You can get this document 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. Central 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.

- Call Customer Care if you want to make or change a standing request at 1-800-787-3311 (TTY: 711). We're available Monday - Friday, from 8 a.m. – 8 p.m. Central time. The call is free.
- We will keep your preferred language other than English and/or alternate format for future mailings and communications.
- You will not need to make a separate request each time.



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.

B. 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.

B1. 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 13, 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/medicaid-dual/illinois or call Customer Care at 1-800-787-3311 (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Central Time. The call is free.

B2. Does the Drug List ever change?

Yes, and Humana Gold Plus Integrated must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year. 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 question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, 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, **or**
- a drug is removed from the market.

Questions B3 and B6 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/medicaid-dual/illinois.
- 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. Central 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.

B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen immediately. For example:

- **A new generic drug becomes available.** Sometimes, a new and a cheaper drug comes along that works just as well, as a drug on the Drug List now. When that happens, we may remove the current drug, but your cost for the new drug will stay the same. When we add the new generic drug, we may also decide to keep the current drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please see question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe, or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market and
 - Replace a brand name drug currently on the Drug List or
 - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List or
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

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 from these changes. To learn more about exceptions, see question B10.



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.

B4. 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.
- **Indication-based coverage:** If Humana Gold Plus Integrated covers a drug only for some medical conditions, we clearly identify it on the Drug List along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 14. You can also get more information by visiting our website at Humana.com/medicaid-dual/illinois. 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 ask for an exception from these limits. 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 B10-B12 for more information about exceptions.

B5. 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 13 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. 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)?

In some cases, we will tell you in advance if we add or change prior approval, quantity limits, and/or step therapy restrictions on a drug. See question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about the drugs on the Drug List change.

B7. 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 123.

To search **by medical condition**, find the section labeled "List of drugs by medical condition" on page 166. 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.

B8. 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. Central Time and ask about it. The call is free. 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.
-

B9. 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.

If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of 30 days of medication.

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, and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day 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 is in addition to the temporary supply during the first 90 days you are a member of Humana Gold Plus Integrated.

If you get the low-income subsidy (LIS) in 2020

The amount you pay for your 30-day supply will be **no more than** your LIS limit.

If you don't get LIS

The amount you pay for your 30-day supply will be based on your plan's terms. Refer to your Member Handbook for more information on your plan's terms by visiting

<https://www.Humana.com/medicaid-dual/illinois/plan-details>.



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If you change treatment settings

During the plan year, you may change treatment settings because of a change in the level of your care. For instance, you may:

- Move from a hospital or skilled nursing facility to a home setting
- Move from a home setting to a hospital or skilled nursing facility
- Move from one skilled nursing facility to another, so you need to use a new pharmacy
- Stop staying at a skilled nursing facility where Medicare Part A covered your prescription drugs, so you need to use Part D now
- Give up your Hospice status, so you need to use Medicare Parts A and B now
- Leave a long-term psychiatric hospital where your drugs were tailored to you

In such cases, we will cover up to **30 days'** worth of a drug that Medicare Part D covers when you get the drug at a pharmacy.

If you change treatment settings more than once in the same month you may need to ask us to make an exception, **or** approve your drug in advance.

We will look at your request to see if you have a treatment plan, **and** changing it would harm your health.

If you need more time

We may extend your transition supply. This will let you keep getting your drug while we look at your appeal, **or** request for an exception.

After you get a transition supply of a Part D drug

We may need to do a medical review of the drug if:

- The drug is not on our approved list, **or**
- We need to approve it in advance because:
 - There are limits on the amount you can get
 - You need to try a less costly drug first, **or**
 - We need to know some facts about your health

If we need to know some facts about your health

Your doctor can give us these facts. This will help us work on your request to approve your drug in advance or make an exception if:

- Your drug is not on our approved list
- We need to approve your drug in advance, **or**
- You have tried other drugs to treat your health problem

To ask for an exception

Ask your doctor to send us a letter. The letter must say that you need this drug to treat your health problem because the drugs we **do** cover:

- Would not work as well to treat your health problem, **or**
- Would harm your health

The letter must explain why the limit we placed on your drug:

- Is not fitting given your health problem, **or**
- Would harm your health

In most cases, we must tell you our decision no more than **72 hours** after we get your doctor's letter. We will grant you a fast request if we find, or your doctor tells us, that waiting for a standard request could harm your life, health,



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or ability to function. With a fast request, we must tell you our decision no more than **24 hours** after we get your doctor's letter.

If we say no to your request for an exception

You can ask us if we cover another drug for your health problem if:

- The drug is **not** on our approved list, **or**
- Your drug **is** on our list, but:
 - We need to approve your drug in advance
 - You need to try a less costly drug first, **or**
 - There are limits on the amount you can get

Ask your doctor if this drug is a good choice for you.

You can also ask us to review our decision. You must make this appeal no more than **60 days** after our first decision.

We can help

We can help you and your doctor:

- Ask for an exception
- Make an appeal
- Find another drug for your health problem
- Learn more about your Transition Policy

You and your doctor can also get forms to ask us to:

- Approve your drug in advance
- Make an exception

Just call the customer service number on the back of your Humana member ID card. Or go to our website, <https://www.Humana.com/medicaid-dual/illinois/pharmacy/>.

Pharmacy and Therapeutics (P&T) committee

This committee watches over our Part D drug list and related rules. It made these rules for certain Part D drugs. The rules are meant to make sure the drugs:

- Are used per medical guidelines
- Have been proven safe and effective for the health problem they are treating
- Are prescribed per the maker's guidelines

B10. 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.

B11. 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. Central Time. Humana Clinical Pharmacy Review will work with you and your provider to help you ask for an exception. You can also read Chapter 9, of the Member Handbook to learn more about exceptions.

B12. How long does it take to get an exception?

First, we must get a statement from your prescriber supporting your ask 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.

B13. 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.

B14. 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.

B15. Does Humana Gold Plus Integrated cover non-drug OTC products?

Humana Gold Plus Integrated covers some non-drug OTC products when they are written as prescriptions by your provider.

You can read the Humana Gold Plus Integrated Drug List to see what non-drug OTC products are covered.

B16. What is your copay?

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

B17. What are drug tiers?

Tiers are groups of drugs on our Drug List.

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



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C. 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 123. The index alphabetically lists all drugs covered by Humana Gold Plus Integrated.

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. Central 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.

DL = Dispensing Limit: Drugs that may be limited to a 30 day supply.

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.

D. 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.



Analgesics - Drugs used to treat pain

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5 ^{DL}	\$0 (Tier 1)	QL (2700 per 30 days)
acetaminophen-cod #2 tablet ^{DL}	\$0 (Tier 1)	QL (390 per 30 days)
acetaminophen-cod #3 tablet ^{DL}	\$0 (Tier 1)	QL (360 per 30 days)
acetaminophen-cod #4 tablet ^{DL}	\$0 (Tier 1)	QL (180 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG BUCCAL FILM ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
butalb-acetamin-caff 50-325-40 ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
butorphanol 1 mg/ml vial ^{DL}	\$0 (Tier 1)	QL (960 per 30 days)
butorphanol 10 mg/ml spray ^{DL}	\$0 (Tier 1)	
butorphanol 2 mg/ml vial ^{DL}	\$0 (Tier 1)	QL (480 per 30 days)
diclofenac sod ec 25 mg, 50 mg, 75 mg tab ^{MO}	\$0 (Tier 1)	
diclofenac sod er 100 mg tab ^{MO}	\$0 (Tier 1)	
diclofenac sodium 1% gel ^{MO}	\$0 (Tier 1)	
ec-naproxen 500 mg tablet,delayed release ^{MO}	\$0 (Tier 1)	
EMBEDA ER 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG CAPSULE ^{DL}	\$0 (Tier 2)	QL (60 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 ^{DL}	\$0 (Tier 1)	QL (360 per 30 days)
etodolac 200 mg, 300 mg capsule ^{MO}	\$0 (Tier 1)	
etodolac 400 mg, 500 mg tablet ^{MO}	\$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 ^{DL}	\$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 ^{DL}	\$0 (Tier 1)	PA,QL (120 per 30 days)
fentanyl 100 mcg/2 ml ampu ^{DL}	\$0 (Tier 1)	B vs D,QL (720 per 30 days)
flurbiprofen 100 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	
hydrocodone-acetamin 10-300 mg, 5-300 mg, 7.5-300 mg; hydrocodone-acetamin 7.5-300 ^{DL}	\$0 (Tier 1)	QL (390 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 ^{DL}	\$0 (Tier 1)	QL (360 per 30 days)
hydrocodone-acetamin 10-325/15 ^{DL}	\$0 (Tier 1)	QL (2700 per 30 days)
hydrocodone-acetamin 7.5-325/15 ^{DL}	\$0 (Tier 1)	QL (5520 per 30 days)
hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 5-200 mg, 7.5-200 mg; hydrocodone-ibuprofen 7.5-200 ^{DL}	\$0 (Tier 1)	QL (150 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page

13. **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.



Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
hydromorphone 2 mg, 4 mg tablet ^{DL}	\$0 (Tier 1)	QL (360 per 30 days)
hydromorphone 2 mg/ml vial ^{DL}	\$0 (Tier 1)	B vs D, QL (360 per 30 days)
hydromorphone 8 mg tablet ^{DL}	\$0 (Tier 1)	QL (240 per 30 days)
hydromorphone hcl 1 mg/ml amp ^{DL}	\$0 (Tier 1)	B vs D, QL (720 per 30 days)
hydromorphone hcl 4 mg/ml amp ^{DL}	\$0 (Tier 1)	B vs D, QL (180 per 30 days)
hydromorphone 50 mg/5 ml vial ^{DL}	\$0 (Tier 1)	QL (144 per 30 days)
ibu 400 mg, 600 mg, 800 mg tablet ^{MO}	\$0 (Tier 1)	
ibuprofen 100 mg/5 ml susp ^{MO}	\$0 (Tier 1)	
ibuprofen 400 mg, 600 mg, 800 mg tablet ^{MO}	\$0 (Tier 1)	
indomethacin 25 mg, 50 mg, 75 mg capsule; indomethacin er 25 mg, 50 mg, 75 mg capsule ^{MO}	\$0 (Tier 1)	
ketoprofen 25 mg, 50 mg, 75 mg capsule ^{MO}	\$0 (Tier 1)	
ketorolac 10 mg tablet ^{MO}	\$0 (Tier 1)	QL (20 per 30 days)
meloxicam 15 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
meloxicam 7.5 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
methadone 10 mg/5 ml solution ^{DL}	\$0 (Tier 1)	QL (1800 per 30 days)
methadone 10 mg/ml oral conc ^{DL}	\$0 (Tier 1)	QL (360 per 30 days)
methadone 5 mg/5 ml solution ^{DL}	\$0 (Tier 1)	QL (3600 per 30 days)
methadone hcl 10 mg tablet ^{DL}	\$0 (Tier 1)	QL (240 per 30 days)
methadone hcl 10 mg/ml vial ^{DL}	\$0 (Tier 1)	QL (360 per 30 days)
methadone hcl 5 mg tablet ^{DL}	\$0 (Tier 1)	QL (480 per 30 days)
morphine sulf 10 mg/5 ml soln ^{DL}	\$0 (Tier 1)	QL (2700 per 30 days)
morphine sulf 20 mg/5 ml soln ^{DL}	\$0 (Tier 1)	QL (1350 per 30 days)
morphine sulf er 100 mg tablet ^{DL}	\$0 (Tier 1)	QL (180 per 30 days)
morphine sulf er 15 mg, 30 mg, 60 mg tablet ^{DL}	\$0 (Tier 1)	QL (120 per 30 days)
morphine sulf er 200 mg tablet ^{DL}	\$0 (Tier 1)	QL (90 per 30 days)
morphine sulfate 10 mg/ml vial ^{DL}	\$0 (Tier 1)	B vs D, QL (360 per 30 days)
morphine sulfate ir 15 mg, 30 mg tab ^{DL}	\$0 (Tier 1)	QL (180 per 30 days)
morphine sulf 100 mg/5 ml conc ^{DL}	\$0 (Tier 1)	QL (540 per 30 days)
nabumetone 500 mg, 750 mg tablet ^{MO}	\$0 (Tier 1)	
naproxen 250 mg, 375 mg, 500 mg tablet; naproxen dr 250 mg, 375 mg, 500 mg tablet ^{MO}	\$0 (Tier 1)	
naproxen sodium 275 mg, 550 mg tab ^{MO}	\$0 (Tier 1)	
oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet ^{DL}	\$0 (Tier 1)	QL (360 per 30 days)
oxycodone hcl 100 mg/5 ml conc ^{DL}	\$0 (Tier 1)	QL (270 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
oxycodone hcl 5 mg capsule ^{DL}	\$0 (Tier 1)	QL (360 per 30 days)
oxycodone hcl 5 mg/5 ml soln ^{DL}	\$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 ^{DL}	\$0 (Tier 1)	QL (360 per 30 days)
oxycodone-aspirin 4.8355-325 ^{DL}	\$0 (Tier 1)	QL (360 per 30 days)
pentazocine-naloxone tablet ^{DL}	\$0 (Tier 1)	QL (360 per 30 days)
piroxicam 10 mg, 20 mg capsule ^{MO}	\$0 (Tier 1)	
sulindac 150 mg, 200 mg tablet ^{MO}	\$0 (Tier 1)	
tramadol er 100 mg, 200 mg, 300 mg tablet; tramadol hcl er 100 mg, 200 mg, 300 mg tablet ^{DL}	\$0 (Tier 1)	QL (30 per 30 days)
tramadol hcl 100 mg tablet ^{DL}	\$0 (Tier 1)	QL (120 per 30 days)
tramadol hcl 50 mg tablet ^{DL}	\$0 (Tier 1)	QL (240 per 30 days)
tramadol-acetaminophen 37.5-325 ^{DL}	\$0 (Tier 1)	QL (240 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE SPRINKLE ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)

Anesthetics - Drugs used to treat local pain

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
lidocaine 5% patch ^{MO}	\$0 (Tier 1)	PA, QL (90 per 30 days)
lidocaine hcl 2% jelly ^{MO}	\$0 (Tier 1)	
lidocaine hcl 2% jelly uro-jet ^{MO}	\$0 (Tier 1)	
lidocaine viscous 2 % mucosal solution ^{MO}	\$0 (Tier 1)	
lidocaine-prilocaine cream ^{MO}	\$0 (Tier 1)	

Anti-Addiction/Substance Abuse Treatment Agents - Drugs used to treat addiction and withdrawal symptoms

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
acamprosate calc dr 333 mg tab ^{MO}	\$0 (Tier 1)	
buprenorphine 2 mg, 8 mg tablet s/ ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
bupreno-nalox 2-0.5 mg, 4-1 mg, 8-2 mg sl film; buprenorp-nalox 2-0.5 mg, 4-1 mg, 8-2 mg sl film ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
buprenor-nalox 12-3 mg sl film ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
bupropion hcl sr 150 mg tablet ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
CHANTIX 0.5 MG, 1 MG TABLET ^{MO}	\$0 (Tier 2)	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET ^{MO}	\$0 (Tier 2)	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK ^{MO}	\$0 (Tier 2)	QL (56 per 28 days)
disulfiram 250 mg, 500 mg tablet ^{MO}	\$0 (Tier 1)	
naloxone 0.4 mg/ml vial ^{MO}	\$0 (Tier 1)	
naloxone 0.4 mg/ml, 1 mg/ml carpuject; naloxone 2 mg/2 ml syringe ^{MO}	\$0 (Tier 1)	
naloxone 2 mg auto-injector ^{MO}	\$0 (Tier 2)	QL (0.8 per 30 days)
naltrexone 50 mg tablet ^{MO}	\$0 (Tier 1)	
NARCAN 4 MG/ACTUATION NASAL SPRAY ^{MO}	\$0 (Tier 2)	QL (2 per 30 days)
NICOTROL NS 10 MG/ML NASAL SPRAY ^{MO}	\$0 (Tier 2)	
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE ^{DL}	\$0 (Tier 2)	QL (1 per 28 days)
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET; ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET; ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET; ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)

Antibacterials - Drugs used to treat infections caused by bacteria

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
acetic acid 2% ear solution ^{MO}	\$0 (Tier 1)	
amoxicillin 125 mg, 250 mg tab chew ^{MO}	\$0 (Tier 1)	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml susp ^{MO}	\$0 (Tier 1)	
amoxicillin 250 mg, 500 mg capsule ^{MO}	\$0 (Tier 1)	
amoxicillin 500 mg, 875 mg tablet ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
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 ^{MO}	\$0 (Tier 1)	
amox-clav 250-125 mg, 500-125 mg, 875-125 mg tablet ^{MO}	\$0 (Tier 1)	
ampicillin 250 mg, 500 mg capsule ^{MO}	\$0 (Tier 1)	
ampicillin 1 gm add-vantage vl; ampicillin 1 gm vial; ampicillin 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg vial; ampicillin 10 gm vial; ampicillin 2 gm add-vantage vl; ampicillin 2 gm vial ^{MO}	\$0 (Tier 1)	
ampicillin-sulb 1.5 g add vial; ampicillin-sulbactam 1.5 gm vl; ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial ^{MO}	\$0 (Tier 1)	
azithromycin 1 gm pwd packet ^{MO}	\$0 (Tier 1)	
azithromycin 100 mg/5 ml, 200 mg/5 ml susp ^{MO}	\$0 (Tier 1)	
azithromycin 250 mg, 500 mg tablet ^{MO}	\$0 (Tier 1)	
azithromycin 600 mg tablet ^{MO}	\$0 (Tier 1)	QL (16 per 60 days)
azithromycin i.v. 500 mg vial ^{MO}	\$0 (Tier 1)	
aztreonam 1 gm vial ^{MO}	\$0 (Tier 1)	
aztreonam 2 gm vial ^{DL}	\$0 (Tier 1)	
bacitracin 50,000 unit vial ^{MO}	\$0 (Tier 1)	
bacitracin 500 unit/gm ophth ^{MO}	\$0 (Tier 1)	
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION ^{DL}	\$0 (Tier 2)	PA
BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE; BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	
cefaclor 250 mg, 500 mg capsule ^{MO}	\$0 (Tier 1)	
cefadroxil 250 mg/5 ml, 500 mg/5 ml susp ^{MO}	\$0 (Tier 1)	
cefadroxil 500 mg capsule ^{MO}	\$0 (Tier 1)	
cefazolin 1 gm vial; cefazolin 1 gram, 10 gram, 500 mg vial; cefazolin 10 gm vial ^{MO}	\$0 (Tier 1)	
cefa zolin 1 g/50 ml-dextrose; cefazolin 2 g/100 ml-dextrose; cefazolin 2 g/50 ml-dextrose ^{MO}	\$0 (Tier 1)	
cefdinir 125 mg/5 ml, 250 mg/5 ml susp ^{MO}	\$0 (Tier 1)	
cefdinir 300 mg capsule ^{MO}	\$0 (Tier 1)	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial ^{MO}	\$0 (Tier 1)	
cefixime 400 mg capsule ^{MO}	\$0 (Tier 1)	
cefotaxime sodium 1 gm vial ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial ^{MO}	\$0 (Tier 1)	
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial ^{MO}	\$0 (Tier 1)	
cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag ^{MO}	\$0 (Tier 1)	
cefpodoxime 100 mg, 200 mg tablet ^{MO}	\$0 (Tier 1)	
cefprozil 125 mg/5 ml, 250 mg/5 ml susp ^{MO}	\$0 (Tier 1)	
cefprozil 250 mg, 500 mg tablet ^{MO}	\$0 (Tier 1)	
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial ^{MO}	\$0 (Tier 1)	
ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback ^{MO}	\$0 (Tier 1)	
ceftriaxone 1 gm add-vant vial; ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm add vial ^{MO}	\$0 (Tier 1)	
cefuroxime axetil 250 mg, 500 mg tab ^{MO}	\$0 (Tier 1)	
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg vial; cefuroxime sod 7.5 gm vial ^{MO}	\$0 (Tier 1)	
cephalexin 125 mg/5 ml, 250 mg/5 ml susp ^{MO}	\$0 (Tier 1)	
cephalexin 250 mg, 500 mg capsule ^{MO}	\$0 (Tier 1)	
chloramphen na succ 1 gm v/ ^{MO}	\$0 (Tier 1)	
ciprofloxacin 0.3% eye drop ^{MO}	\$0 (Tier 1)	
ciprofloxacin hcl 100 mg, 250 mg, 500 mg, 750 mg tab ^{MO}	\$0 (Tier 1)	
ciprofloxacin 200 mg/100ml-d5w; ciprofloxacin 400 mg/200ml-d5w ^{MO}	\$0 (Tier 1)	
clarithromycin 125 mg/5 ml, 250 mg/5 ml sus ^{MO}	\$0 (Tier 1)	
clarithromycin 250 mg, 500 mg tablet ^{MO}	\$0 (Tier 1)	
clarithromycin er 500 mg tab ^{MO}	\$0 (Tier 1)	
clindamycin hcl 150 mg, 300 mg, 75 mg capsule ^{MO}	\$0 (Tier 1)	
clindamycin 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml-ns ^{MO}	\$0 (Tier 1)	B vs D
clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml ^{MO}	\$0 (Tier 1)	
clindamycin pediatric 75 mg/5 ml oral solution ^{MO}	\$0 (Tier 1)	
clindamycin 2% vaginal cream ^{MO}	\$0 (Tier 1)	
clindamycin ph 1% gel ^{MO}	\$0 (Tier 1)	
clindamycin ph 1% solution; clindamycin ph 600 mg/4 ml v/ ^{MO}	\$0 (Tier 1)	
clindamycin phos 1% pledget ^{MO}	\$0 (Tier 1)	
clindamycin phosp 1% lotion ^{MO}	\$0 (Tier 1)	
colistimethate 150 mg vial ^{MO}	\$0 (Tier 1)	
daptomycin 350 mg, 500 mg vial ^{DL}	\$0 (Tier 1)	
demeclocycline 150 mg tablet ^{MO}	\$0 (Tier 1)	QL (240 per 30 days)
demeclocycline 300 mg tablet ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
dicloxacillin 250 mg, 500 mg capsule ^{MO}	\$0 (Tier 1)	
DIFICID 200 MG TABLET ^{DL}	\$0 (Tier 2)	QL (20 per 10 days)
doripenem 250 mg, 500 mg vial ^{MO}	\$0 (Tier 1)	
doxy-100 100 mg intravenous solution ^{MO}	\$0 (Tier 1)	
doxycycline hyclate 100 mg v/ ^{MO}	\$0 (Tier 1)	
doxycycline hyclate 100 mg, 20 mg tab ^{MO}	\$0 (Tier 1)	
doxycycline hyclate 100 mg, 50 mg cap ^{MO}	\$0 (Tier 1)	
doxycycline 25 mg/5 ml susp ^{MO}	\$0 (Tier 1)	
doxycycline mono 100 mg, 50 mg cap ^{MO}	\$0 (Tier 1)	
doxycycline mono 100 mg, 50 mg, 75 mg tablet ^{MO}	\$0 (Tier 1)	
ertapenem 1 gram vial ^{DL}	\$0 (Tier 1)	
ery pads 2 % topical swab ^{MO}	\$0 (Tier 1)	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	
erythromycin 0.5% eye ointment ^{MO}	\$0 (Tier 1)	
erythromycin dr 250 mg cap ^{MO}	\$0 (Tier 1)	
erythromycin 2% pledges ^{MO}	\$0 (Tier 1)	
erythromycin 2% solution ^{MO}	\$0 (Tier 1)	
gentak 0.3 % (3 mg/gram) eye ointment ^{MO}	\$0 (Tier 1)	
gentamicin 0.1% cream ^{MO}	\$0 (Tier 1)	
gentamicin 0.1% ointment ^{MO}	\$0 (Tier 1)	
gentamicin 3 mg/ml eye drop ^{MO}	\$0 (Tier 1)	
gentamicin 80 mg/2 ml vial ^{MO}	\$0 (Tier 1)	
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 ^{MO}	\$0 (Tier 1)	
imipenem-cilastatin 250 mg, 500 mg v/ ^{MO}	\$0 (Tier 1)	
levofloxacin 25 mg/ml solution; levofloxacin 500 mg/20 ml vial ^{MO}	\$0 (Tier 1)	
levofloxacin 250 mg, 500 mg, 750 mg tablet ^{MO}	\$0 (Tier 1)	
levofloxacin 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml-d5w ^{MO}	\$0 (Tier 1)	
lincomycin hcl 600 mg/2 ml v/ ^{MO}	\$0 (Tier 1)	
linezolid 100 mg/5 ml susp ^{DL}	\$0 (Tier 1)	QL (1800 per 30 days)
linezolid 600 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
linezolid 600 mg/300 ml-d5w ^{MO}	\$0 (Tier 1)	
linezolid 600mg/300ml-0.9%nacl ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg vial ^{MO}	\$0 (Tier 1)	
meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50 ^{MO}	\$0 (Tier 1)	
methenamine hipp 1 gm tablet ^{MO}	\$0 (Tier 1)	
metronidazole 0.75% cream ^{MO}	\$0 (Tier 1)	
metronidazole 0.75% lotion ^{MO}	\$0 (Tier 1)	
metronidazole 250 mg, 500 mg tablet ^{MO}	\$0 (Tier 1)	
metronidazole topical 0.75% gl; metronidazole topical 1% gel;	\$0 (Tier 1)	
metronidazole vaginal 0.75% gl ^{MO}		
metronidazole 500 mg/100 ml ^{MO}	\$0 (Tier 1)	
minocycline 100 mg, 50 mg, 75 mg capsule ^{MO}	\$0 (Tier 1)	
moxifloxacin 0.5% eye drops ^{MO}	\$0 (Tier 1)	
moxifloxacin hcl 400 mg tablet ^{MO}	\$0 (Tier 1)	
mupirocin 2% ointment ^{MO}	\$0 (Tier 1)	
nafcillin 1 gm vial; nafcillin 10 gm bulk vial ^{MO}	\$0 (Tier 1)	
nafcillin 1 gm/ 50 ml inj; nafcillin 2 gm/ 100 ml inj ^{DL}	\$0 (Tier 1)	
neomycin 500 mg tablet ^{MO}	\$0 (Tier 1)	
nitrofurantoin 25 mg/5 ml susp ^{MO}	\$0 (Tier 1)	QL (2400 per 30 days)
nitrofurantoin mcr 100 mg, 50 mg cap ^{MO}	\$0 (Tier 1)	
nitrofurantoin mono-mcr 100 mg ^{MO}	\$0 (Tier 1)	
NUZYRA 150 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 14 days)
NUZYRA 150 MG-7 DAY WITH LOAD ^{DL}	\$0 (Tier 2)	QL (30 per 14 days)
NUZYRA 150 MG TABLET-7 DAY ^{DL}	\$0 (Tier 2)	QL (30 per 14 days)
ofloxacin 0.3% ear drops; ofloxacin 0.3% eye drops ^{MO}	\$0 (Tier 1)	
ofloxacin 300 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
ofloxacin 400 mg tablet ^{MO}	\$0 (Tier 1)	
ORBACTIV 400 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	QL (3 per 28 days)
paromomycin 250 mg capsule ^{MO}	\$0 (Tier 1)	
penicillin gk 20 million unit ^{MO}	\$0 (Tier 1)	
penicillin gk 5 million unit ^{DL}	\$0 (Tier 1)	
penicillin g 600,000 unit/1 ml ^{DL}	\$0 (Tier 1)	
penicillin g na 5 million unit ^{DL}	\$0 (Tier 1)	
penicillin vk 125 mg/5 ml, 250 mg/5 ml soln ^{MO}	\$0 (Tier 1)	
penicillin vk 250 mg, 500 mg tablet ^{MO}	\$0 (Tier 1)	
pfizerpen-g 20 million unit, 5 million unit solution for injection ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
piperacil-tazobact 13.5 gm vial; piperacil-tazobact 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram; piperacil-tazobact 2.25 gm vial; piperacil-tazobact 3.375 gm vial; piperacil-tazobact 4.5 gm vial ^{MO}	\$0 (Tier 1)	
polymyxin b sulfate vial ^{MO}	\$0 (Tier 1)	
PRIMSON 50 MG/5 ML ORAL SOLUTION ^{MO}	\$0 (Tier 2)	
silver sulfadiazine 1% cream ^{MO}	\$0 (Tier 1)	
SIVEXTRO 200 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	QL (6 per 28 days)
SIVEXTRO 200 MG TABLET ^{DL}	\$0 (Tier 2)	QL (6 per 28 days)
SSD 1 % TOPICAL CREAM ^{MO}	\$0 (Tier 1)	
streptomycin sulf 1 gm vial ^{DL}	\$0 (Tier 1)	
sulfacetamide 10% eye drops ^{MO}	\$0 (Tier 1)	
sulfacetamide 10% eye ointment ^{MO}	\$0 (Tier 1)	
sulfacetamide sod 10% top susp ^{MO}	\$0 (Tier 1)	
sulfadiazine 500 mg tablet ^{MO}	\$0 (Tier 1)	
sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet ^{MO}	\$0 (Tier 1)	
sulfamethoxazole-tmp iv vial ^{MO}	\$0 (Tier 1)	
sulfamethoxazole-tmp susp ^{MO}	\$0 (Tier 1)	
SUPRAX 400 MG CAPSULE ^{MO}	\$0 (Tier 2)	
SYNERCID 500 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	
TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	
tigecycline 50 mg vial ^{DL}	\$0 (Tier 1)	
tinidazole 250 mg, 500 mg tablet ^{MO}	\$0 (Tier 1)	
tobramycin 0.3% eye drop ^{MO}	\$0 (Tier 1)	
tobramycin 300 mg/4 ml ampule ^{DL}	\$0 (Tier 1)	PA
tobramycin 10 mg/ml, 40 mg/ml vial ^{MO}	\$0 (Tier 1)	
trimethoprim 100 mg tablet ^{MO}	\$0 (Tier 1)	
vancomycin 1 gm vial; vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 250 mg, 500 mg vial; vancomycin hcl 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 250 mg, 500 mg vial; vancomycin hcl 10 gm vial ^{MO}	\$0 (Tier 1)	
vancomycin hcl 125 mg capsule ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
vancomycin hcl 250 mg capsule ^{DL}	\$0 (Tier 1)	QL (240 per 30 days)
ZERBAXA 1.5 GRAM INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	

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ANTICONVULSANTS - Drugs used to treat seizures

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
APTIOM 200 MG, 400 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
APTIOM 600 MG, 800 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
BANZEL 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (240 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (600 per 30 days)
BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	PA
carbamazepine 100 mg tab chew ^{MO}	\$0 (Tier 1)	
carbamazepine 100 mg/5 ml susp ^{MO}	\$0 (Tier 1)	
carbamazepine 200 mg tablet ^{MO}	\$0 (Tier 1)	
carbamazepine er 100 mg, 200 mg tablet ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
carbamazepine er 100 mg, 200 mg, 300 mg cap ^{MO}	\$0 (Tier 1)	
carbamazepine er 400 mg tablet ^{MO}	\$0 (Tier 1)	QL (225 per 30 days)
CELONTIN 300 MG CAPSULE ^{MO}	\$0 (Tier 2)	
clobazam 10 mg, 20 mg tablet ^{DL}	\$0 (Tier 1)	PA,QL (60 per 30 days)
clobazam 2.5 mg/ml suspension ^{DL}	\$0 (Tier 1)	PA,QL (480 per 30 days)
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT ^{DL}	\$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 ^{DL}	\$0 (Tier 1)	
DILANTIN 30 MG CAPSULE ^{MO}	\$0 (Tier 1)	
DILANTIN EXTENDED 100 MG CAPSULE ^{MO}	\$0 (Tier 1)	
DILANTIN INFATABS 50 MG CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION ^{MO}	\$0 (Tier 2)	
divalproex dr 125 mg cap sprnk ^{MO}	\$0 (Tier 1)	
divalproex sod dr 125 mg, 250 mg, 500 mg tab ^{MO}	\$0 (Tier 1)	
divalproex sod er 250 mg, 500 mg tab ^{MO}	\$0 (Tier 1)	
EPIDIOLEX 100 MG/ML ORAL SOLUTION ^{DL}	\$0 (Tier 2)	PA
epitol 200 mg tablet ^{MO}	\$0 (Tier 1)	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE ^{MO}	\$0 (Tier 2)	
ethosuximide 250 mg capsule ^{MO}	\$0 (Tier 1)	
ethosuximide 250 mg/5 ml soln ^{MO}	\$0 (Tier 1)	
felbamate 400 mg, 600 mg tablet ^{MO}	\$0 (Tier 1)	
felbamate 600 mg/5 ml susp ^{DL}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
FINTEPLA 2.2 MG/ML ORAL SOLUTION ^{DL} fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml; fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml v ^{MO}	\$0 (Tier 2) \$0 (Tier 1)	PA,QL (360 per 30 days)
FYCOMPA 0.5 MG/ML ORAL SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL (680 per 28 days)
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET ^{DL} gabapentin 100 mg, 300 mg, 400 mg capsule ^{MO} 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 ^{MO} gabapentin 600 mg, 800 mg tablet ^{MO}	\$0 (Tier 2) \$0 (Tier 1) \$0 (Tier 1) \$0 (Tier 1)	PA,QL (30 per 30 days) QL (270 per 30 days) QL (2250 per 30 days) QL (180 per 30 days)
lamotrigine 100 mg, 150 mg, 200 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 100 mg, 150 mg, 200 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 kit-blue; lamotrigine tab start kt-green; lamotrigine tab start kt-orang ^{MO} lamotrigine 25 mg, 5 mg disper tab; lamotrigine 25 mg, 5 mg disper tablet ^{MO}	\$0 (Tier 1)	
lamotrigine er 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	
levetiracetam 1,000 mg, 500 mg, 750 mg tablet ^{MO} levetiracetam 100 mg/ml, 500 mg/5 ml soln; levetiracetam 100 mg/ml, 500 mg/5 ml vial ^{MO}	\$0 (Tier 1) \$0 (Tier 1)	
levetiracetam 250 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
levetiracetam 500 mg/5 ml soln ^{MO}	\$0 (Tier 1)	QL (900 per 30 days)
levetiracetam er 500 mg tablet ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
levetiracetam er 750 mg tablet ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
levetiracetam-nacl 1,000mg/100; levetiracetam-nacl 1,500mg/100; levetiracetam-nacl 500 mg/100 ^{MO}	\$0 (Tier 1)	
NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY ^{DL}	\$0 (Tier 2)	QL (10 per 30 days)
oxcarbazepine 150 mg, 300 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
oxcarbazepine 300 mg/5 ml susp ^{MO}	\$0 (Tier 1)	
oxcarbazepine 600 mg tablet ^{MO}	\$0 (Tier 1)	
PEGANONE 250 MG TABLET ^{MO}	\$0 (Tier 2)	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg tablet ^{MO} phenobarbital 15 mg, 60 mg tablet ^{MO}	\$0 (Tier 1) \$0 (Tier 1)	QL (90 per 30 days) QL (120 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
phenobarbital 20 mg/5 ml elix ^{MO}	\$0 (Tier 1)	QL (1500 per 30 days)
phenobarbital 30 mg tablet ^{MO}	\$0 (Tier 1)	QL (300 per 30 days)
PHENYTEK 200 MG, 300 MG CAPSULE ^{MO}	\$0 (Tier 2)	
phenytoin 100 mg/4 ml, 125 mg/5 ml susp ^{MO}	\$0 (Tier 1)	
phenytoin 50 mg tablet chew ^{MO}	\$0 (Tier 1)	
phenytoin 50 mg/ml vial ^{MO}	\$0 (Tier 1)	
phenytoin sod ext 100 mg, 200 mg, 300 mg cap ^{MO}	\$0 (Tier 1)	
primidone 250 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	
roweepra 1,000 mg, 500 mg, 750 mg tablet ^{MO}	\$0 (Tier 1)	
roweepra xr 500 mg tablet,extended release ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
roweepra xr 750 mg tablet,extended release ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
rufinamide 40 mg/ml suspension ^{DL}	\$0 (Tier 1)	PA,QL (2760 per 30 days)
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION ^{MO}	\$0 (Tier 2)	ST,QL (90 per 30 days)
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION ^{MO}	\$0 (Tier 2)	ST,QL (360 per 30 days)
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION ^{MO}	\$0 (Tier 2)	ST,QL (180 per 30 days)
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION ^{MO}	\$0 (Tier 2)	ST,QL (120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg tablet ^{MO}	\$0 (Tier 1)	
subvenite starter (blue) kit 25 mg (35) tablets in a dose pack ^{MO}	\$0 (Tier 1)	
subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack ^{MO}	\$0 (Tier 1)	
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack ^{MO}	\$0 (Tier 1)	
SYMPAZAN 10 MG, 20 MG, 5 MG ORAL FILM ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
tiagabine hcl 12 mg, 16 mg, 2 mg, 4 mg tablet ^{MO}	\$0 (Tier 1)	
topiramate 100 mg, 200 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
topiramate 15 mg, 25 mg sprinkle cap ^{MO}	\$0 (Tier 1)	
topiramate 25 mg tablet ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
valproate sod 500 mg/5 ml vi ^{MO}	\$0 (Tier 1)	
valproic acid 250 mg capsule ^{MO}	\$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 ^{MO}	\$0 (Tier 1)	
VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) NASAL SPRAY; VALTOCO 15 MG/2 SPRAY(7.5MG/0.1ML X2) NASAL SPRAY ^{DL}	\$0 (Tier 2)	QL (10 per 30 days)
vigabatrin 500 mg powder pack ^{DL}	\$0 (Tier 1)	PA,QL (180 per 30 days)
vigabatrin 500 mg tablet ^{DL}	\$0 (Tier 1)	PA,QL (180 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
vigadrone 500 mg oral powder packet ^{DL}	\$0 (Tier 1)	PA,QL (180 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION ^{MO}	\$0 (Tier 2)	QL (1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	
XCOPRI 100 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
XCOPRI MAINTENANCE PACK 250 MG/DAY (200 MG X 1 AND 50 MG X 1) TABLETS; XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS ^{DL}	\$0 (Tier 2)	PA,QL (56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK ^{MO}	\$0 (Tier 2)	PA,QL (28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK; XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL (28 per 28 days)
zonisamide 100 mg, 25 mg, 50 mg capsule ^{MO}	\$0 (Tier 1)	

Antidementia Agents - Drugs used to treat memory loss

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
donepezil hcl 10 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
donepezil hcl 10 mg, 5 mg tablet; donepezil hcl odt 10 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
galantamine 4 mg/ml oral soln ^{MO}	\$0 (Tier 1)	QL (200 per 30 days)
galantamine er 16 mg, 24 mg, 8 mg capsule ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
galantamine hbr 12 mg, 4 mg, 8 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
memantine 5-10 mg titration pk ^{MO}	\$0 (Tier 1)	PA,QL (98 per 30 days)
memantine hcl 10 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	PA,QL (60 per 30 days)
memantine hcl 2 mg/ml solution ^{MO}	\$0 (Tier 1)	PA,QL (360 per 30 days)
memantine hcl er 14 mg, 21 mg, 28 mg, 7 mg capsule ^{MO}	\$0 (Tier 1)	PA,QL (30 per 30 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 ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK ^{MO}	\$0 (Tier 2)	QL (28 per 28 days)
rivastigmine 1.5 mg, 3 mg capsule ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
rivastigmine 4.5 mg, 6 mg capsule ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)

Antidepressants - Drugs used to treat depression

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab ^{MO}	\$0 (Tier 1)	PA
amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	
bupropion hcl 100 mg, 75 mg tablet ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
bupropion hcl sr 100 mg tablet ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
bupropion hcl sr 150 mg tablet ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
bupropion hcl sr 200 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
bupropion hcl xl 150 mg tablet ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
bupropion hcl xl 300 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
citalopram hbr 10 mg, 40 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln ^{MO}	\$0 (Tier 1)	
citalopram hbr 20 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg capsule ^{MO}	\$0 (Tier 1)	PA
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet ^{MO}	\$0 (Tier 1)	PA
desvenlafaxine succnt er 100 mg, 25 mg, 50 mg; desvenlafaxine succnt er 100mg ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE,DELAYED RELEASE ^{MO}	\$0 (Tier 2)	PA,QL (60 per 30 days)
duloxetine hcl dr 20 mg, 30 mg, 40 mg, 60 mg cap ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
escitalopram 10 mg tablet ^{MO}	\$0 (Tier 1)	QL (45 per 30 days)
escitalopram 20 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml ^{MO}	\$0 (Tier 1)	QL (600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE,EXTENDED RELEASE ^{MO}	\$0 (Tier 2)	PA,QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK ^{MO}	\$0 (Tier 2)	PA,QL (28 per 28 days)
fluoxetine 20 mg/5 ml solution ^{MO}	\$0 (Tier 1)	
fluoxetine dr 90 mg capsule ^{MO}	\$0 (Tier 1)	QL (4 per 28 days)
fluoxetine hcl 10 mg, 40 mg capsule ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
fluoxetine hcl 20 mg capsule ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
fluvoxamine maleate 100 mg, 25 mg, 50 mg tab ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	PA
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg cap ^{MO}	\$0 (Tier 1)	PA
maprotiline 25 mg, 50 mg, 75 mg tablet ^{MO}	\$0 (Tier 1)	
MARPLAN 10 MG TABLET ^{MO}	\$0 (Tier 2)	
mirtazapine 15 mg, 30 mg, 45 mg odt; mirtazapine 15 mg, 30 mg, 45 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
mirtazapine 7.5 mg tablet ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	
nortriptyline 10 mg/5 ml soln ^{MO}	\$0 (Tier 1)	PA
nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg cap ^{MO}	\$0 (Tier 1)	PA
paroxetine hcl 10 mg, 20 mg tablet ^{MO}	\$0 (Tier 1)	PA,QL (30 per 30 days)
paroxetine hcl 30 mg, 40 mg tablet ^{MO}	\$0 (Tier 1)	PA,QL (60 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION ^{MO}	\$0 (Tier 2)	PA
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 ^{MO}	\$0 (Tier 1)	PA
phenelzine sulfate 15 mg tab ^{MO}	\$0 (Tier 1)	
protriptyline hcl 10 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	PA
sertraline 20 mg/ml oral conc ^{MO}	\$0 (Tier 1)	
sertraline hcl 100 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
sertraline hcl 25 mg tablet ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
sertraline hcl 50 mg tablet ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
tranylcypromine sulf 10 mg tab ^{MO}	\$0 (Tier 1)	
trazodone 100 mg, 150 mg, 300 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	
trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp ^{MO}	\$0 (Tier 1)	PA
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET ^{MO}	\$0 (Tier 2)	ST,QL (30 per 30 days)
venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet ^{MO}	\$0 (Tier 1)	
venlafaxine hcl er 150 mg cap ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
venlafaxine hcl er 37.5 mg cap ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap ^{MO}	\$0 (Tier 1)	QL (90 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 ^{MO}	\$0 (Tier 2)	PA,QL (30 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
ZULRESSO 5 MG/ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (100 per 365 days)

Antiemetics - Drugs used to treat nausea and vomiting

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
aprepitant 125 mg, 40 mg capsule ^{MO}	\$0 (Tier 1)	B vs D,QL (2 per 28 days)
aprepitant 125-80-80 mg pack ^{MO}	\$0 (Tier 1)	B vs D,QL (6 per 28 days)
aprepitant 80 mg capsule ^{MO}	\$0 (Tier 1)	B vs D,QL (4 per 28 days)
compro 25 mg rectal suppository ^{MO}	\$0 (Tier 1)	
dronabinol 10 mg, 2.5 mg, 5 mg capsule ^{MO}	\$0 (Tier 1)	B vs D,QL (120 per 30 days)
granisetron hcl 0.1 mg/ml vial ^{MO}	\$0 (Tier 1)	
granisetron hcl 1 mg tablet ^{MO}	\$0 (Tier 1)	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial; granisetron hcl 4 mg/4 ml vial ^{MO}	\$0 (Tier 1)	
meclizine 12.5 mg, 25 mg tablet ^{MO}	\$0 (Tier 1)	
metoclopramide 10 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	
metoclopramide 10 mg/2 ml syr ^{MO}	\$0 (Tier 1)	
metoclopramide 10 mg/2 ml vial; metoclopramide 5 mg/5 ml, 5 mg/ml soln ^{MO}	\$0 (Tier 1)	
ondansetron odt 4 mg, 8 mg tablet ^{MO}	\$0 (Tier 1)	B vs D,QL (90 per 30 days)
ondansetron 4 mg/5 ml solution ^{MO}	\$0 (Tier 1)	B vs D,QL (450 per 30 days)
ondansetron 40 mg/20 ml vial ^{MO}	\$0 (Tier 1)	
ondansetron hcl 24 mg tablet ^{MO}	\$0 (Tier 1)	B vs D,QL (30 per 30 days)
ondansetron hcl 4 mg, 8 mg tablet ^{MO}	\$0 (Tier 1)	B vs D,QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr ^{MO}	\$0 (Tier 1)	
ondansetron hcl 4 mg/2 ml vial ^{MO}	\$0 (Tier 1)	
prochlorperazine 25 mg supp ^{MO}	\$0 (Tier 1)	
prochlorperazine 10 mg/2 ml v ^{MO}	\$0 (Tier 1)	
prochlorperazine 10 mg, 5 mg tab; prochlorperazine 10 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	B vs D
promethazine 12.5 mg, 25 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	PA
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH ^{MO}	\$0 (Tier 2)	QL (4 per 30 days)
scopolamine 1 mg/3 day patch ^{MO}	\$0 (Tier 1)	QL (10 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
trimethobenzamide 300 mg cap ^{MO}	\$0 (Tier 1)	B vs D

Antifungals - Drugs used to treat fungal infections

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION ^{DL}	\$0 (Tier 2)	B vs D
AMBISOME 50 MG INTRAVENOUS SUSPENSION ^{DL}	\$0 (Tier 2)	B vs D
amphotericin b 50 mg vial ^{MO}	\$0 (Tier 1)	B vs D
caspofungin acetate 50 mg, 70 mg vial ^{DL}	\$0 (Tier 1)	
ciclodan 8 % topical solution ^{MO}	\$0 (Tier 1)	
ciclopirox 0.77% cream ^{MO}	\$0 (Tier 1)	
ciclopirox 0.77% gel ^{MO}	\$0 (Tier 1)	
ciclopirox 0.77% topical susp ^{MO}	\$0 (Tier 1)	
ciclopirox 8% solution ^{MO}	\$0 (Tier 1)	
clotrimazole 1% solution ^{MO}	\$0 (Tier 1)	
clotrimazole 10 mg troche ^{MO}	\$0 (Tier 1)	
clotrimazole-betamethasone crm ^{MO}	\$0 (Tier 1)	
clotrimazole-betamethasone lot ^{MO}	\$0 (Tier 1)	QL (90 per 28 days)
CRESEMBA 186 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (180 per 30 days)
CRESEMBA 372 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
econazole nitrate 1% cream ^{MO}	\$0 (Tier 1)	
ERAXIS(WATER DILUENT) 100 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	
ERAXIS(WATER DILUENT) 50 MG INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	
fluconazole 10 mg/ml, 40 mg/ml susp ^{MO}	\$0 (Tier 1)	
fluconazole 100 mg, 150 mg, 200 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	
fluconazole-nacl 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml ^{MO}	\$0 (Tier 1)	
flucytosine 250 mg, 500 mg capsule ^{DL}	\$0 (Tier 1)	
griseofulvin 125 mg/5 ml susp ^{MO}	\$0 (Tier 1)	
griseofulvin ultra 125 mg, 250 mg tab ^{MO}	\$0 (Tier 1)	
itraconazole 100 mg capsule ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
ketoconazole 2% cream ^{MO}	\$0 (Tier 1)	
ketoconazole 2% shampoo ^{MO}	\$0 (Tier 1)	
ketoconazole 200 mg tablet ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
miconazole-3 200 mg vaginal suppository ^{MO}	\$0 (Tier 1)	
NATACYN 5 % EYE DROPS,SUSPENSION ^{MO}	\$0 (Tier 2)	
NOXAFIL 100 MG TABLET,DELAYED RELEASE ^{DL}	\$0 (Tier 2)	PA,QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
nyamyc 100,000 unit/gram topical powder ^{MO}	\$0 (Tier 1)	
nystatin 100,000 unit/gm cream ^{MO}	\$0 (Tier 1)	
nystatin 100,000 unit/gm oint ^{MO}	\$0 (Tier 1)	
nystatin 100,000 unit/gm powd ^{MO}	\$0 (Tier 1)	
nystatin 100,000 unit/ml susp ^{MO}	\$0 (Tier 1)	
nystatin 500,000 unit oral tab ^{MO}	\$0 (Tier 1)	
nystatin-triamcinolone cream ^{MO}	\$0 (Tier 1)	
nystatin-triamcinolone ointm ^{MO}	\$0 (Tier 1)	
nystop 100,000 unit/gram topical powder ^{MO}	\$0 (Tier 1)	
posaconazole 200 mg/5 ml susp ^{DL}	\$0 (Tier 1)	PA,QL (840 per 28 days)
posaconazole dr 100 mg tablet ^{DL}	\$0 (Tier 1)	PA,QL (93 per 30 days)
terbinafine hcl 250 mg tablet ^{MO}	\$0 (Tier 1)	
terconazole 0.4% cream; terconazole 0.8% cream ^{MO}	\$0 (Tier 1)	
terconazole 80 mg suppository ^{MO}	\$0 (Tier 1)	
voriconazole 200 mg vial ^{DL}	\$0 (Tier 1)	PA
voriconazole 200 mg, 50 mg tablet ^{DL}	\$0 (Tier 1)	PA,QL (120 per 30 days)
voriconazole 40 mg/ml susp ^{DL}	\$0 (Tier 1)	PA,QL (400 per 30 days)

Antigout Agents - Drugs used to treat gout

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
allopurinol 100 mg, 300 mg tablet ^{MO}	\$0 (Tier 1)	
COLCRYS 0.6 MG TABLET ^{MO}	\$0 (Tier 2)	QL (120 per 30 days)
probenecid 500 mg tablet ^{MO}	\$0 (Tier 1)	
probenecid-colchicine tablet ^{MO}	\$0 (Tier 1)	

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Antimigraine Agents - Drugs used to treat headaches

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dihydroergotamine 1 mg/ml amp ^{DL}	\$0 (Tier 1)	
dihydroergotamine 4 mg/ml spry ^{DL}	\$0 (Tier 2)	QL (8 per 30 days)
ergotamine-caffeine 1-100mg tb ^{MO}	\$0 (Tier 1)	
naratriptan hcl 1 mg, 2.5 mg tablet ^{MO}	\$0 (Tier 1)	QL (9 per 30 days)
rizatriptan 10 mg, 5 mg odt; rizatriptan 10 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	QL (12 per 30 days)
sumatriptan 20 mg nasal spray; sumatriptan 5 mg nasal spray ^{MO}	\$0 (Tier 1)	QL (12 per 30 days)
sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml cart ^{MO}	\$0 (Tier 1)	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml inject ^{MO}	\$0 (Tier 1)	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml vial ^{MO}	\$0 (Tier 1)	QL (6 per 30 days)
sumatriptan succ 100 mg, 25 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	QL (9 per 30 days)

ANTIMYASTHENIC AGENTS - Drugs used to strengthen muscles

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
guanidine hcl 125 mg tablet ^{MO}	\$0 (Tier 1)	
pyridostigmine br 30 mg, 60 mg tablet ^{MO}	\$0 (Tier 1)	

Antimycobacterials - Drugs used to treat some infections, such as tuberculosis

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CAPASTAT 1 GRAM SOLUTION FOR INJECTION ^{MO}	\$0 (Tier 2)	
cycloserine 250 mg capsule ^{DL}	\$0 (Tier 1)	
dapsone 100 mg, 25 mg tablet ^{MO}	\$0 (Tier 1)	
ethambutol hcl 100 mg, 400 mg tablet ^{MO}	\$0 (Tier 1)	
isoniazid 100 mg, 300 mg tablet ^{MO}	\$0 (Tier 1)	
isoniazid 100 mg/ml, 50 mg/5 ml solution; isoniazid 100 mg/ml, 50 mg/5 ml vial ^{MO}	\$0 (Tier 1)	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET ^{MO}	\$0 (Tier 2)	
PRIFTIN 150 MG TABLET ^{MO}	\$0 (Tier 2)	
pyrazinamide 500 mg tablet ^{MO}	\$0 (Tier 1)	
rifabutin 150 mg capsule ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
rifampin 150 mg, 300 mg capsule ^{MO}	\$0 (Tier 1)	
rifampin iv 600 mg vial ^{DL}	\$0 (Tier 1)	
RIFATER 50 MG-120 MG-300 MG TABLET ^{MO}	\$0 (Tier 2)	
SIRTURO 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (68 per 28 days)
SIRTURO 20 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (340 per 28 days)
TRECATOR 250 MG TABLET ^{MO}	\$0 (Tier 2)	

Antineoplastics - Drugs used to treat cancer

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
abiraterone acetate 250 mg tab ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
ABRAXANE 100 MG INTRAVENOUS SUSPENSION ^{DL}	\$0 (Tier 2)	PA
ADCETRIS 50 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
adriamycin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml intravenous solution ^{MO}	\$0 (Tier 1)	B vs D
ADRIAMYCIN 50 MG INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 1)	B vs D
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR ORAL SUSPENSION ^{DL}	\$0 (Tier 2)	PA
ALECensa 150 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (240 per 30 days)
ALIMTA 100 MG, 500 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
ALIQOPA 60 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (3 per 28 days)
ALUNBRIG 180 MG, 90 MG, 90 MG (7)- 180 MG (23) TABLET; ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
ALUNBRIG 30 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (180 per 30 days)
amifostine 500 mg vial ^{DL}	\$0 (Tier 1)	B vs D
anastrozole 1 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	
arsenic trioxide 10 mg/10ml v; arsenic trioxide 12 mg/6 ml v ^{DL}	\$0 (Tier 1)	PA
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
AYVAKIT 100 MG, 200 MG, 300 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
BALVERSA 3 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (90 per 30 days)
BALVERSA 4 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
BALVERSA 5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
BAVENCIO 20 MG/ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
BENDEKA 25 MG/ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
BESPONSA 0.9 MG(0.25 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
bexarotene 75 mg capsule ^{DL}	\$0 (Tier 1)	PA,QL (300 per 30 days)
bicalutamide 50 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
BICNU 100 MG INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
BLENREP 100 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
bleomycin sulfate 15 unit, 30 unit vial ^{MO}	\$0 (Tier 1)	B vs D
bortezomib 3.5 mg vial ^{DL}	\$0 (Tier 2)	PA
BOSULIF 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
BRAFTOVI 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
BRAFTOVI 75 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (180 per 30 days)
BRUKINSA 80 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
busulfan 60 mg/10 ml vial ^{MO}	\$0 (Tier 1)	B vs D
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
CABOMETYX 20 MG, 40 MG, 60 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
CALQUENCE 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
CAPRELSA 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
carboplatin 150 mg/15 ml vial ^{MO}	\$0 (Tier 1)	B vs D
carmustine 100 mg via ^{MO}	\$0 (Tier 1)	B vs D
cisplatin 100 mg/100 ml vial ^{MO}	\$0 (Tier 1)	B vs D
cladribine 10 mg/10 ml vial ^{DL}	\$0 (Tier 1)	B vs D
clofarabine 20 mg/20 ml vial ^{DL}	\$0 (Tier 1)	B vs D
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	B vs D
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES ^{DL}	\$0 (Tier 2)	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES ^{DL}	\$0 (Tier 2)	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES ^{DL}	\$0 (Tier 2)	PA,QL (84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (56 per 28 days)
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	B vs D
COTELLIC 20 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (63 per 28 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg vial; cyclophosphamide 2 gm vial ^{MO}	\$0 (Tier 1)	B vs D
CYCLOPHOSPHAMIDE 1 GM/5 ML VL ^{MO}	\$0 (Tier 1)	B vs D
cyclophosphamide 25 mg, 50 mg capsule ^{MO}	\$0 (Tier 1)	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
cytarabine 20 mg/ml vial ^{MO}	\$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 ^{MO}	\$0 (Tier 1)	B vs D
dacarbazine 100 mg, 200 mg vial ^{MO}	\$0 (Tier 1)	B vs D
dactinomycin 0.5 mg vial ^{DL}	\$0 (Tier 1)	B vs D
DARZALEX 20 MG/ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
daunorubicin 20 mg/4 ml vial ^{MO}	\$0 (Tier 1)	B vs D
DAURISMO 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
DAURISMO 25 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
decitabine 50 mg vial ^{DL}	\$0 (Tier 1)	PA
dexrazoxane 250 mg, 500 mg vial ^{MO}	\$0 (Tier 1)	B vs D
DOCEFREZ 20 MG INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
DOCEFREZ 80 MG INTRAVENOUS SOLUTION ^{DL}	\$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 ^{MO}	\$0 (Tier 1)	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 ^{MO}	\$0 (Tier 1)	B vs D
doxorubicin liposome 20mg/10ml ^{DL}	\$0 (Tier 1)	PA
DROXIA 200 MG, 300 MG, 400 MG CAPSULE ^{MO}	\$0 (Tier 2)	
ELZONRIS 1,000 MCG/ML INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	PA,QL (10 per 21 days)
EMCYT 140 MG CAPSULE ^{DL}	\$0 (Tier 2)	
EMPLICITI 300 MG, 400 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
ENHERTU 100 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
epirubicin 200 mg/100 ml, 50 mg, 50 mg/25 ml vial; epirubicin hcl 200 mg/100 ml, 50 mg, 50 mg/25 ml vial ^{MO}	\$0 (Tier 1)	B vs D
ERBITUX 100 MG/50 ML, 200 MG/100 ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
ERIVEDGE 150 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (28 per 28 days)
ERLEADA 60 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
erlotinib hcl 100 mg, 150 mg tablet ^{DL}	\$0 (Tier 1)	PA,QL (30 per 30 days)
erlotinib hcl 25 mg tablet ^{DL}	\$0 (Tier 1)	PA,QL (90 per 30 days)
ERWINAZE 10,000 UNIT SOLUTION FOR INJECTION ^{DL}	\$0 (Tier 2)	PA
ETOPOPHOS 100 MG INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
etoposide 100 mg/5 ml vial ^{MO}	\$0 (Tier 1)	B vs D
EVOMELA 50 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
exemestane 25 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
FARYDAK 10 MG, 15 MG, 20 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (6 per 21 days)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
fludarabine 50 mg, 50 mg/2 ml vial ^{MO}	\$0 (Tier 1)	B vs D
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 v; fluorouracil 2,500 mg/50 ml v; fluorouracil 5,000 mg/100 ml ^{MO}	\$0 (Tier 1)	B vs D
flutamide 125 mg capsule ^{MO}	\$0 (Tier 1)	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
fulvestrant 250 mg/5 ml syring ^{DL}	\$0 (Tier 1)	PA,QL (30 per 30 days)
GAVRETO 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (120 per 28 days)
gemcitabine 1 gram/26.3 ml v; gemcitabine 2 gram/52.6 ml v; gemcitabine 200 mg/5.26 ml v; 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 ^{MO}	\$0 (Tier 1)	B vs D
GILOTRIF 20 MG, 30 MG, 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
GLEOSTINE 10 MG, 40 MG CAPSULE ^{MO}	\$0 (Tier 2)	PA
GLEOSTINE 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA
HALAVEN 1 MG/2 ML (0.5 MG/ML) INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
HERCEPTIN 150 MG, 440 MG INTRAVENOUS SOLUTION; HERCEPTIN 150 MG, 440 MG VIAL ^{DL}	\$0 (Tier 2)	PA
HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (5 per 21 days)
hydroxyurea 500 mg capsule ^{MO}	\$0 (Tier 1)	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (21 per 28 days)
ICLUSIG 15 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
ICLUSIG 45 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
idarubicin hcl 20 mg/20 ml v ^{DL}	\$0 (Tier 1)	B vs D

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
IDHIFA 100 MG, 50 MG TABLET ^{DL} ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/60 ml via ^{MO}	\$0 (Tier 2) \$0 (Tier 1)	PA,QL (30 per 30 days) B vs D
imatinib mesylate 100 mg tab ^{DL}	\$0 (Tier 1)	PA,QL (90 per 30 days)
imatinib mesylate 400 mg tab ^{DL}	\$0 (Tier 1)	PA,QL (60 per 30 days)
IMBRUVICA 140 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (90 per 30 days)
IMBRUVICA 420 MG, 560 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (28 per 28 days)
IMBRUVICA 70 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (28 per 28 days)
IMFINZI 50 MG/ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION FOR INJECTION ^{DL}	\$0 (Tier 2)	PA,QL (4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION FOR INJECTION ^{DL}	\$0 (Tier 2)	PA,QL (8 per 28 days)
INLYTA 1 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
INQOVI 35 MG-100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (5 per 28 days)
INREBIC 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
IRESSA 250 MG TABLET ^{DL} <i>irinotecan hcl 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml vial; irinotecan hcl 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml vial</i> ^{MO}	\$0 (Tier 1)	PA,QL (30 per 30 days) B vs D
ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
IXEMPRA 15 MG, 45 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
JEVTANA 10 MG/ML (FIRST DILUTION) INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
KADCYLA 100 MG, 160 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
KANJINTI 150 MG, 420 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
KEYTRUDA 25 MG/ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET ^{DL}	\$0 (Tier 2)	PA,QL (21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET ^{DL}	\$0 (Tier 2)	PA,QL (42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET ^{DL}	\$0 (Tier 2)	PA,QL (63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (91 per 28 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
KOSELUGO 10 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (240 per 30 days)
KOSELUGO 25 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
KYPROLIS 10 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
KYPROLIS 30 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (3 per 28 days)
KYPROLIS 60 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (12 per 28 days)
LARTRUVO 500 MG/50 ML VIAL ^{DL}	\$0 (Tier 2)	PA
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE; 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 ^{DL}	\$0 (Tier 2)	PA,QL (90 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 ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
Ietrozole 2.5 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
leucovorin cal 500 mg/50 ml vl; leucovorin calcium 10 mg/ml, 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vial; leucovorin calcium 10 mg/ml, 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vl ^{MO}	\$0 (Tier 1)	B vs D
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg tab ^{MO}	\$0 (Tier 1)	
LEUKERAN 2 MG TABLET ^{DL}	\$0 (Tier 2)	
levoleucovorin 10 mg/ml, 175 mg vial; levoleucovorin 175 mg/17.5 ml ^{DL}	\$0 (Tier 1)	PA
levoleucovorin 50 mg vial ^{MO}	\$0 (Tier 1)	PA
LIBTAYO 50 MG/ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (7 per 21 days)
LONSURF 15 MG-6.14 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (80 per 30 days)
LORBRENA 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
LORBRENA 25 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (90 per 30 days)
LUMOXITI 1 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
LYNPARZA 100 MG, 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
MARQIBO 5 MG/31 ML (0.16 MG/ML) (FINAL CONC.) INTRAVENOUS KIT ^{DL}	\$0 (Tier 2)	PA
MATULANE 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	
MEKINIST 0.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
MEKTOVI 15 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (180 per 30 days)
melphalan 2 mg tablet ^{MO}	\$0 (Tier 1)	B vs D
melphalan hcl 50 mg vial ^{MO}	\$0 (Tier 1)	B vs D

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
mercaptopurine 50 mg tablet ^{MO}	\$0 (Tier 1)	
MESNEX 400 MG TABLET ^{DL}	\$0 (Tier 2)	
mitomycin 20 mg, 40 mg, 5 mg vial ^{MO}	\$0 (Tier 1)	B vs D
mitoxantrone 20 mg/10 ml vial ^{MO}	\$0 (Tier 1)	B vs D
MUSTARGEN 10 MG VIAL ^{MO}	\$0 (Tier 2)	B vs D
MUTAMYCIN 20 MG, 40 MG, 5 MG INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 1)	B vs D
MVASI 25 MG/ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
NERLYNX 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (180 per 30 days)
NEXAVAR 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
nilutamide 150 mg tablet ^{DL}	\$0 (Tier 1)	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (3 per 28 days)
NUBEQA 300 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
ODOMZO 200 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
OGIVRI 150 MG, 420 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
ONCASPAR 750 UNIT/ML INJECTION SOLUTION ^{DL}	\$0 (Tier 2)	PA
ONIVYDE 4.3 MG/ML INTRAVENOUS DISPERSION ^{DL}	\$0 (Tier 2)	PA
ONUREG 200 MG, 300 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (14 per 28 days)
OPDIVO 100 MG/10 ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (40 per 28 days)
OPDIVO 240 MG/24 ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (48 per 28 days)
OPDIVO 40 MG/4 ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (16 per 28 days)
oxaliplatin 100 mg, 100 mg/20 ml, 200 mg/40 ml, 50 mg, 50 mg/10 ml (5 mg/ml) vial; oxaliplatin 50 mg/10 ml vial ^{MO}	\$0 (Tier 1)	B vs D
paclitaxel 30 mg/5 ml via ^{MO}	\$0 (Tier 1)	B vs D
PADCEV 20 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (21 per 28 days)
PADCEV 30 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (15 per 28 days)
PANRETIN 0.1 % TOPICAL GEL ^{DL}	\$0 (Tier 2)	
paraplatin 10 mg/ml intravenous solution ^{MO}	\$0 (Tier 1)	B vs D
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (14 per 21 days)
PERJETA 420 MG/14 ML (30 MG/ML) INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
PIQRAY 200 MG/DAY (200 MG X 1) TABLET ^{DL}	\$0 (Tier 2)	PA,QL (28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X 1-50 MG X 1) TABLET; PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET ^{DL}	\$0 (Tier 2)	PA,QL (56 per 28 days)
POLIVY 140 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (2 per 21 days)
POLIVY 30 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (8 per 21 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (100 per 21 days)
POTELIGEO 4 MG/ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	
PURIXAN 20 MG/ML ORAL SUSPENSION ^{DL}	\$0 (Tier 2)	QL (300 per 30 days)
QINLOCK 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (90 per 30 days)
RETEVMO 40 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (180 per 30 days)
RETEVMO 80 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (28 per 28 days)
RITUXAN 10 MG/ML CONCENTRATE,INTRAVENOUS ^{DL}	\$0 (Tier 2)	PA
RITUXAN HYCELA 1,400 MG/11.7 ML (120 MG/ML) SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (46.8 per 28 days)
RITUXAN HYCELA 1,600 MG/13.4 ML (120 MG/ML) SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (13.4 per 28 days)
romidepsin 10 mg kit ^{DL}	\$0 (Tier 1)	PA
ROMIDEPSIN 27.5 MG/5.5 ML VIAL ^{DL}	\$0 (Tier 1)	PA
ROZLYTREK 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
ROZLYTREK 200 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (90 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
RUXIENCE 10 MG/ML CONCENTRATE,INTRAVENOUS ^{DL}	\$0 (Tier 2)	PA
RYDAPT 25 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (224 per 28 days)
SARCLISA 20 MG/ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (16 per 28 days)
SOLTAMOX 20 MG/10 ML ORAL SOLUTION ^{DL}	\$0 (Tier 2)	
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (90 per 30 days)
STIVARGA 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (84 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (28 per 28 days)
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET ^{DL}	\$0 (Tier 2)	
TABRECTA 150 MG, 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (112 per 28 days)
TAFINLAR 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
TALZENNA 0.25 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (90 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
TALZENNA 1 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
tamoxifen 10 mg, 20 mg tablet ^{MO}	\$0 (Tier 1)	
TARGETIN 1 % TOPICAL GEL ^{DL}	\$0 (Tier 2)	PA
TARGETIN 75 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
TAZVERIK 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (28 per 28 days)
TEMODAR 100 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (27 per 30 days)
temsirolimus 25 mg vial ^{DL}	\$0 (Tier 1)	PA,QL (8 per 28 days)
THALOMID 100 MG, 200 MG, 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
thiotepa 100 mg vial ^{DL}	\$0 (Tier 1)	B vs D
thiotepa 15 mg vial ^{MO}	\$0 (Tier 1)	B vs D
TIBSOVO 250 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
topotecan hcl 1 mg/ml (1 ml), 4 mg, 4 mg/4 ml (1 mg/ml) vial; topotecan hcl 1 mg/ml vial; topotecan hcl 4 mg/4 ml via ^{DL}	\$0 (Tier 1)	B vs D
toremifene citrate 60 mg tab ^{DL}	\$0 (Tier 1)	QL (30 per 30 days)
TRAZIMERA 420 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
TREANDA 100 MG, 25 MG INTRAVENOUS POWDER FOR SOLUTION ^{DL}	\$0 (Tier 2)	PA
tretinoin 10 mg capsule ^{DL}	\$0 (Tier 1)	
TRISENOX 2 MG/ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
TRODELVY 180 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
TRUXIMA 10 MG/ML CONCENTRATE,INTRAVENOUS ^{DL}	\$0 (Tier 2)	PA
TUKYSA 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
TUKYSA 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (300 per 30 days)
TURALIO 200 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
TYKERB 250 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (180 per 30 days)
UNITUXIN 3.5 MG/ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
VALCHLOR 0.016 % TOPICAL GEL ^{DL}	\$0 (Tier 2)	PA,QL (60 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION ^{DL}	\$0 (Tier 2)	PA
VENCLEXTA 10 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL (56 per 28 days)
VENCLEXTA 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (180 per 30 days)

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more information**, visit **Humana.com**.



Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
VENCLEXTA 50 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL (28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL (42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
vinblastine 1 mg/ml vial ^{MO}	\$0 (Tier 1)	B vs D
vincasar pfs 1 mg/ml, 2 mg/2 ml intravenous solution ^{MO}	\$0 (Tier 1)	B vs D
vincristine 1 mg/ml, 2 mg/2 ml vial ^{MO}	\$0 (Tier 1)	B vs D
vinorelbine 10 mg/ml, 50 mg/5 ml vial ^{MO}	\$0 (Tier 1)	B vs D
VITRAKVI 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
VITRAKVI 20 MG/ML ORAL SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (300 per 30 days)
VITRAKVI 25 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
VOTRIENT 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
VYXEOS 44 MG-100 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
XALKORI 200 MG, 250 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
XOSPATA 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (90 per 30 days)
XPOVIO 100 MG/WEEK (20 MG X 5) TABLET ^{DL}	\$0 (Tier 2)	PA,QL (20 per 28 days)
XPOVIO 40 MG TWICE WEEKLY (80 MG/WEEK) (20 MG X 4) TABLET; XPOVIO 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4) TABLET ^{DL}	\$0 (Tier 2)	PA,QL (16 per 28 days)
XPOVIO 40 MG/WEEK (20 MG X 2) TABLET ^{DL}	\$0 (Tier 2)	PA,QL (8 per 28 days)
XPOVIO 60 MG TWICE WEEKLY (120 MG/WEEK) (20 MG X 6) TABLET ^{DL}	\$0 (Tier 2)	PA,QL (24 per 28 days)
XPOVIO 60 MG/WEEK (20 MG X 3) TABLET ^{DL}	\$0 (Tier 2)	PA,QL (12 per 28 days)
XPOVIO 80 MG TWICE WEEKLY (160 MG/WEEK) (20 MG X 8) TABLET ^{DL}	\$0 (Tier 2)	PA,QL (32 per 28 days)
XTANDI 40 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
YEROVY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
YONDELIS 1 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
ZEJULIA 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (90 per 30 days)
ZELBORAF 240 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (240 per 30 days)
ZEPZELCA 4 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZIRABEV 25 MG/ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZOLINZA 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
ZYDELIG 100 MG, 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (150 per 30 days)
ZYKADIA 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (150 per 30 days)

Antiparasitics - Drugs used to treat parasite infections

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
albendazole 200 mg tablet ^{DL}	\$0 (Tier 1)	
ALINIA 100 MG/5 ML ORAL SUSPENSION ^{DL}	\$0 (Tier 2)	QL (150 per 30 days)
ALINIA 500 MG TABLET ^{DL}	\$0 (Tier 2)	QL (40 per 30 days)
atovaquone 750 mg/5 ml susp ^{DL}	\$0 (Tier 1)	
atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25 ^{MO}	\$0 (Tier 1)	
chloroquine ph 250 mg, 500 mg tablet ^{MO}	\$0 (Tier 1)	
COARTEM 20 MG-120 MG TABLET ^{MO}	\$0 (Tier 2)	QL (24 per 30 days)
hydroxychloroquine 200 mg tab ^{MO}	\$0 (Tier 1)	
ivermectin 3 mg tablet ^{MO}	\$0 (Tier 1)	
KRINTAFEL 150 MG TABLET ^{MO}	\$0 (Tier 2)	QL (4 per 180 days)
LAMPIT 120 MG, 30 MG TABLET ^{MO}	\$0 (Tier 2)	
lindane 1% shampoo ^{MO}	\$0 (Tier 1)	
malathion 0.5% lotion ^{MO}	\$0 (Tier 1)	
mefloquine hcl 250 mg tablet ^{MO}	\$0 (Tier 1)	
NEBUPENT 300 MG SOLUTION FOR INHALATION ^{MO}	\$0 (Tier 2)	B vs D
PENTAM 300 MG SOLUTION FOR INJECTION ^{MO}	\$0 (Tier 2)	
pentamidine 300 mg inhal powdr ^{MO}	\$0 (Tier 1)	B vs D
pentamidine 300 mg vial ^{MO}	\$0 (Tier 1)	
permethrin 5% cream ^{MO}	\$0 (Tier 1)	
primaquine 26.3 mg tablet ^{MO}	\$0 (Tier 2)	
quinine sulfate 324 mg capsule ^{MO}	\$0 (Tier 1)	PA,QL (42 per 7 days)

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Antiparkinson Agents - Drugs used to treat Parkinson's disease

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amantadine 100 mg capsule ^{MO}	\$0 (Tier 1)	
amantadine 50 mg/5 ml solution ^{MO}	\$0 (Tier 1)	
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE ^{DL}	\$0 (Tier 2)	QL (84 per 28 days)
benztropine 2 mg/2 ml ampule ^{MO}	\$0 (Tier 1)	PA
benztropine mes 0.5 mg, 1 mg, 2 mg tab; benztropine mes 0.5 mg, 1 mg, 2 mg tablet ^{MO}	\$0 (Tier 1)	PA
bromocriptine 2.5 mg tablet ^{MO}	\$0 (Tier 1)	
carbidopa-levo 10-100 mg, 25-100 mg, 25-250 mg odt; carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab ^{MO}	\$0 (Tier 1)	
carbidopa-levo er 25-100 tab; carbidopa-levo er 50-200 tab ^{MO}	\$0 (Tier 1)	
carbidopa-levodopa 100 mg-enta; carbidopa-levodopa 125 mg-enta; carbidopa-levodopa 150 mg-enta; carbidopa-levodopa 50 mg-enta; carbidopa-levodopa 75 mg-enta ^{MO}	\$0 (Tier 1)	QL (240 per 30 days)
carbidopa-levodopa 200 mg-enta ^{MO}	\$0 (Tier 1)	
entacapone 200 mg tablet ^{MO}	\$0 (Tier 1)	QL (300 per 30 days)
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 ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet ^{MO}	\$0 (Tier 1)	
rasagiline mesylate 0.5 mg, 1 mg tab ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
ropinirole hcl 0.25 mg, 3 mg tablet ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
ropinirole hcl 0.5 mg, 1 mg, 2 mg tablet ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
ropinirole hcl 4 mg tablet ^{MO}	\$0 (Tier 1)	
ropinirole hcl 5 mg tablet ^{MO}	\$0 (Tier 1)	QL (144 per 30 days)
selegiline hcl 5 mg capsule ^{MO}	\$0 (Tier 1)	
selegiline hcl 5 mg tablet ^{MO}	\$0 (Tier 1)	
trihexyphenidyl 2 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	PA
trihexyphenidyl 2 mg/5 ml elx ^{MO}	\$0 (Tier 1)	PA

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Antipsychotics - Drugs used to treat mood and psychological conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ABILIFY MAINTENA 300 MG, 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE ^{DL}	\$0 (Tier 2)	QL (1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE ^{DL}	\$0 (Tier 2)	QL (1 per 28 days)
ariPIPRAZOLE 1 mg/ml solution ^{DL}	\$0 (Tier 1)	QL (750 per 30 days)
ariPIPRAZOLE 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
ariPIPRAZOLE odt 10 mg, 15 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE ^{MO}	\$0 (Tier 2)	QL (3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE ^{DL}	\$0 (Tier 2)	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE ^{DL}	\$0 (Tier 2)	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE ^{DL}	\$0 (Tier 2)	QL (3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE ^{DL}	\$0 (Tier 2)	QL (2.4 per 42 days)
CAPLYTA 42 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
chlorpromazine 10 mg, 25 mg tablet ^{MO}	\$0 (Tier 1)	B vs D
chlorpromazine 100 mg, 200 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	
chlorpromazine 25 mg/ml amp ^{MO}	\$0 (Tier 1)	
clozapine 100 mg tablet ^{MO}	\$0 (Tier 1)	QL (270 per 30 days)
clozapine 200 mg tablet ^{MO}	\$0 (Tier 1)	QL (135 per 30 days)
clozapine 25 mg tablet ^{MO}	\$0 (Tier 1)	QL (1080 per 30 days)
clozapine 50 mg tablet ^{MO}	\$0 (Tier 1)	
clozapine odt 100 mg tablet ^{MO}	\$0 (Tier 1)	PA,QL (270 per 30 days)
clozapine odt 12.5 mg tablet ^{MO}	\$0 (Tier 1)	PA
clozapine odt 150 mg tablet ^{MO}	\$0 (Tier 1)	PA,QL (180 per 30 days)
clozapine odt 200 mg tablet ^{MO}	\$0 (Tier 1)	PA,QL (135 per 30 days)
clozapine odt 25 mg tablet ^{MO}	\$0 (Tier 1)	PA,QL (1080 per 30 days)
FANAPT 1 MG, 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET; FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK ^{MO}	\$0 (Tier 2)	PA,QL (60 per 30 days)
FANAPT 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
fluphenazine dec 125 mg/5 ml ^{MO}	\$0 (Tier 1)	
fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	
fluphenazine 2.5 mg/5 ml elix ^{MO}	\$0 (Tier 1)	
fluphenazine 2.5 mg/ml vial ^{MO}	\$0 (Tier 1)	
fluphenazine 5 mg/ml conc ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION ^{MO}	\$0 (Tier 2)	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	
haloperidol dec 100 mg/ml, 50 mg/ml vial; haloperidol decan 100 mg/ml, 50 mg/ml amp ^{MO}	\$0 (Tier 1)	
haloperidol lac 2 mg/ml conc ^{MO}	\$0 (Tier 1)	
haloperidol lac 5 mg/ml syring ^{MO}	\$0 (Tier 1)	
haloperidol lac 5 mg/ml vial ^{MO}	\$0 (Tier 1)	
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML INTRAMUSCULAR SYRINGE ^{DL}	\$0 (Tier 2)	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE ^{DL}	\$0 (Tier 2)	QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	QL (1.5 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	QL (0.87 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	QL (1.31 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	QL (2.62 per 90 days)
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
loxpiprazine 10 mg, 25 mg, 5 mg, 50 mg capsule ^{MO}	\$0 (Tier 1)	
molindone hcl 10 mg tablet ^{MO}	\$0 (Tier 1)	PA,QL (240 per 30 days)
molindone hcl 25 mg tablet ^{MO}	\$0 (Tier 1)	PA,QL (270 per 30 days)
molindone hcl 5 mg tablet ^{MO}	\$0 (Tier 1)	PA,QL (360 per 30 days)
NUPLAZID 10 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
NUPLAZID 17 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
NUPLAZID 34 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
olanzapine 10 mg vial ^{MO}	\$0 (Tier 1)	
olanzapine 10 mg, 2.5 mg, 5 mg, 7.5 mg tablet; olanzapine odt 10 mg, 2.5 mg, 5 mg, 7.5 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
olanzapine 15 mg, 20 mg tablet; olanzapine odt 15 mg, 20 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
paliperidone er 1.5 mg, 3 mg, 9 mg tablet ^{MO}	\$0 (Tier 1)	PA,QL (30 per 30 days)
paliperidone er 6 mg tablet ^{MO}	\$0 (Tier 1)	PA,QL (60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg tablet ^{MO}	\$0 (Tier 1)	
PERSERIS 120 MG, 90 MG ABDOMINAL SUBCUTANEOUS EXTEND RELEASE SUSP SYRINGE KIT ^{DL}	\$0 (Tier 2)	QL (1 per 28 days)
pimozide 1 mg, 2 mg tablet ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
quetiapine fumarate 100 mg, 300 mg, 400 mg tab ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
quetiapine fumarate 200 mg, 25 mg, 50 mg tab ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE ^{MO}	\$0 (Tier 2)	QL (2 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE ^{DL}	\$0 (Tier 2)	QL (2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg odt; risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
risperidone 0.5 mg odt; risperidone 0.5 mg tablet ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
risperidone 1 mg/ml solution ^{MO}	\$0 (Tier 1)	
SAPHRIS 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule ^{MO}	\$0 (Tier 1)	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	
VERSACLOZ 50 MG/ML ORAL SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL (540 per 30 days)
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK ^{MO}	\$0 (Tier 2)	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
ziprasidone 20 mg/ml via ^{MO}	\$0 (Tier 1)	
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION ^{MO}	\$0 (Tier 2)	QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION ^{DL}	\$0 (Tier 2)	QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION ^{DL}	\$0 (Tier 2)	QL (1 per 28 days)

Antispasticity Agents - Drugs used to relax muscle spasms

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
baclofen 10 mg, 20 mg tablet ^{MO}	\$0 (Tier 1)	
baclofen 5 mg tablet ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
dantrolene sodium 100 mg, 25 mg, 50 mg cap ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
tizanidine hcl 2 mg, 4 mg tablet ^{MO}	\$0 (Tier 1)	

Antivirals - Drugs used to treat infections caused by viruses

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
abacavir 20 mg/ml solution ^{MO}	\$0 (Tier 1)	QL (960 per 30 days)
abacavir 300 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
abacavir-lamivudine 600-300 mg ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
abacavir-lamivudine-zidov tab ^{DL}	\$0 (Tier 1)	QL (60 per 30 days)
acyclovir 200 mg capsule ^{MO}	\$0 (Tier 1)	
acyclovir 400 mg, 800 mg tablet ^{MO}	\$0 (Tier 1)	
acyclovir 5% ointment ^{MO}	\$0 (Tier 1)	PA
acyclovir 1,000 mg/20 ml vial; acyclovir sodium 1 gm vial; acyclovir sodium 1,000 mg, 50 mg/ml, 500 mg vial ^{MO}	\$0 (Tier 1)	B vs D
adefovir dipivoxil 10 mg tab ^{DL}	\$0 (Tier 1)	
APTVUS 250 MG CAPSULE ^{DL}	\$0 (Tier 2)	QL (120 per 30 days)
APTVUS (WITH VITAMIN E) 100 MG/ML ORAL SOLUTION ^{DL}	\$0 (Tier 2)	QL (285 per 28 days)
atazanavir sulfate 150 mg, 200 mg cap ^{DL}	\$0 (Tier 1)	QL (60 per 30 days)
atazanavir sulfate 300 mg cap ^{DL}	\$0 (Tier 1)	QL (30 per 30 days)
ATRIPLA 600 MG-200 MG-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
BARACLUDE 0.05 MG/ML ORAL SOLUTION ^{MO}	\$0 (Tier 2)	QL (630 per 30 days)
BIKTARVY 50 MG-200 MG-25 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
CIMDUO 300 MG-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
COMPLERA 200 MG-25 MG-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
CRIXIVAN 200 MG CAPSULE ^{MO}	\$0 (Tier 2)	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE ^{MO}	\$0 (Tier 2)	QL (270 per 30 days)
DELSTRIGO 100 MG-300 MG-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
DESCOVY 200 MG-25 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
didanosine dr 125 mg capsule ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
didanosine dr 200 mg capsule ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
didanosine dr 250 mg, 400 mg capsule ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
DOVATO 50 MG-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
EDURANT 25 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
efavirenz 200 mg capsule ^{DL}	\$0 (Tier 1)	QL (120 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
efavirenz 50 mg capsule ^{MO}	\$0 (Tier 1)	QL (480 per 30 days)
efavirenz 600 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
efavir-emtri-tenof 600-200-300 ^{DL}	\$0 (Tier 1)	QL (30 per 30 days)
efavir-lamiv-tenof 400-300-300; efavir-lamiv-tenof 600-300-300 ^{DL}	\$0 (Tier 1)	QL (30 per 30 days)
emtricitabine 200 mg capsule ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
emtricitabine-tenofv 200-300mg ^{DL}	\$0 (Tier 1)	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION ^{MO}	\$0 (Tier 2)	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
entecavir 0.5 mg, 1 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
EPCLUSA 200 MG-50 MG TABLET; EPCLUSA 400 MG-100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (28 per 28 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION ^{MO}	\$0 (Tier 2)	
EVOTAZ 300 MG-150 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg tablet ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
fosamprenavir 700 mg tablet ^{DL}	\$0 (Tier 1)	QL (120 per 30 days)
FUZEON 90 MG SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
ganciclovir 50 mg/ml, 500 mg vial; ganciclovir 500 mg/10 ml vial ^{DL}	\$0 (Tier 1)	B vs D
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
HARVONI 33.75 MG-150 MG ORAL PELLETS IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL (28 per 28 days)
HARVONI 45 MG-200 MG ORAL PELLFTS IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL (56 per 28 days)
HARVONI 45 MG-200 MG TABLET; HARVONI 90 MG-400 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (28 per 28 days)
INTELENCE 100 MG TABLET ^{DL}	\$0 (Tier 2)	QL (120 per 30 days)
INTELENCE 200 MG TABLET ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
INTELENCE 25 MG TABLET ^{MO}	\$0 (Tier 2)	QL (120 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 ^{DL}	\$0 (Tier 2)	PA
INVIRASE 500 MG TABLET ^{DL}	\$0 (Tier 2)	QL (120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET ^{DL}	\$0 (Tier 2)	QL (180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET ^{MO}	\$0 (Tier 2)	QL (300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET ^{MO}	\$0 (Tier 2)	QL (180 per 30 days)
ISENTRESS 400 MG TABLET ^{DL}	\$0 (Tier 2)	QL (120 per 30 days)
ISENTRESS HD 600 MG TABLET ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
JULUCA 50 MG-25 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
KALETRA 100 MG-25 MG TABLET ^{MO}	\$0 (Tier 2)	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET ^{DL}	\$0 (Tier 2)	QL (150 per 30 days)
lamivudine 10 mg/ml oral soln ^{MO}	\$0 (Tier 1)	QL (900 per 30 days)
lamivudine 150 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
lamivudine 300 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
lamivudine hbv 100 mg tablet ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
lamivudine-zidovudine tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
ledipasvir-sofosbuvir 90-400mg ^{DL}	\$0 (Tier 2)	PA,QL (28 per 28 days)
LEXIVA 50 MG/ML ORAL SUSPENSION ^{MO}	\$0 (Tier 2)	QL (1575 per 28 days)
lopinavir-ritonavir 80-20mg/ml ^{MO}	\$0 (Tier 1)	
nevirapine 200 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
nevirapine 50 mg/5 ml susp ^{MO}	\$0 (Tier 1)	QL (1200 per 30 days)
nevirapine er 100 mg tablet ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
nevirapine er 400 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
NORVIR 100 MG ORAL POWDER PACKET ^{MO}	\$0 (Tier 2)	QL (360 per 30 days)
NORVIR 100 MG TABLET ^{MO}	\$0 (Tier 2)	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION ^{MO}	\$0 (Tier 2)	QL (480 per 30 days)
ODEFSEY 200 MG-25 MG-25 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
oseltamivir 6 mg/ml suspension ^{MO}	\$0 (Tier 1)	QL (1440 per 365 days)
oseltamivir phos 30 mg capsule ^{MO}	\$0 (Tier 1)	QL (224 per 365 days)
oseltamivir phos 45 mg, 75 mg capsule ^{MO}	\$0 (Tier 1)	QL (112 per 365 days)
PIFELTRO 100 MG TABLET ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
PREZCOBIX 800 MG-150 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION ^{DL}	\$0 (Tier 2)	QL (360 per 30 days)
PREZISTA 150 MG TABLET ^{MO}	\$0 (Tier 2)	QL (240 per 30 days)
PREZISTA 600 MG TABLET ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
PREZISTA 75 MG TABLET ^{MO}	\$0 (Tier 2)	QL (480 per 30 days)
PREZISTA 800 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION ^{MO}	\$0 (Tier 2)	QL (60 per 180 days)
RESCRIPTOR 200 MG TABLET ^{MO}	\$0 (Tier 2)	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	
REYATAZ 50 MG ORAL POWDER PACKET ^{MO}	\$0 (Tier 2)	
ribavirin 200 mg capsule ^{MO}	\$0 (Tier 1)	QL (168 per 28 days)
ribavirin 200 mg tablet ^{MO}	\$0 (Tier 1)	QL (168 per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ribavirin 6 gm inhalation vial ^{DL}	\$0 (Tier 1)	B vs D
rimantadine hcl 100 mg tablet ^{MO}	\$0 (Tier 1)	
ritonavir 100 mg tablet ^{MO}	\$0 (Tier 1)	QL (360 per 30 days)
RUKOBIA 600 MG TABLET, EXTENDED RELEASE ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
SELZENTRY 150 MG TABLET ^{DL}	\$0 (Tier 2)	QL (240 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLUTION ^{DL}	\$0 (Tier 2)	QL (1800 per 30 days)
SELZENTRY 25 MG TABLET ^{MO}	\$0 (Tier 2)	QL (240 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET ^{DL}	\$0 (Tier 2)	QL (120 per 30 days)
sofosbuvir-velpatasvir 400-100 ^{DL}	\$0 (Tier 2)	PA,QL (28 per 28 days)
stavudine 15 mg, 20 mg capsule ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
stavudine 30 mg, 40 mg capsule ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG KIT; SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT ^{DL}	\$0 (Tier 2)	PA,QL (4 per 28 days)
SYMFI 600 MG-300 MG-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
SYMFI LO 400 MG-300 MG-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
TEMIXYS 300 MG-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
tenofovir disop fum 300 mg tb ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
TIVICAY 10 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
TIVICAY PD 5 MG TABLET FOR ORAL SUSPENSION ^{DL}	\$0 (Tier 2)	QL (180 per 30 days)
trifluridine 1% eye drops ^{MO}	\$0 (Tier 1)	
TRIUMEQ 600 MG-50 MG-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	
TRUVADA 100 MG-150 MG TABLET; TRUVADA 133 MG-200 MG TABLET; TRUVADA 167 MG-250 MG TABLET; TRUVADA 200 MG-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
TYBOST 150 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
valacyclovir hcl 1 gram, 500 mg tablet ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
valganciclovir 450 mg tablet ^{DL}	\$0 (Tier 1)	QL (120 per 30 days)
valganciclovir hcl 50 mg/ml ^{DL}	\$0 (Tier 1)	QL (1056 per 30 days)
VIDEX 2 GM PEDIATRIC SOLN ^{MO}	\$0 (Tier 2)	QL (1200 per 30 days)
VIDEX 4 GM PEDIATRIC SOLN ^{MO}	\$0 (Tier 2)	QL (1200 per 30 days)
VIDEX EC 125 MG CAPSULE ^{MO}	\$0 (Tier 2)	QL (90 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
VIRACEPT 250 MG TABLET ^{DL}	\$0 (Tier 2)	QL (300 per 30 days)
VIRACEPT 625 MG TABLET ^{DL}	\$0 (Tier 2)	QL (120 per 30 days)
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION ^{DL}	\$0 (Tier 2)	QL (1200 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER ^{DL}	\$0 (Tier 2)	QL (240 per 30 days)
VOSEVI 400 MG-100 MG-100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (28 per 28 days)
XOFLUZA 20 MG, 40 MG TABLET ^{MO}	\$0 (Tier 2)	QL (10 per 365 days)
zidovudine 100 mg capsule ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
zidovudine 300 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup ^{MO}	\$0 (Tier 1)	QL (1680 per 28 days)
ZIRGAN 0.15 % EYE GEL ^{MO}	\$0 (Tier 2)	QL (5 per 30 days)

Anxiolytics - Drugs used to treat anxiety

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
alprazolam 0.25 mg, 0.5 mg, 1 mg tablet ^{DL}	\$0 (Tier 1)	QL (120 per 30 days)
alprazolam 2 mg tablet ^{DL}	\$0 (Tier 1)	QL (150 per 30 days)
buspirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg tablet ^{MO}	\$0 (Tier 1)	
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tab; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tablet; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg odt; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet ^{DL}	\$0 (Tier 1)	
clorazepate 15 mg, 3.75 mg, 7.5 mg tablet ^{DL}	\$0 (Tier 1)	
diazepam 10 mg tablet ^{DL}	\$0 (Tier 1)	QL (120 per 30 days)
diazepam 2 mg, 5 mg tablet ^{DL}	\$0 (Tier 1)	QL (90 per 30 days)
diazepam 5 mg/5 ml solution ^{DL}	\$0 (Tier 1)	QL (1200 per 30 days)
diazepam 5 mg/ml oral conc ^{DL}	\$0 (Tier 1)	QL (240 per 30 days)
diazepam intensol 5 mg/ml oral concentrate ^{DL}	\$0 (Tier 1)	QL (240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule ^{MO}	\$0 (Tier 1)	PA
doxepin 10 mg/ml oral conc ^{MO}	\$0 (Tier 1)	PA
hydroxyzine 10 mg/5 ml soln ^{MO}	\$0 (Tier 1)	
hydroxyzine hcl 10 mg, 25 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	
lorazepam 0.5 mg, 1 mg tablet ^{DL}	\$0 (Tier 1)	QL (90 per 30 days)
lorazepam 2 mg tablet ^{DL}	\$0 (Tier 1)	QL (150 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
lorazepam 2 mg/ml oral concen ^{DL}	\$0 (Tier 1)	QL (150 per 30 days)
lorazepam intensol 2 mg/ml oral concentrate ^{DL}	\$0 (Tier 1)	QL (150 per 30 days)
oxazepam 10 mg, 15 mg, 30 mg capsule ^{DL}	\$0 (Tier 1)	

Bipolar Agents - Drugs used to stabilize mood

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
lithium carbonate 150 mg, 300 mg, 600 mg cap ^{MO}	\$0 (Tier 1)	
lithium carbonate 300 mg tab ^{MO}	\$0 (Tier 1)	
lithium carbonate er 300 mg, 450 mg tb ^{MO}	\$0 (Tier 1)	
lithium 8 meq/5 ml solution ^{MO}	\$0 (Tier 1)	

Blood Glucose Regulators - Drugs used to control blood sugar levels

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
acarbose 100 mg, 25 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	
BAQSIMI 3 MG/ACTUATION NASAL SPRAY ^{MO}	\$0 (Tier 2)	
diazoxide 50 mg/ml oral susp ^{MO}	\$0 (Tier 1)	
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN ^{MO}	\$0 (Tier 2)	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS CARTRIDGE ^{MO}	\$0 (Tier 2)	
FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION ^{MO}	\$0 (Tier 2)	
glimepiride 1 mg, 2 mg, 4 mg tablet ^{MO}	\$0 (Tier 1)	
glipizide 10 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	
glipizide er 10 mg, 2.5 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg ^{MO}	\$0 (Tier 1)	
GLUCAGEN HYPOKIT 1 MG INJECTION ^{MO}	\$0 (Tier 2)	
glyburide 1.25 mg, 2.5 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	
glyburide micro 1.5 mg, 3 mg, 6 mg tab; glyburide micro 1.5 mg, 3 mg, 6 mg tablet ^{MO}	\$0 (Tier 1)	
glyburid-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg; glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	
GVOKE PFS 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML SUBCUTANEOUS SYRINGE ^{MO}	\$0 (Tier 2)	
GVOKE PFS 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML SUBCUTANEOUS SYRINGE ^{MO}	\$0 (Tier 2)	
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 ^{MO}	\$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 ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET, EXTENDED RELEASE ^{MO}	\$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 ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN ^{MO}	\$0 (Tier 2)	
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION ^{MO}	\$0 (Tier 2)	
LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN ^{MO}	\$0 (Tier 2)	
LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION ^{MO}	\$0 (Tier 2)	
metformin hcl 1,000 mg, 500 mg, 850 mg tablet ^{MO}	\$0 (Tier 1)	
metformin hcl er 500 mg tablet ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
metformin hcl er 750 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
nateglinide 120 mg, 60 mg tablet ^{MO}	\$0 (Tier 1)	
novolin 70-30 flexpen u-100 insulin 100 unit/ml (70-30) subcutaneous ^{MO}	\$0 (Tier 2)	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION ^{MO}	\$0 (Tier 2)	
novolin n flexpen 100 unit/ml (3 ml) subcutaneous insulin pen ^{MO}	\$0 (Tier 2)	
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP ^{MO}	\$0 (Tier 2)	
novolin r flexpen 100 unit/ml (3 ml) subcutaneous insulin pen ^{MO}	\$0 (Tier 2)	
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION ^{MO}	\$0 (Tier 2)	
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS ^{MO}	\$0 (Tier 2)	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION ^{MO}	\$0 (Tier 2)	
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN ^{MO}	\$0 (Tier 2)	
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG ^{MO}	\$0 (Tier 2)	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION ^{MO}	\$0 (Tier 2)	
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL (1.5 per 28 days)
OZEMPIC 1 MG/DOSE (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL (3 per 28 days)
pioglitazone hcl 15 mg, 30 mg, 45 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
PROGLYCEM 50 MG/ML ORAL SUSPENSION ^{MO}	\$0 (Tier 2)	
repaglinide 0.5 mg, 1 mg, 2 mg tablet ^{MO}	\$0 (Tier 1)	
RYBELSUS 14 MG, 3 MG, 7 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN ^{MO}	\$0 (Tier 2)	QL (15 per 24 days)
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR ^{DL}	\$0 (Tier 2)	QL (10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR ^{DL}	\$0 (Tier 2)	QL (10.5 per 28 days)
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 ^{MO}	\$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 ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN ^{MO}	\$0 (Tier 2)	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN ^{MO}	\$0 (Tier 2)	
TRADJENTA 5 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN ^{MO}	\$0 (Tier 2)	
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN ^{MO}	\$0 (Tier 2)	
TRESIBA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION ^{MO}	\$0 (Tier 2)	
TRIJARDY XR 10 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE; TRIJARDY XR 25 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
TRIJARDY XR 12.5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE; TRIJARDY XR 5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL (2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL (9 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN ^{MO}	\$0 (Tier 2)	QL (15 per 30 days)

Blood Products/Modifiers/Volume Expanders - Drugs used to treat bleeding conditions and to prevent blood clots

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
AMICAR 250 MG/ML (25 %) ORAL SOLUTION ^{DL}	\$0 (Tier 2)	
aminocaproic acid 0.25 gram/ml ^{DL}	\$0 (Tier 1)	
aminocaproic acid 1,000 mg, 500 mg tab ^{DL}	\$0 (Tier 1)	
anagrelide hcl 0.5 mg, 1 mg capsule ^{MO}	\$0 (Tier 1)	
aspirin-dipyridam er 25-200 mg ^{MO}	\$0 (Tier 1)	ST,QL (60 per 30 days)
azacitidine 100 mg vial ^{DL}	\$0 (Tier 1)	PA

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
BRILINTA 60 MG, 90 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
cilostazol 100 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	
clopidogrel 300 mg tablet ^{MO}	\$0 (Tier 1)	
clopidogrel 75 mg tablet ^{MO}	\$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 ^{MO}	\$0 (Tier 2)	
dipyridamole 25 mg, 50 mg, 75 mg tablet ^{MO}	\$0 (Tier 1)	
ELIQUIS 2.5 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
ELIQUIS 5 MG TABLET ^{MO}	\$0 (Tier 2)	QL (74 per 30 days)
ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK ^{MO}	\$0 (Tier 2)	QL (74 per 30 days)
enoxaparin 100 mg/ml, 150 mg/ml syringe ^{MO}	\$0 (Tier 1)	QL (28 per 28 days)
enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr ^{MO}	\$0 (Tier 1)	QL (22.4 per 28 days)
enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr ^{MO}	\$0 (Tier 1)	QL (16.8 per 28 days)
enoxaparin 300 mg/3 ml vial ^{MO}	\$0 (Tier 1)	QL (84 per 28 days)
enoxaparin 40 mg/0.4 ml syr ^{MO}	\$0 (Tier 1)	QL (11.2 per 28 days)
fondaparinux 10 mg/0.8 ml syr ^{DL}	\$0 (Tier 1)	QL (24 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr ^{MO}	\$0 (Tier 1)	QL (15 per 30 days)
fondaparinux 5 mg/0.4 ml syr ^{DL}	\$0 (Tier 1)	QL (12 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr ^{DL}	\$0 (Tier 1)	QL (18 per 30 days)
FULPHILA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (1.2 per 28 days)
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 v ^l ^{MO}	\$0 (Tier 1)	
heparin sod 5,000 unit/0.5 ml ^{MO}	\$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 ^{MO}	\$0 (Tier 1)	
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (9.6 per 30 days)
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (1.2 per 28 days)
NEULASTA ONPRO 6 MG/0.6 ML WITH WEARABLE SUBCUTANEOUS INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL (1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (22.4 per 30 days)
NIVESTYM 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (7 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
NIVESTYM 300 MCG/ML INJECTION SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML INJECTION SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (22.4 per 30 days)
prasugrel 10 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
PROMACTA 12.5 MG ORAL POWDER PACKET ^{DL}	\$0 (Tier 2)	PA,QL (360 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
PROMACTA 25 MG ORAL POWDER PACKET ^{DL}	\$0 (Tier 2)	PA,QL (180 per 30 days)
PROMACTA 25 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (90 per 30 days)
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION ^{MO}	\$0 (Tier 2)	PA,QL (14 per 30 days)
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (14 per 30 days)
tranexamic acid 650 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 5 days)
UDENYCA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (1.2 per 28 days)
warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet ^{MO}	\$0 (Tier 1)	
XARELTO 10 MG, 20 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
XARELTO DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK ^{MO}	\$0 (Tier 2)	QL (51 per 30 days)
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (11.2 per 30 days)
ZIEXTENZO 6 MG/0.6 ML SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (1.2 per 28 days)

Cardiovascular Agents - Drugs used to treat heart-related conditions

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
acebutolol 200 mg, 400 mg capsule ^{MO}	\$0 (Tier 1)	
acetazolamide 125 mg, 250 mg tablet ^{MO}	\$0 (Tier 1)	
acetazolamide er 500 mg cap ^{MO}	\$0 (Tier 1)	
acetazolamide sod 500 mg vial ^{MO}	\$0 (Tier 1)	
afeditab cr 30 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
aliskiren 150 mg, 300 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
amiloride hcl 5 mg tablet ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
amiloride hcl-hctz 5-50 mg tab ^{MO}	\$0 (Tier 1)	
amiodarone 150 mg/3 ml syringe ^{MO}	\$0 (Tier 1)	
amiodarone 900 mg/18 ml vial ^{MO}	\$0 (Tier 1)	
amiodarone hcl 100 mg, 200 mg tablet ^{MO}	\$0 (Tier 1)	
amiodarone hcl 400 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
amlodipine besylate 10 mg tab ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
amlodipine besylate 2.5 mg, 5 mg tab ^{MO}	\$0 (Tier 1)	
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg; amlodipine-benazepril 2.5-10 ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
atenolol 100 mg, 25 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	
atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25 ^{MO}	\$0 (Tier 1)	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet ^{MO}	\$0 (Tier 1)	
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	
benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab ^{MO}	\$0 (Tier 1)	
BIDIL 20 MG-37.5 MG TABLET ^{MO}	\$0 (Tier 2)	QL (180 per 30 days)
bisoprolol fumarate 10 mg, 5 mg tab ^{MO}	\$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 ^{MO}	\$0 (Tier 1)	
bumetanide 0.5 mg, 1 mg, 2 mg tablet ^{MO}	\$0 (Tier 1)	
bumetanide 1 mg/4 ml vial ^{MO}	\$0 (Tier 1)	
BYSTOLIC 10 MG TABLET ^{MO}	\$0 (Tier 2)	QL (120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
candesartan cilexetil 32 mg tb ^{MO}	\$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 ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
captopril 100 mg tablet ^{MO}	\$0 (Tier 1)	QL (135 per 30 days)
captopril 12.5 mg, 25 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	
captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet ^{MO}	\$0 (Tier 1)	
cartia xt 120 mg, 180 mg, 240 mg capsule,extended release ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet ^{MO}	\$0 (Tier 1)	
chlorothiazide 250 mg, 500 mg tablet ^{MO}	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page

13. **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.



Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
chlorothiazide sod 500 mg vial ^{MO}	\$0 (Tier 1)	
chlorthalidone 25 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	
cholestyramine packet; cholestyramine powder ^{MO}	\$0 (Tier 1)	
cholestyramine light 4 gram oral powder; cholestyramine light 4 gram powder for susp in a packet ^{MO}	\$0 (Tier 1)	
clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch ^{MO}	\$0 (Tier 1)	QL (4 per 28 days)
clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg tablet ^{MO}	\$0 (Tier 1)	
colestipol hcl granules ^{MO}	\$0 (Tier 1)	QL (1000 per 30 days)
colestipol hcl granules packet ^{MO}	\$0 (Tier 1)	
colestipol micronized 1 gm tab ^{MO}	\$0 (Tier 1)	
CORLANOR 5 MG, 7.5 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL (60 per 30 days)
DEMSER 250 MG CAPSULE ^{DL}	\$0 (Tier 2)	
digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
digox 125 mcg (0.125 mg), 250 mcg (0.25 mg) tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
digoxin 125 mcg tablet; digoxin 250 mcg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
dilt-xr 120 mg, 180 mg, 240 mg capsule, extended release ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
diltiazem 100 mg add-van via ^{MO}	\$0 (Tier 1)	
diltiazem 120 mg, 30 mg, 60 mg, 90 mg tablet ^{MO}	\$0 (Tier 1)	
diltiazem 12hr er 120 mg cap ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
diltiazem 12hr er 60 mg, 90 mg cap ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
diltiazem 24h er(cd) 120 mg, 180 mg, 240 mg cp; diltiazem 24hr er 120 mg, 180 mg, 240 mg cap ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
diltiazem 24h er(cd) 300 mg, 360 mg, 420 mg cp; diltiazem 24hr er 300 mg, 360 mg, 420 mg cap ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
diltiazem 24h er(xr) 120 mg, 180 mg, 240 mg cp ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
DTURIL 250 MG/5 ML ORAL SUSPENSION ^{MO}	\$0 (Tier 2)	
dofetilide 125 mcg, 250 mcg, 500 mcg capsule ^{MO}	\$0 (Tier 1)	
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab ^{MO}	\$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 ^{MO}	\$0 (Tier 1)	
enalapril-hctz 10-25 mg, 5-12.5 mg tab; enalapril-hctz 10-25 mg, 5-12.5 mg tablet ^{MO}	\$0 (Tier 1)	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
ethacrynat sodium 50 mg vial ^{MO}	\$0 (Tier 1)	
ezetimibe 10 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
felodipine er 10 mg, 2.5 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
fenofibrate 160 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
fenofibrate 54 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
fenofibrate 134 mg, 200 mg capsule ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
fenofibrate 67 mg capsule ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
fenofibrate 145 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
fenofibrate 48 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
flecainide acetate 100 mg, 150 mg, 50 mg tab ^{MO}	\$0 (Tier 1)	
fosinopril sodium 10 mg, 20 mg, 40 mg tab ^{MO}	\$0 (Tier 1)	
fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab ^{MO}	\$0 (Tier 1)	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) solution; furosemide 40 mg/4 ml vial; furosemide 40 mg/5 ml soln ^{MO}	\$0 (Tier 1)	
furosemide 20 mg, 40 mg, 80 mg tablet ^{MO}	\$0 (Tier 1)	
gemfibrozil 600 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
guanfacine 1 mg, 2 mg tablet ^{MO}	\$0 (Tier 1)	
hydralazine 10 mg, 100 mg, 25 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	
hydralazine 20 mg/ml via ^{MO}	\$0 (Tier 1)	
hydrochlorothiazide 12.5 mg cp ^{MO}	\$0 (Tier 1)	
hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tab; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tb ^{MO}	\$0 (Tier 1)	
indapamide 1.25 mg, 2.5 mg tablet ^{MO}	\$0 (Tier 1)	
irbesartan 150 mg, 300 mg, 75 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg tb ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
irbesartan-hctz 300-12.5 mg tb ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
isosorbide dinitr er 40 mg tab ^{MO}	\$0 (Tier 1)	
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg tab ^{MO}	\$0 (Tier 1)	
isosorbide mononit 10 mg, 20 mg tab ^{MO}	\$0 (Tier 1)	
isosorbide mononit er 120 mg, 30 mg, 60 mg; isosorbide mononit er 120 mg, 30 mg, 60 mg tb ^{MO}	\$0 (Tier 1)	
isradipine 2.5 mg, 5 mg capsule ^{MO}	\$0 (Tier 1)	
labetalol hcl 100 mg, 200 mg, 300 mg tablet ^{MO}	\$0 (Tier 1)	
labetalol hcl 100 mg/20 ml v ^{MO}	\$0 (Tier 1)	
lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	
lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab ^{MO}	\$0 (Tier 1)	
losartan potassium 100 mg, 25 mg, 50 mg tab ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
lovastatin 10 mg, 20 mg, 40 mg tablet ^{MO}	\$0 (Tier 1)	
methazolamide 25 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	
methyldopa 250 mg, 500 mg tablet ^{MO}	\$0 (Tier 1)	
methyldopa-hctz 250-15 mg, 250-25 mg tab ^{MO}	\$0 (Tier 1)	
metolazone 10 mg, 2.5 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab ^{MO}	\$0 (Tier 1)	
metoprolol tart 5 mg/5 ml vial ^{MO}	\$0 (Tier 1)	
metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tab;	\$0 (Tier 1)	
metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tb ^{MO}		
metyrosine 250 mg capsule ^{DL}	\$0 (Tier 1)	
midodrine hcl 10 mg, 2.5 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	
minoxidil 10 mg, 2.5 mg tablet ^{MO}	\$0 (Tier 1)	
moexipril hcl 15 mg, 7.5 mg tablet ^{MO}	\$0 (Tier 1)	
MULTAQ 400 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
nadolol-bendroflu 40-5 mg, 80-5 mg tab ^{MO}	\$0 (Tier 1)	
niacor 500 mg tablet ^{MO}	\$0 (Tier 1)	
nifedipine er 30 mg, 60 mg, 90 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
nimodipine 30 mg capsule ^{MO}	\$0 (Tier 1)	
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg tablet si ^{MO}	\$0 (Tier 1)	
nitroglycerin 0.4 mg/hr patch ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
nitroglycerin 400 mcg spray ^{MO}	\$0 (Tier 1)	
nitroglycerin 5 mg/ml vial ^{MO}	\$0 (Tier 1)	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET ^{MO}	\$0 (Tier 2)	
NORTHERA 100 MG, 200 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (90 per 30 days)
NORTHERA 300 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (180 per 30 days)
olmesartan medoxomil 20 mg, 40 mg, 5 mg tab ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
olmesartan-hctz 20-12.5 mg, 40-12.5 mg, 40-25 mg tab ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
omega-3 ethyl esters 1 gm cap ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
PACERONE 100 MG TABLET ^{MO}	\$0 (Tier 1)	
pacerone 200 mg tablet ^{MO}	\$0 (Tier 1)	
PACERONE 400 MG TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
pentoxifylline er 400 mg tab ^{MO}	\$0 (Tier 1)	
perindopril erbumine 2 mg, 4 mg, 8 mg tab ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
pindolol 10 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	
pravastatin sodium 10 mg, 20 mg, 40 mg, 80 mg tab ^{MO}	\$0 (Tier 1)	
prazosin 1 mg, 2 mg, 5 mg capsule ^{MO}	\$0 (Tier 1)	
prevalite 4 gram oral powder; prevalite 4 gram powder for susp in a packet ^{MO}	\$0 (Tier 1)	
procainamide 1,000 mg/10 ml vl; procainamide 1,000 mg/2 ml vl ^{MO}	\$0 (Tier 1)	
propafenone hcl 150 mg, 225 mg, 300 mg tab; propafenone hcl 150 mg, 225 mg, 300 mg tablet ^{MO}	\$0 (Tier 1)	
propafenone hcl er 225 mg, 325 mg cap ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
propafenone hcl er 425 mg cap ^{MO}	\$0 (Tier 1)	
propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) vial; propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln ^{MO}	\$0 (Tier 1)	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg tablet ^{MO}	\$0 (Tier 1)	
propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule ^{MO}	\$0 (Tier 1)	
propranolol-hctz 40-25 mg, 80-25 mg tab ^{MO}	\$0 (Tier 1)	
quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	
quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab ^{MO}	\$0 (Tier 1)	
quinidine gluc 80 mg/ml vial ^{MO}	\$0 (Tier 1)	
quinidine sulfate 200 mg, 300 mg tab ^{MO}	\$0 (Tier 1)	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule ^{MO}	\$0 (Tier 1)	
ranolazine er 1,000 mg, 500 mg tablet ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE ^{MO}	\$0 (Tier 2)	PA,QL (3 per 28 days)
rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg tab ^{MO}	\$0 (Tier 1)	
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet ^{MO}	\$0 (Tier 1)	
sorine 120 mg, 160 mg, 240 mg, 80 mg tablet ^{MO}	\$0 (Tier 1)	
sotalol 120 mg, 160 mg, 240 mg, 80 mg tablet ^{MO}	\$0 (Tier 1)	
sotalol af 120 mg, 160 mg, 80 mg tablet ^{MO}	\$0 (Tier 1)	
spironolactone-hctz 25-25 tab ^{MO}	\$0 (Tier 1)	
spironolactone 100 mg, 25 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	
taztia xt 120 mg, 180 mg, 240 mg capsule,extended release ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
taztia xt 300 mg, 360 mg capsule,extended release ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
telmisartan 20 mg, 40 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
telmisartan 80 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
telmisartanamlodipine 40-10; telmisartanamlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg; telmisartanamlodipine 80-10 ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule ^{MO}	\$0 (Tier 1)	
tiadylt er 120 mg, 180 mg, 240 mg capsule, extended release ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
tiadylt er 300 mg, 360 mg, 420 mg capsule, extended release ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	
tosemide 10 mg, 100 mg, 20 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	
trandolapril 1 mg, 2 mg, 4 mg tablet ^{MO}	\$0 (Tier 1)	
triamterene-hctz 37.5-25 mg, 50-25 mg cap; triamterene-hctz 37.5-25 mg, 50-25 mg cp ^{MO}	\$0 (Tier 1)	
triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb ^{MO}	\$0 (Tier 1)	
triklo 1 gm capsule ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet ^{MO}	\$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 ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE ^{MO}	\$0 (Tier 2)	QL (240 per 30 days)
VASCEPA 1 GRAM CAPSULE ^{MO}	\$0 (Tier 2)	QL (120 per 30 days)
verapamil 120 mg, 180 mg, 240 mg, 360 mg cap pellet; verapamil sr 120 mg, 180 mg, 240 mg, 360 mg capsule ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
verapamil 120 mg, 40 mg, 80 mg tablet ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
verapamil 5 mg/2 ml ampu ^{MO}	\$0 (Tier 1)	
verapamil er 120 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
verapamil er 180 mg, 240 mg tablet ^{MO}	\$0 (Tier 1)	
verapamil er pm 100 mg, 300 mg capsule ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
verapamil er pm 200 mg capsule ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
VYNDAMAX 61 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA, QL (30 per 30 days)
VYNDAQEL 20 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA, QL (120 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
WELCHOL 625 MG TABLET ^{MO}	\$0 (Tier 2)	QL (180 per 30 days)

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg capsule ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
atomoxetine hcl 100 mg, 60 mg, 80 mg capsule ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
AUSTEDO 6 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT ^{DL}	\$0 (Tier 2)	PA,QL (15 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (12 per 28 days)
dalfampridine er 10 mg tablet ^{MO}	\$0 (Tier 1)	PA,QL (60 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
dextroamphetamine 10 mg tab ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
dextroamphetamine 5 mg tab ^{MO}	\$0 (Tier 1)	QL (150 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 ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
dextroamp-amphetamin 30 mg tab ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
FIRDAPSE 10 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (240 per 30 days)
GILENYA 0.25 MG, 0.5 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
glatiramer 20 mg/ml syringe ^{DL}	\$0 (Tier 1)	PA,QL (30 per 30 days)
glatiramer 40 mg/ml syringe ^{DL}	\$0 (Tier 1)	PA,QL (12 per 28 days)
glatopa 20 mg/ml subcutaneous syringe ^{DL}	\$0 (Tier 1)	PA,QL (30 per 30 days)
glatopa 40 mg/ml subcutaneous syringe ^{DL}	\$0 (Tier 1)	PA,QL (12 per 28 days)
methylphenidate 10 mg, 20 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
methylphenidate er 10 mg tab ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
NUEDEXTA 20 MG-10 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
pregabalin 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg capsule ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
pregabalin 20 mg/ml solution ^{MO}	\$0 (Tier 1)	QL (900 per 30 days)
pregabalin 225 mg, 300 mg capsule ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
riluzole 50 mg tablet ^{MO}	\$0 (Tier 1)	
RUZURGI 10 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (300 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 ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
TECFIDERA 120 MG (14)- 240 MG (46), 240 MG CAPSULE,DELAYED RELEASE; TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
TECFIDERA 120 MG CAPSULE, DELAYED RELEASE ^{DL}	\$0 (Tier 2)	PA,QL (14 per 30 days)
tetrabenazine 12.5 mg tablet ^{DL}	\$0 (Tier 1)	PA,QL (240 per 30 days)
tetrabenazine 25 mg tablet ^{DL}	\$0 (Tier 1)	PA,QL (120 per 30 days)

Dental & Oral Agents - Drugs used to treat conditions involving the mouth and teeth

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
chlorhexidine 0.12% rinse ^{MO}	\$0 (Tier 1)	
oralone 0.1 % dental paste ^{MO}	\$0 (Tier 1)	
paroex oral rinse 0.12 % mouthwash ^{MO}	\$0 (Tier 1)	
periogard 0.12 % mouthwash ^{MO}	\$0 (Tier 1)	
pilocarpine hcl 5 mg, 7.5 mg tablet ^{MO}	\$0 (Tier 1)	
triamcinolone 0.1% paste ^{MO}	\$0 (Tier 1)	

DERMATOLOGICAL AGENTS - Drugs used to treat skin conditions

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
acitretin 10 mg capsule ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
acitretin 17.5 mg capsule ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
acitretin 25 mg capsule ^{MO}	\$0 (Tier 1)	
adapalene 0.1% gel ^{MO}	\$0 (Tier 1)	
ammonium lactate 12% cream ^{MO}	\$0 (Tier 1)	
ammonium lactate 12% lotion ^{MO}	\$0 (Tier 1)	
amnesteem 10 mg, 20 mg capsule ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
amnesteem 40 mg capsule ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
calcipotriene 0.005% cream ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
calcipotriene 0.005% solution ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (34 per 365 days)
COSENTYX 300 MG/2 SYRINGES (150 MG/ML) SUBCUTANEOUS ^{DL}	\$0 (Tier 2)	PA,QL (34 per 365 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS ^{DL}	\$0 (Tier 2)	PA,QL (34 per 365 days)
COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS ^{DL}	\$0 (Tier 2)	PA,QL (34 per 365 days)
fluorouracil 2% topical soln; fluorouracil 5% topical soln ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
fluorouracil 5% cream ^{MO}	\$0 (Tier 1)	
imiquimod 5% cream packet ^{MO}	\$0 (Tier 1)	QL (12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg capsule ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
isotretinoin 40 mg capsule ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
methoxsalen 10 mg softgel ^{DL}	\$0 (Tier 1)	
myorisan 10 mg, 20 mg, 30 mg capsule ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
myorisan 40 mg capsule ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
pimecrolimus 1% cream ^{MO}	\$0 (Tier 1)	
podofilox 0.5% topical soln ^{MO}	\$0 (Tier 1)	
RECTIV 0.4 % (W/W) OINTMENT ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
REGRANEX 0.01 % TOPICAL GEL ^{DL}	\$0 (Tier 2)	
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT ^{MO}	\$0 (Tier 2)	
SKYRIZI 150 MG/1.66 ML(75 MG/0.83 ML X 2) SUBCUTANEOUS SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL (6 per 365 days)
SKYRIZI 75 MG/0.83 ML SUBCUTANEOUS SYRINGE ^{MO}	\$0 (Tier 2)	PA,QL (9.96 per 365 days)
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (3 per 84 days)
tacrolimus 0.03% ointment; tacrolimus 0.1% ointment ^{MO}	\$0 (Tier 1)	
tazarotene 0.1% cream ^{MO}	\$0 (Tier 1)	PA
TAZORAC 0.05 %, 0.1 % TOPICAL GEL ^{MO}	\$0 (Tier 2)	PA
TOLAK 4 % TOPICAL CREAM ^{MO}	\$0 (Tier 2)	
tretinoin 0.01% gel; tretinoin 0.025% gel; tretinoin 0.05% gel ^{MO}	\$0 (Tier 1)	PA
tretinoin 0.025% cream; tretinoin 0.05% cream; tretinoin 0.1% cream ^{MO}	\$0 (Tier 1)	PA
UVADEX 20 MCG/ML INJECTION SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
zenatane 10 mg, 20 mg, 30 mg capsule ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
zenatane 40 mg capsule ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)

Electrolytes/Minerals/Metals/Vitamins - Drugs used to treat vitamin deficiencies

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
AMINOSYN 10 % INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
AMINOSYN 8.5 % INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
AMINOSYN II 10 % INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
AMINOSYN II 15 % INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
AMINOSYN II 7 % INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
calcium acetate 667 mg capsule ^{MO}	\$0 (Tier 1)	
calcium acetate 667 mg tablet ^{MO}	\$0 (Tier 1)	
CARBAGLU 200 MG DISPERSIBLE TABLET ^{DL}	\$0 (Tier 2)	PA
CHEMET 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
CLINIMIX 2.75%-5% SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
CLINIMIX 4.25%-20% SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
CLINIMIX 6 % IN 5 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
CLINIMIX 8 % IN 10 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
CLINIMIX 8 % IN 14 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
CLINIMIX E 2.75%-10% SOLUTION ^{MO}	\$0 (Tier 2)	B vs D

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
CLINIMIX E 4.25%-25% SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
CLINIMIX E 5%-25% SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
CLINIMIX E 8 % IN 10 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
CLINIMIX E 8 % IN 14 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
CLINOLIPID 20 % INTRAVENOUS EMULSION ^{MO}	\$0 (Tier 2)	B vs D
clovique 250 mg capsule ^{DL}	\$0 (Tier 1)	QL (240 per 30 days)
dextrose 10%-0.45% nacl iv sol ^{MO}	\$0 (Tier 1)	
dextrose 2.5%-0.45% nacl iv ^{MO}	\$0 (Tier 1)	
dextrose 5%-0.9% nacl iv soln ^{MO}	\$0 (Tier 1)	
dextrose 5%-0.45% nacl iv soln ^{MO}	\$0 (Tier 1)	
DEPEN TITRATABS 250 MG TABLET ^{DL}	\$0 (Tier 2)	
dextrose 10%-0.2% nacl iv soln ^{MO}	\$0 (Tier 1)	
dextrose 10%-water iv solution ^{MO}	\$0 (Tier 1)	
dextrose 5%-water iv soln ^{MO}	\$0 (Tier 1)	
dextrose 5%-0.2% nacl iv soln ^{MO}	\$0 (Tier 1)	
dextrose 5%-0.3% nacl iv soln ^{MO}	\$0 (Tier 1)	
dextrose 5%-electrolyte 48 ^{MO}	\$0 (Tier 1)	
EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET ^{DL}	\$0 (Tier 2)	PA
HEPATAMINE 8% INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
INTRALIPID 20 %, 30 % INTRAVENOUS EMULSION ^{MO}	\$0 (Tier 2)	B vs D
IONOSOL -B IN D5W INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	
ISOLYTE-S INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	
JADENU 180 MG, 360 MG, 90 MG TABLET ^{DL}	\$0 (Tier 2)	PA
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION ^{MO}	\$0 (Tier 2)	B vs D

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
kionex (with sorbitol) 15 gram-19.3 gram/60 ml oral suspension ^{MO}	\$0 (Tier 1)	
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE ^{MO}	\$0 (Tier 2)	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE ^{MO}	\$0 (Tier 2)	
klor-con m10 meq tablet,extended release ^{MO}	\$0 (Tier 1)	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE ^{MO}	\$0 (Tier 1)	
klor-con m20 meq tablet,extended release ^{MO}	\$0 (Tier 1)	
lactated ringers injection ^{MO}	\$0 (Tier 1)	
levocarnitine 330 mg tablet ^{MO}	\$0 (Tier 1)	
levocarnitine 1 g/10 ml soln ^{MO}	\$0 (Tier 1)	
LOKELMA 10 GRAM, 5 GRAM ORAL POWDER PACKET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
m-natal plus 27 mg iron-1 mg tablet ^{MO}	\$0 (Tier 1)	
magnesium sulf 1 g/100 ml-d5w ^{MO}	\$0 (Tier 1)	
magnesium sulf 20 g/500 ml bag ^{MO}	\$0 (Tier 1)	
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	
NORMOSOL-R INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	
NUTRILIPID 20 % INTRAVENOUS EMULSION ^{MO}	\$0 (Tier 2)	B vs D
penicillamine 250 mg tablet ^{DL}	\$0 (Tier 1)	
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION ^{MO}	\$0 (Tier 2)	B vs D
PLASMA-LYTE 148 INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	
PLASMA-LYTE A INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	
pnv ob+dha combo pack ^{MO}	\$0 (Tier 1)	
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 ^{MO}	\$0 (Tier 1)	
potassium cl 10% (20 meq/15ml) ^{MO}	\$0 (Tier 1)	QL (1125 per 30 days)
potassium cl 20% (40 meq/15ml) ^{MO}	\$0 (Tier 1)	
potassium cl 40 meq/20 ml conc ^{MO}	\$0 (Tier 1)	
potassium cl er 10 meq, 20 meq tablet ^{MO}	\$0 (Tier 1)	
potassium cl er 10 meq, 20 meq, 8 meq tablet ^{MO}	\$0 (Tier 1)	
potassium cl er 10 meq, 8 meq capsule ^{MO}	\$0 (Tier 1)	
kcl 20 meq-ns 1,000 ml iv soln; kcl 40 meq-ns 1,000 ml iv soln ^{MO}	\$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 ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer ^{MO} potassium cl 10 meq/100 ml, 10 meq/50 ml, 20 meq/50 ml, 30 meq/100 ml sol ^{MO}	\$0 (Tier 1) \$0 (Tier 1)	
potassium cl 20 meq-0.45% nacl ^{MO} d5%-1/4ns-kcl 20 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.2% nacl ^{MO}	\$0 (Tier 1) \$0 (Tier 1)	
kcl 20 meq in d5w-0.3% nacl ^{MO}	\$0 (Tier 1)	
kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9% ^{MO} 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 ^{MO}	\$0 (Tier 1)	
pr natal 400 29 mg-1 mg-400 mg oral pack ^{MO}	\$0 (Tier 1)	
pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule,delayed release ^{MO}	\$0 (Tier 1)	
pr natal 430 29 mg iron-1 mg-430 mg oral pack ^{MO}	\$0 (Tier 1)	
pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule,delayed release ^{MO}	\$0 (Tier 1)	
PREMASOL 10 % INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 1)	B vs D
PREMASOL 6% IV SOLUTION ^{MO}	\$0 (Tier 1)	B vs D
PRENATABS FA 29 MG-1 MG TABLET ^{MO}	\$0 (Tier 1)	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet ^{MO}	\$0 (Tier 1)	
PROCALAMINE 3% INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
RENVELA 0.8 GRAM ORAL POWDER PACKET ^{MO}	\$0 (Tier 2)	QL (540 per 30 days)
RENVELA 2.4 GRAM ORAL POWDER PACKET ^{MO}	\$0 (Tier 2)	QL (180 per 30 days)
RENVELA 800 MG TABLET ^{MO}	\$0 (Tier 2)	QL (540 per 30 days)
ringer's iv solution ^{MO}	\$0 (Tier 1)	
SAMSCA 15 MG, 30 MG TABLET ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
sevelamer 0.8 gm powder packet ^{MO}	\$0 (Tier 1)	QL (540 per 30 days)
sevelamer 2.4 gm powder packet ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
sevelamer carbonate 800 mg tab ^{MO}	\$0 (Tier 1)	QL (540 per 30 days)
SMOFLIPID 20 % INTRAVENOUS EMULSION ^{MO}	\$0 (Tier 2)	B vs D
sodium bicarb 8.4% abboject ^{MO}	\$0 (Tier 1)	
sodium chloride 100 meq/40 ml ^{MO}	\$0 (Tier 1)	
saline 0.45% soln-excel con ^{MO}	\$0 (Tier 1)	
sodium chloride 0.45% soln ^{MO}	\$0 (Tier 1)	
sodium chloride 0.9% solution ^{MO}	\$0 (Tier 1)	
sodium chloride 0.9% vial ^{MO}	\$0 (Tier 1)	
sodium chloride 3% iv soln ^{MO}	\$0 (Tier 1)	
sodium chloride 5% iv soln ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
sodium lactate 50 meq/10 ml v/ ^{MO}	\$0 (Tier 1)	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp/ ^{MO}	\$0 (Tier 1)	
sodium polystyrene sulf powder/ ^{MO}	\$0 (Tier 1)	
sps 15 gm/60 ml suspension/ ^{MO}	\$0 (Tier 1)	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION/ ^{MO}	\$0 (Tier 1)	
tolvaptan 15 mg, 30 mg tablet ^{DL}	\$0 (Tier 1)	QL (60 per 30 days)
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION/ ^{MO}	\$0 (Tier 2)	
TRAVASOL 10 % INTRAVENOUS SOLUTION/ ^{MO}	\$0 (Tier 2)	B vs D
trientine hcl 250 mg capsule ^{DL}	\$0 (Tier 1)	QL (240 per 30 days)
TROPHAMINE 10 % INTRAVENOUS SOLUTION/ ^{MO}	\$0 (Tier 2)	B vs D
TROPHAMINE 6% IV SOLUTION/ ^{MO}	\$0 (Tier 2)	B vs D

Gastrointestinal Agents - Drugs used to treat stomach and intestinal conditions

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
CHENODAL 250 MG TABLET ^{DL}	\$0 (Tier 2)	PA
cimetidine 200 mg, 300 mg, 400 mg, 800 mg tablet/ ^{MO}	\$0 (Tier 1)	
cimetidine 300 mg/5 ml soln/ ^{MO}	\$0 (Tier 1)	
constulose 10 gram/15 ml oral solution/ ^{MO}	\$0 (Tier 1)	
dicyclomine 10 mg capsule/ ^{MO}	\$0 (Tier 1)	
dicyclomine 10 mg/5 ml soln/ ^{MO}	\$0 (Tier 1)	
dicyclomine 20 mg tablet/ ^{MO}	\$0 (Tier 1)	
diphenoxylat-atrop 2.5-0.025/5 ^{MO}	\$0 (Tier 1)	
diphenoxylate-atrop 2.5-0.025 ^{MO}	\$0 (Tier 1)	
enulose 10 gram/15 ml oral solution/ ^{MO}	\$0 (Tier 1)	
esomeprazole mag dr 20 mg, 40 mg cap/ ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
famotidine 20 mg, 40 mg tablet/ ^{MO}	\$0 (Tier 1)	
famotidine 40 mg/4 ml vial/ ^{MO}	\$0 (Tier 1)	
famotidine 40 mg/5 ml susp/ ^{MO}	\$0 (Tier 1)	
famotidine 20 mg/2 ml vial/ ^{MO}	\$0 (Tier 1)	
famotidine 20 mg piggyback/ ^{MO}	\$0 (Tier 1)	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT ^{DL}	\$0 (Tier 2)	PA

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT ^{DL}	\$0 (Tier 2)	PA
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution ^{MO}	\$0 (Tier 1)	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution ^{MO}	\$0 (Tier 1)	
gavilyte-n 420 gram oral solution ^{MO}	\$0 (Tier 1)	
generlac 10 gram/15 ml oral solution ^{MO}	\$0 (Tier 1)	
glycopyrrolate 1 mg, 2 mg tablet ^{MO}	\$0 (Tier 1)	
glycopyrrolate 4 mg/20 ml vial ^{MO}	\$0 (Tier 1)	
lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution ^{MO}	\$0 (Tier 1)	
lansoprazole dr 15 mg capsule ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
lansoprazole dr 30 mg capsule ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
misoprostol 100 mcg, 200 mcg tablet ^{MO}	\$0 (Tier 1)	
MOVANTIK 12.5 MG, 25 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA, QL (30 per 30 days)
omeprazole dr 10 mg, 20 mg, 40 mg capsule ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
pantoprazole sod dr 20 mg, 40 mg tab ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
pantoprazole sodium 40 mg vial ^{MO}	\$0 (Tier 1)	
peg 3350 electrolyte soln; peg-3350 and electrolytes soln ^{MO}	\$0 (Tier 1)	
peg 3350-electrolyte solution ^{MO}	\$0 (Tier 1)	
PYLERA 140 MG-125 MG-125 MG CAPSULE ^{MO}	\$0 (Tier 2)	QL (144 per 30 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION ^{MO}	\$0 (Tier 2)	QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE ^{MO}	\$0 (Tier 2)	QL (36 per 28 days)
RELISTOR 150 MG TABLET ^{MO}	\$0 (Tier 2)	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE ^{MO}	\$0 (Tier 2)	QL (12 per 30 days)
sucralfate 1 gm tablet ^{MO}	\$0 (Tier 1)	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION ^{MO}	\$0 (Tier 2)	
trilyte with flavor packets 420 gram oral solution ^{MO}	\$0 (Tier 1)	
ursodiol 250 mg, 500 mg tablet ^{MO}	\$0 (Tier 1)	
XIFAXAN 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA, QL (9 per 30 days)
XIFAXAN 550 MG TABLET ^{DL}	\$0 (Tier 2)	PA, QL (84 per 28 days)

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Genetic/Enzyme Disorder: Replacement, Modifiers, Treatment - Drugs used to treat conditions caused by a genetic disorder

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ADAGEN 250 UNIT/ML VIAL ^{DL}	\$0 (Tier 2)	
ARALAST NP 1,000 MG, 500 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
CERDELGA 84 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA
CEREZYME 400 UNIT INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
CHOLBAM 250 MG, 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
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 ^{MO}	\$0 (Tier 2)	
CRYSVITA 10 MG/ML, 20 MG/ML SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (2 per 28 days)
CRYSVITA 30 MG/ML SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER ^{DL}	\$0 (Tier 2)	
CYSTAGON 150 MG, 50 MG CAPSULE ^{MO}	\$0 (Tier 2)	
ELELYSO 200 UNIT INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
EVRYSDI 0.75 MG/ML ORAL SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (240 per 30 days)
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
KUVAN 100 MG SOLUBLE TABLET ^{DL}	\$0 (Tier 2)	PA
KUVAN 100 MG, 500 MG ORAL POWDER PACKET ^{DL}	\$0 (Tier 2)	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
nitisinone 10 mg, 2 mg, 5 mg capsule ^{DL}	\$0 (Tier 1)	
NITYR 10 MG, 2 MG, 5 MG TABLET ^{DL}	\$0 (Tier 2)	
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE ^{DL}	\$0 (Tier 2)	
ORFADIN 4 MG/ML ORAL SUSPENSION ^{DL}	\$0 (Tier 2)	
REVCovi 2.4 MG/1.5 ML (1.6 MG/ML) INTRAMUSCULAR SOLUTION ^{DL}	\$0 (Tier 2)	
sapropterin 100 mg tablet ^{DL}	\$0 (Tier 1)	PA
sapropterin 100 mg, 500 mg powder pkt ^{DL}	\$0 (Tier 1)	PA
sodium phenylbutyrate powder ^{DL}	\$0 (Tier 1)	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
SUCRAID 8,500 UNIT/ML ORAL SOLUTION ^{DL}	\$0 (Tier 2)	

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Genitourinary Agents - Drugs used to treat conditions such as bladder or prostate problems

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alfuzosin hcl er 10 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
bethanechol 10 mg, 25 mg, 5 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	
dutasteride 0.5 mg capsule ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	QL (90 per 30 days)
finasteride 5 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
flavoxate hcl 100 mg tablet ^{MO}	\$0 (Tier 1)	
MYRBETRIQ 25 MG, 50 MG TABLET,EXTENDED RELEASE ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
oxybutynin 5 mg tablet ^{MO}	\$0 (Tier 1)	
oxybutynin 5 mg/5 ml syrup ^{MO}	\$0 (Tier 1)	
oxybutynin cl er 10 mg, 15 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
tamsulosin hcl 0.4 mg capsule ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
THIOLA 100 MG TABLET ^{DL}	\$0 (Tier 2)	
tolterodine tart er 2 mg, 4 mg cap ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
tolterodine tartrate 1 mg, 2 mg tab ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET,EXTENDED RELEASE ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs used to treat inflammation

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
a-hydrocort 100 mg solution for injection ^{MO}	\$0 (Tier 1)	
ACTHAR 80 UNIT/ML INJECTION GEL ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
betamethasone dp 0.05% crm ^{MO}	\$0 (Tier 1)	
betamethasone dp 0.05% lot ^{MO}	\$0 (Tier 1)	
betamethasone dp 0.05% oint ^{MO}	\$0 (Tier 1)	
betamethasone va 0.1% cream ^{MO}	\$0 (Tier 1)	
betamethasone va 0.1% lotion ^{MO}	\$0 (Tier 1)	
betamethasone valer 0.1% ointm ^{MO}	\$0 (Tier 1)	
betamethasone dp aug 0.05% crm ^{MO}	\$0 (Tier 1)	
betamethasone dp aug 0.05% gel ^{MO}	\$0 (Tier 1)	
betamethasone dp aug 0.05% lot ^{MO}	\$0 (Tier 1)	
betamethasone dp aug 0.05% oin ^{MO}	\$0 (Tier 1)	
clobetasol 0.05% cream ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
clobetasol 0.05% gel ^{MO}	\$0 (Tier 1)	QL (120 per 28 days)
clobetasol 0.05% ointment ^{MO}	\$0 (Tier 1)	QL (120 per 28 days)
clobetasol 0.05% solution ^{MO}	\$0 (Tier 1)	
clobetasol emollient 0.05% crm ^{MO}	\$0 (Tier 1)	
cormax 0.05% solution ^{MO}	\$0 (Tier 1)	
cortisone 25 mg tablet ^{MO}	\$0 (Tier 1)	
decadron 0.5 mg/5 ml elixir ^{MO}	\$0 (Tier 1)	
desonide 0.05% cream ^{MO}	\$0 (Tier 1)	
desonide 0.05% ointment ^{MO}	\$0 (Tier 1)	
desoximetasone 0.25% cream ^{MO}	\$0 (Tier 1)	
desoximetasone 0.25% ointment ^{MO}	\$0 (Tier 1)	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg tablet ^{MO}	\$0 (Tier 1)	
dexamethasone 0.5 mg/5 ml elx ^{MO}	\$0 (Tier 1)	
dexamethasone 0.5 mg/5 ml liq ^{MO}	\$0 (Tier 1)	
dexamethasone intensol 1 mg/ml drops (concentrate) ^{MO}	\$0 (Tier 1)	
dexamethasone 10 mg/ml syring ^{MO}	\$0 (Tier 1)	
dexamethasone 10 mg/ml, 4 mg/ml vial ^{MO}	\$0 (Tier 1)	
dexamethasone 4 mg/ml syringe ^{MO}	\$0 (Tier 1)	
fludrocortisone 0.1 mg tablet ^{MO}	\$0 (Tier 1)	
fluocinolone 0.01% cream; fluocinolone 0.025% cream ^{MO}	\$0 (Tier 1)	
fluocinolone 0.01% solution ^{MO}	\$0 (Tier 1)	
fluocinolone 0.025% ointment ^{MO}	\$0 (Tier 1)	
fluocinolone 0.01% scalp oil ^{MO}	\$0 (Tier 1)	
fluocinonide 0.05% cream ^{MO}	\$0 (Tier 1)	
fluocinonide 0.05% gel ^{MO}	\$0 (Tier 1)	
fluocinonide 0.05% ointment ^{MO}	\$0 (Tier 1)	
fluocinonide 0.05% solution ^{MO}	\$0 (Tier 1)	
fluocinonide-e 0.05 % topical cream ^{MO}	\$0 (Tier 1)	
fluocinonide-e 0.05% cream ^{MO}	\$0 (Tier 1)	
fluticasone prop 0.005% oint ^{MO}	\$0 (Tier 1)	
fluticasone prop 0.05% cream ^{MO}	\$0 (Tier 1)	
hydrocortisone 1% cream; hydrocortisone 2.5% cream ^{MO}	\$0 (Tier 1)	
hydrocortisone 1% ointment; hydrocortisone 2.5% ointment ^{MO}	\$0 (Tier 1)	
hydrocortisone 10 mg, 20 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
hydrocortisone 2.5% lotion ^{MO}	\$0 (Tier 1)	
hydrocortisone val 0.2% cream ^{MO}	\$0 (Tier 1)	
hydrocortisone val 0.2% ointmt ^{MO}	\$0 (Tier 1)	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg tab;	\$0 (Tier 1)	B vs D
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg tablet ^{MO}		
methylprednisolone 4 mg dosepk ^{MO}	\$0 (Tier 1)	
methylprednisolone 40 mg/ml, 80 mg/ml v ^{MO}	\$0 (Tier 1)	
methylprednisolone ss 1 gm v; methylprednisolone ss 1,000 mg, 125 mg, 40 mg; methylprednisolone ss 1,000 mg, 125 mg, 40 mg v ^{MO}	\$0 (Tier 1)	
mometasone furoate 0.1% cream ^{MO}	\$0 (Tier 1)	
mometasone furoate 0.1% oint ^{MO}	\$0 (Tier 1)	
mometasone furoate 0.1% soln ^{MO}	\$0 (Tier 1)	
prednisolone 15 mg/5 ml soln ^{MO}	\$0 (Tier 1)	
prednisolone 15 mg/5 ml soln; prednisolone 20 mg/5 ml soln;	\$0 (Tier 1)	
prednisolone 5 mg/5 ml soln; prednisolone sod ph 25 mg/5 ml ^{MO}		
prednisone 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg tablet ^{MO}	\$0 (Tier 1)	B vs D
prednisone 10 mg, 5 mg tab dose pack ^{MO}	\$0 (Tier 1)	
prednisone 5 mg/5 ml solution ^{MO}	\$0 (Tier 1)	B vs D
prednisone intensol 5 mg/ml oral concentrate ^{MO}	\$0 (Tier 1)	B vs D
procto-med hc 2.5 % topical cream perineal applicator ^{MO}	\$0 (Tier 1)	
procto-pak 1 % topical cream perineal applicator ^{MO}	\$0 (Tier 1)	
proctosol hc 2.5 % topical cream perineal applicator ^{MO}	\$0 (Tier 1)	
proctozone-hc 2.5 % topical cream perineal applicator ^{MO}	\$0 (Tier 1)	
SOLU-MEDROL 2 GRAM INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML INTRAVENOUS SOLUTION; SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML SOLUTION FOR INJECTION ^{MO}	\$0 (Tier 2)	
triamcinolone 0.025% cream; triamcinolone 0.1% cream;	\$0 (Tier 1)	
triamcinolone 0.5% cream ^{MO}		
triamcinolone 0.025% lotion; triamcinolone 0.1% lotion ^{MO}	\$0 (Tier 1)	
triamcinolone 0.025% oint; triamcinolone 0.1% ointment;	\$0 (Tier 1)	
triamcinolone 0.5% ointment ^{MO}		
triderm 0.1 %, 0.5 % topical cream ^{MO}	\$0 (Tier 1)	
VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION ^{MO}	\$0 (Tier 2)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs used to treat low levels of pituitary hormones

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CHORIONIC GONAD 10,000 UNIT VL ^{DL}	\$0 (Tier 2)	PA
desmopressin 0.01% solution; desmopressin 10 mcg/0.1 ml spr ^{MO}	\$0 (Tier 1)	QL (25 per 30 days)
desmopressin ac 4 mcg/ml vial ^{MO}	\$0 (Tier 1)	
desmopressin acetate 0.1 mg tb ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
desmopressin acetate 0.2 mg tb ^{MO}	\$0 (Tier 1)	
EGRIFTA 1 MG VIAL ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
EGRIFTA SV 2 MG SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE ^{DL}	\$0 (Tier 2)	PA
OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
STIMATE 1.5 MG/ML NASAL SPRAY ^{DL}	\$0 (Tier 2)	

Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs used for sex hormone imbalances

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
afirmelle 0.1 mg-20 mcg tablet ^{MO}	\$0 (Tier 1)	
altavera (28) 0.15 mg-0.03 mg tablet ^{MO}	\$0 (Tier 1)	
amabelz 0.5 mg-0.1 mg tablet; amabelz 1 mg-0.5 mg tablet ^{MO}	\$0 (Tier 1)	
amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack ^{MO}	\$0 (Tier 1)	QL (91 per 90 days)
ANADROL-50 50 MG TABLET ^{DL}	\$0 (Tier 2)	
apri 0.15 mg-0.03 mg tablet ^{MO}	\$0 (Tier 1)	
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet ^{MO}	\$0 (Tier 1)	
aubra 0.1 mg-20 mcg tablet ^{MO}	\$0 (Tier 1)	
aubra eq 0.1 mg-20 mcg tablet ^{MO}	\$0 (Tier 1)	
aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet ^{MO}	\$0 (Tier 1)	
aurovela 1/20 (21) 1 mg-20 mcg tablet ^{MO}	\$0 (Tier 1)	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet ^{MO}	\$0 (Tier 1)	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet ^{MO}	\$0 (Tier 1)	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
aviane 0.1 mg-20 mcg tablet ^{MO}	\$0 (Tier 1)	
ayuna 0.15 mg-0.03 mg tablet ^{MO}	\$0 (Tier 1)	
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet ^{MO}	\$0 (Tier 1)	
bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet ^{MO}	\$0 (Tier 1)	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet ^{MO}	\$0 (Tier 1)	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet ^{MO}	\$0 (Tier 1)	
camila 0.35 mg tablet ^{MO}	\$0 (Tier 1)	
camrese lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack ^{MO}	\$0 (Tier 1)	QL (91 per 90 days)
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet ^{MO}	\$0 (Tier 1)	
chateal eq (28) 0.15 mg-0.03 mg tablet ^{MO}	\$0 (Tier 1)	
COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL; COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL ^{MO}	\$0 (Tier 2)	QL (8 per 28 days)
cryselle (28) 0.3 mg-30 mcg tablet ^{MO}	\$0 (Tier 1)	
cyclafem 1/35 (28) 1 mg-35 mcg tablet ^{MO}	\$0 (Tier 1)	
cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet ^{MO}	\$0 (Tier 1)	
cyred 0.15 mg-0.03 mg tablet ^{MO}	\$0 (Tier 1)	
cyred eq 0.15 mg-0.03 mg tablet ^{MO}	\$0 (Tier 1)	
danazol 100 mg, 200 mg, 50 mg capsule ^{MO}	\$0 (Tier 1)	
dasetta 1/35 (28) 1 mg-35 mcg tablet ^{MO}	\$0 (Tier 1)	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet ^{MO}	\$0 (Tier 1)	
deblitane 0.35 mg tablet ^{MO}	\$0 (Tier 1)	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL ^{MO}	\$0 (Tier 2)	QL (5 per 30 days)
desogestr-eth estrad eth estra ^{MO}	\$0 (Tier 1)	
desogest-eth estra 0.15-0.03mg ^{MO}	\$0 (Tier 1)	
dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr transdermal patch ^{MO}	\$0 (Tier 1)	QL (8 per 28 days)
drospirenone-ee 3-0.02 mg, 3-0.03 mg tab ^{MO}	\$0 (Tier 1)	
DUAVEE 0.45 MG-20 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL (30 per 30 days)
elinest 0.3 mg-30 mcg tablet ^{MO}	\$0 (Tier 1)	
ELLA 30 MG TABLET ^{MO}	\$0 (Tier 2)	QL (1 per 30 days)
emoquette 0.15 mg-0.03 mg tablet ^{MO}	\$0 (Tier 1)	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet ^{MO}	\$0 (Tier 1)	
enskyce 0.15 mg-0.03 mg tablet ^{MO}	\$0 (Tier 1)	
errin 0.35 mg tablet ^{MO}	\$0 (Tier 1)	
estradiol 0.01% cream ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
estradiol 0.025 mg patch(1/wk); estradiol 0.0375mg patch(1/wk); estradiol 0.05 mg patch (1/wk); estradiol 0.06 mg patch (1/wk); <u>estradiol 0.075 mg patch(1/wk); estradiol 0.1 mg patch (1/wk)</u> ^{MO}	\$0 (Tier 1)	QL (4 per 28 days)
estradiol 0.025 mg patch(2/wk); estradiol 0.0375mg patch(2/wk); estradiol 0.05 mg patch (2/wk); estradiol 0.075 mg patch(2/wk); <u>estradiol 0.1 mg patch (2/wk)</u> ^{MO}	\$0 (Tier 1)	QL (8 per 28 days)
estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg tablet; estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg vaginal insrt ^{MO}	\$0 (Tier 1)	
estradiol valerate 100 mg/5 ml; estradiol valerate 200 mg/5 ml ^{MO}	\$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 ^{MO}	\$0 (Tier 1)	
ethynodiol-eth estra 1mg-35mcg; ethynodiol-eth estra 1mg-50mcg ^{MO}	\$0 (Tier 1)	
falmina (28) 0.1 mg-20 mcg tablet ^{MO}	\$0 (Tier 1)	
femynor 0.25 mg-35 mcg tablet ^{MO}	\$0 (Tier 1)	
gianvi (28) 3 mg-0.02 mg tablet ^{MO}	\$0 (Tier 1)	
hailey 1.5 mg-30 mcg tablet ^{MO}	\$0 (Tier 1)	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet ^{MO}	\$0 (Tier 1)	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet ^{MO}	\$0 (Tier 1)	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet ^{MO}	\$0 (Tier 1)	
heather 0.35 mg tablet ^{MO}	\$0 (Tier 1)	
incassia 0.35 mg tablet ^{MO}	\$0 (Tier 1)	
introvale 0.15 mg-30 mcg (91) tablets,3 month dose pack ^{MO}	\$0 (Tier 1)	QL (91 per 90 days)
isibloom 0.15 mg-0.03 mg tablet ^{MO}	\$0 (Tier 1)	
jasmiel (28) 3 mg-0.02 mg tablet ^{MO}	\$0 (Tier 1)	
jencycla 0.35 mg tablet ^{MO}	\$0 (Tier 1)	
juleber 0.15 mg-0.03 mg tablet ^{MO}	\$0 (Tier 1)	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet ^{MO}	\$0 (Tier 1)	
junel 1/20 (21) 1 mg-20 mcg tablet ^{MO}	\$0 (Tier 1)	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet ^{MO}	\$0 (Tier 1)	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet ^{MO}	\$0 (Tier 1)	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet ^{MO}	\$0 (Tier 1)	
kalliga 0.15 mg-0.03 mg tablet ^{MO}	\$0 (Tier 1)	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet ^{MO}	\$0 (Tier 1)	
kelnor 1-50 (28) 1 mg-50 mcg tablet ^{MO}	\$0 (Tier 1)	
kelnor 1/35 (28) 1 mg-35 mcg tablet ^{MO}	\$0 (Tier 1)	
kurvelo (28) 0.15 mg-0.03 mg tablet ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
levonor-e estrad 0.1-0.02-0.01 ^{MO}	\$0 (Tier 1)	QL (91 per 90 days)
larin 1.5/30 (21) 1.5 mg-30 mcg tablet ^{MO}	\$0 (Tier 1)	
larin 1/20 (21) 1 mg-20 mcg tablet ^{MO}	\$0 (Tier 1)	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet ^{MO}	\$0 (Tier 1)	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet ^{MO}	\$0 (Tier 1)	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet ^{MO}	\$0 (Tier 1)	
larissia 0.1 mg-20 mcg tablet ^{MO}	\$0 (Tier 1)	
lessina 0.1 mg-20 mcg tablet ^{MO}	\$0 (Tier 1)	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet ^{MO}	\$0 (Tier 1)	
levonor-eth estrad triphasic ^{MO}	\$0 (Tier 1)	
levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03 ^{MO}	\$0 (Tier 1)	
levonor-eth estrad 0.15-0.03 ^{MO}	\$0 (Tier 1)	QL (91 per 90 days)
levora-28 0.15 mg-0.03 mg tablet ^{MO}	\$0 (Tier 1)	
lillow (28) 0.15 mg-0.03 mg tablet ^{MO}	\$0 (Tier 1)	
lo-zumandimine (28) 3 mg-0.02 mg tablet ^{MO}	\$0 (Tier 1)	
lojaimiess 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack ^{MO}	\$0 (Tier 1)	QL (91 per 90 days)
loryna (28) 3 mg-0.02 mg tablet ^{MO}	\$0 (Tier 1)	
low-ogestrel (28) 0.3 mg-30 mcg tablet ^{MO}	\$0 (Tier 1)	
lutera (28) 0.1 mg-20 mcg tablet ^{MO}	\$0 (Tier 1)	
lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr transdermal patch ^{MO}	\$0 (Tier 1)	QL (8 per 28 days)
lyza 0.35 mg tablet ^{MO}	\$0 (Tier 1)	
marlissa (28) 0.15 mg-0.03 mg tablet ^{MO}	\$0 (Tier 1)	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg tab ^{MO}	\$0 (Tier 1)	
medroxyprogesterone 150 mg/ml ^{MO}	\$0 (Tier 1)	QL (1 per 90 days)
megestrol 20 mg, 40 mg tablet ^{MO}	\$0 (Tier 1)	
megestrol 625 mg/5 ml susp; megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml ^{MO}	\$0 (Tier 1)	
MENEST 0.3 MG, 0.625 MG, 1.25 MG TABLET ^{MO}	\$0 (Tier 2)	
METHITEST 10 MG TABLET ^{DL}	\$0 (Tier 2)	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet ^{MO}	\$0 (Tier 1)	
microgestin 1/20 (21) 1 mg-20 mcg tablet ^{MO}	\$0 (Tier 1)	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet ^{MO}	\$0 (Tier 1)	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet ^{MO}	\$0 (Tier 1)	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
mil 0.25 mg-35 mcg tablet ^{MO}	\$0 (Tier 1)	
myzilra-28 tablet ^{MO}	\$0 (Tier 1)	
necon 0.5/35 (28) 0.5 mg-35 mcg tablet ^{MO}	\$0 (Tier 1)	
nikki (28) 3 mg-0.02 mg tablet ^{MO}	\$0 (Tier 1)	
noret-estr-fe 0.4-0.035(21)-75 ^{MO}	\$0 (Tier 1)	
norethindrone 0.35 mg tablet ^{MO}	\$0 (Tier 1)	
norethin-ee 1.5-0.03 mg(21) tb; norethind-eth estrad 1-0.02 mg ^{MO}	\$0 (Tier 1)	
norethindrone 5 mg tablet ^{MO}	\$0 (Tier 1)	
noreth-ee-fe 1.5-0.03mg(21)-75; noreth-estradiol 1-0.02(21)-75 ^{MO}	\$0 (Tier 1)	
norg-ee 0.18-0.215-0.25/0.025; norg-ee 0.18-0.215-0.25/0.035;	\$0 (Tier 1)	
norg-ethin estra 0.25-0.035 mg ^{MO}		
norlyda 0.35 mg tablet ^{MO}	\$0 (Tier 1)	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet ^{MO}	\$0 (Tier 1)	
nortrel 1/35 (21) 1 mg-35 mcg tablet ^{MO}	\$0 (Tier 1)	
nortrel 1/35 (28) 1 mg-35 mcg tablet ^{MO}	\$0 (Tier 1)	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet ^{MO}	\$0 (Tier 1)	
ogestrel tablet ^{MO}	\$0 (Tier 1)	
orsythia 0.1 mg-20 mcg tablet ^{MO}	\$0 (Tier 1)	
OSPHENA 60 MG TABLET ^{MO}	\$0 (Tier 2)	PA
oxandrolone 10 mg tablet ^{DL}	\$0 (Tier 1)	PA,QL (60 per 30 days)
oxandrolone 2.5 mg tablet ^{MO}	\$0 (Tier 1)	PA,QL (120 per 30 days)
pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet ^{MO}	\$0 (Tier 1)	
pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet ^{MO}	\$0 (Tier 1)	
portia 28 0.15 mg-0.03 mg tablet ^{MO}	\$0 (Tier 1)	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET ^{MO}	\$0 (Tier 2)	
PREMARIN 0.625 MG/GRAM VAGINAL CREAM ^{MO}	\$0 (Tier 2)	
previfem 0.25 mg-35 mcg tablet ^{MO}	\$0 (Tier 1)	
progesterone 500 mg/10 ml vial ^{MO}	\$0 (Tier 1)	
progesterone 100 mg, 200 mg capsule ^{MO}	\$0 (Tier 1)	
quasense 0.15-0.03 mg tablet ^{MO}	\$0 (Tier 1)	QL (91 per 90 days)
raloxifene hcl 60 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
reclipsen (28) 0.15 mg-0.03 mg tablet ^{MO}	\$0 (Tier 1)	
setlakin 0.15 mg-30 mcg (91) tablets, 3 month dose pack ^{MO}	\$0 (Tier 1)	QL (91 per 90 days)
sharobel 0.35 mg tablet ^{MO}	\$0 (Tier 1)	
simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
SLYND 4 MG (28) TABLET ^{MO}	\$0 (Tier 2)	
sprintec (28) 0.25 mg-35 mcg tablet ^{MO}	\$0 (Tier 1)	
sronyx 0.1 mg-20 mcg tablet ^{MO}	\$0 (Tier 1)	
syeda 3 mg-0.03 mg tablet ^{MO}	\$0 (Tier 1)	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet ^{MO}	\$0 (Tier 1)	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) tablet ^{MO}	\$0 (Tier 1)	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet ^{MO}	\$0 (Tier 1)	
testosterone 1.62% (2.5 g) pkt; testosterone 1.62% gel pump ^{MO}	\$0 (Tier 1)	PA,QL (150 per 30 days)
testosterone 1.62%(1.25 g) pkt ^{MO}	\$0 (Tier 1)	PA,QL (37.5 per 30 days)
testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml ^{MO}	\$0 (Tier 1)	
testosteron enan 1,000 mg/5 ml ^{MO}	\$0 (Tier 1)	QL (24 per 90 days)
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet ^{MO}	\$0 (Tier 1)	
tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet ^{MO}	\$0 (Tier 1)	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet ^{MO}	\$0 (Tier 1)	
tri-lo-estarrylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet ^{MO}	\$0 (Tier 1)	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tablet ^{MO}	\$0 (Tier 1)	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet ^{MO}	\$0 (Tier 1)	
tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet ^{MO}	\$0 (Tier 1)	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet ^{MO}	\$0 (Tier 1)	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet ^{MO}	\$0 (Tier 1)	
tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet ^{MO}	\$0 (Tier 1)	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tablet ^{MO}	\$0 (Tier 1)	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet ^{MO}	\$0 (Tier 1)	
tulana 0.35 mg tablet ^{MO}	\$0 (Tier 1)	
TYBLUME 0.1 MG-20 MCG TABLET ^{MO}	\$0 (Tier 2)	
velvet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet ^{MO}	\$0 (Tier 1)	
vienna 0.1 mg-20 mcg tablet ^{MO}	\$0 (Tier 1)	
viovere (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet ^{MO}	\$0 (Tier 1)	
volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet ^{MO}	\$0 (Tier 1)	
vylibra 0.25 mg-35 mcg tablet ^{MO}	\$0 (Tier 1)	
wera (28) 0.5 mg-35 mcg tablet ^{MO}	\$0 (Tier 1)	
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet ^{MO}	\$0 (Tier 1)	
yuvafem 10 mcg vaginal tablet ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
zarah 3 mg-0.03 mg tablet ^{MO}	\$0 (Tier 1)	
zovia 1-35 (28) 1 mg-35 mcg tablet ^{MO}	\$0 (Tier 1)	
zovia 1/35e (28) 1 mg-35 mcg tablet ^{MO}	\$0 (Tier 1)	
zumandimine (28) 3 mg-0.03 mg tablet ^{MO}	\$0 (Tier 1)	

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs used for thyroid hormone replacement

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET ^{MO}	\$0 (Tier 2)	
EUTHYROX 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	\$0 (Tier 1)	
LEVO-T 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 ^{MO}	\$0 (Tier 2)	
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 ^{MO}	\$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 ^{MO}	\$0 (Tier 2)	
liothyronine sod 10 mcg/ml v/ ^{MO}	\$0 (Tier 1)	
liothyronine sod 25 mcg, 5 mcg, 50 mcg tab ^{MO}	\$0 (Tier 1)	
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 ^{MO}	\$0 (Tier 2)	
THYROLAR-1 12.5 MCG-50 MCG TABLET ^{MO}	\$0 (Tier 2)	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET ^{MO}	\$0 (Tier 2)	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET ^{MO}	\$0 (Tier 2)	
THYROLAR-2 25 MCG-100 MCG TABLET ^{MO}	\$0 (Tier 2)	
THYROLAR-3 37.5 MCG-150 MCG TABLET ^{MO}	\$0 (Tier 2)	
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 ^{MO}	\$0 (Tier 2)	

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Hormonal Agents, Suppressant (Adrenal) - Drugs used to lower levels of adrenal hormones

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LYSODREN 500 MG TABLET ^{DL}	\$0 (Tier 2)	

Hormonal Agents, Suppressant (Pituitary) - Drugs used to treat high levels of pituitary hormones and some types of cancer

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cabergoline 0.5 mg tablet ^{MO}	\$0 (Tier 1)	QL (16 per 28 days)
FIRMAGON 120 MG SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION ^{MO}	\$0 (Tier 2)	PA
leuprolide 2wk 14 mg/2.8 ml ^{ktMO}	\$0 (Tier 1)	B vs D
LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL (1 per 30 days)
LUPRON DEPOT 11.25 MG, 22.5 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL (1 per 90 days)
LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL (1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) INTRAMUSCULAR KIT ^{DL}	\$0 (Tier 2)	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 11.25 MG, 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL (1 per 90 days)
octreotide 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 0.05 mg/ml vl; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vl ^{MO}	\$0 (Tier 1)	PA
octreotide acet 100 mcg/ml syr; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr ^{MO}	\$0 (Tier 1)	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE ^{DL}	\$0 (Tier 2)	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (0.3 per 28 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
SOMAVERT 10 MG, 15 MG, 20 MG SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY ^{DL}	\$0 (Tier 2)	
TRELSTAR 11.25 MG, 22.5 MG INTRAMUSCULAR SUSPENSION ^{MO}	\$0 (Tier 2)	PA
TRELSTAR 3.75 MG INTRAMUSCULAR SUSPENSION ^{DL}	\$0 (Tier 2)	PA

Hormonal Agents, Suppressant (Thyroid) - Drugs used to treat an overactive thyroid

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
methimazole 10 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	
propylthiouracil 50 mg tablet ^{MO}	\$0 (Tier 1)	

Immunological Agents - Drugs used to treat immune system conditions and vaccines

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION ^{MO}	\$0 (Tier 2)	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE ^{MO}	\$0 (Tier 2)	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP ^{MO}	\$0 (Tier 2)	
ARCALYST 220 MG SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
azathioprine 50 mg tablet ^{MO}	\$0 (Tier 1)	B vs D
BCG VACCINE (TICE STRAIN) VIAL ^{MO}	\$0 (Tier 2)	
BENLYSTA 120 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (20 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL (4 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (4 per 28 days)
BENLYSTA 400 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION ^{MO}	\$0 (Tier 2)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	
CELLCEPT 200 MG/ML ORAL SUSPENSION ^{DL}	\$0 (Tier 2)	B vs D
CELLCEPT 250 MG CAPSULE ^{DL}	\$0 (Tier 2)	B vs D
CELLCEPT 500 MG TABLET ^{DL}	\$0 (Tier 2)	B vs D
CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
cyclosporine 100 mg, 25 mg capsule ^{MO}	\$0 (Tier 1)	B vs D
cyclosporine modified 100 mg, 25 mg, 50 mg ^{MO}	\$0 (Tier 1)	B vs D
cyclosporine modified 100mg/ml ^{MO}	\$0 (Tier 1)	B vs D
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP ^{MO}	\$0 (Tier 2)	
ENBREL 25 MG (1 ML), 25 MG/0.5 ML SUBCUTANEOUS POWDER FOR SOLUTION; ENBREL 25 MG (1 ML), 25 MG/0.5 ML SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (8.16 per 28 days)
ENBREL 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (78 per 365 days)
ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE ^{DL}	\$0 (Tier 2)	PA,QL (8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL (78 per 365 days)
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION ^{MO}	\$0 (Tier 2)	B vs D
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	B vs D
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	B vs D
ENVARSUS XR 0.75 MG, 1 MG, 4 MG TABLET, EXTENDED RELEASE ^{MO}	\$0 (Tier 2)	PA
everolimus 0.25 mg tablet ^{MO}	\$0 (Tier 1)	B vs D,QL (60 per 30 days)
everolimus 0.5 mg tablet ^{DL}	\$0 (Tier 1)	B vs D,QL (120 per 30 days)
everolimus 0.75 mg tablet ^{DL}	\$0 (Tier 1)	B vs D,QL (60 per 30 days)
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 ^{DL}	\$0 (Tier 2)	PA
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION ^{MO}	\$0 (Tier 2)	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	QL (1.5 per 365 days)
gengraf 100 mg, 25 mg capsule ^{MO}	\$0 (Tier 1)	B vs D
gengraf 100 mg/ml oral solution ^{MO}	\$0 (Tier 1)	B vs D
HAEGARDA 2,000 UNIT, 3,000 UNIT SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION; HAVRIX 720 UNITS/0.5 ML VIAL ^{MO}	\$0 (Tier 2)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION ^{MO}	\$0 (Tier 2)	
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL (2 per 28 days)
HUMIRA 20 MG/0.4 ML, 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA PEDI CROHN 40 MG/0.8 ML ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT ^{DL}	\$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 ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML SUBCUT KT ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL (2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA(CF) PEDI CROHN'S START 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT; HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML SUBCUTANEOUS KIT ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KT ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP ^{MO}	\$0 (Tier 2)	
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	
IPOV 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION ^{MO}	\$0 (Tier 2)	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL (2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (2.28 per 28 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION ^{MO}	\$0 (Tier 2)	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	
leflunomide 10 mg, 20 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION ^{MO}	\$0 (Tier 2)	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION ^{MO}	\$0 (Tier 2)	
MENQUADFI (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION ^{MO}	\$0 (Tier 2)	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT ^{MO}	\$0 (Tier 2)	
methotrexate 2.5 mg tablet ^{MO}	\$0 (Tier 1)	B vs D
methotrexate 50 mg/2 ml vial ^{MO}	\$0 (Tier 1)	
methotrexate 1 gm vial; methotrexate 50 mg/2 ml vial ^{MO}	\$0 (Tier 1)	
MONJUVI 200 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
mycophenolate 200 mg/ml susp ^{MO}	\$0 (Tier 1)	B vs D
mycophenolate 250 mg capsule ^{MO}	\$0 (Tier 1)	B vs D
mycophenolate 500 mg tablet ^{MO}	\$0 (Tier 1)	B vs D
mycophenolate 500 mg vial ^{MO}	\$0 (Tier 1)	B vs D
mycophenolic acid dr 180 mg, 360 mg tb ^{MO}	\$0 (Tier 1)	B vs D
MYFORTIC 180 MG TABLET,DELAYED RELEASE ^{MO}	\$0 (Tier 2)	B vs D
MYFORTIC 360 MG TABLET,DELAYED RELEASE ^{DL}	\$0 (Tier 2)	B vs D
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION ^{MO}	\$0 (Tier 2)	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT; PENTACEL (PF) 15 LF-48 MCG-62 DU-10 MCG/0.5 ML INTRAMUSCULAR KIT ^{MO}	\$0 (Tier 2)	
PROGRAF 0.2 MG, 1 MG ORAL GRANULES IN PACKET ^{MO}	\$0 (Tier 2)	B vs D
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION ^{MO}	\$0 (Tier 2)	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION ^{MO}	\$0 (Tier 2)	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION ^{MO}	\$0 (Tier 2)	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION ^{MO}	\$0 (Tier 2)	B vs D

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	B vs D
RIDAURA 3 MG CAPSULE ^{DL}	\$0 (Tier 2)	
RINVOQ 15 MG TABLET, EXTENDED RELEASE ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
ROTARIX 10EXP6 CCID50/ML SUSPENSION ^{MO}	\$0 (Tier 2)	
ROTATEQ VACCINE 2 ML ORAL SOLUTION ^{MO}	\$0 (Tier 2)	
RUCONEST 2,100 UNIT INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (8 per 28 days)
SANDIMMUNE 100 MG/ML ORAL SOLUTION ^{MO}	\$0 (Tier 2)	B vs D
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT ^{MO}	\$0 (Tier 2)	QL (2 per 365 days)
SIMULECT 10 MG, 20 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	B vs D
sirolimus 0.5 mg, 1 mg, 2 mg tablet ^{MO}	\$0 (Tier 1)	B vs D
sirolimus 1 mg/ml solution ^{MO}	\$0 (Tier 1)	B vs D
SYLVANT 100 MG, 400 MG INTRAVENOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA
tacrolimus 0.5 mg, 1 mg, 5 mg capsule ^{MO}	\$0 (Tier 1)	B vs D
TDVAX 2 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION ^{MO}	\$0 (Tier 1)	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION ^{MO}	\$0 (Tier 2)	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	
DIPHTHERIA-TETANUS TOXOIDS-PED ^{MO}	\$0 (Tier 1)	
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET ^{MO}	\$0 (Tier 2)	B vs D
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION ^{MO}	\$0 (Tier 2)	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SUSPENSION ^{MO}	\$0 (Tier 2)	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SYRINGE ^{MO}	\$0 (Tier 2)	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION ^{MO}	\$0 (Tier 2)	
VARIZIG 125 UNIT/1.2 ML INTRAMUSCULAR SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (12 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
WINRHO SDF 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML INJECTION SOLUTION; WINRHO SDF 15,000 UNIT (3,000 MCG)/13 ML INJECTION SOLUTION; WINRHO SDF 5,000 UNIT (1,000 MCG)/4.4 ML INJECTION SOLUTION ^{DL}	\$0 (Tier 2)	B vs D
XATMEP 2.5 MG/ML ORAL SOLUTION ^{MO}	\$0 (Tier 2)	PA
XELJANZ 10 MG, 5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
XOLAIR 150 MG SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
XOLAIR 150 MG/ML SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (3 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION ^{MO}	\$0 (Tier 2)	
ZORTRESS 0.25 MG, 0.75 MG, 1 MG TABLET ^{DL}	\$0 (Tier 2)	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET ^{DL}	\$0 (Tier 2)	B vs D,QL (120 per 30 days)
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION ^{MO}	\$0 (Tier 2)	QL (1 per 365 days)

Inflammatory Bowel Disease Agents - Drugs used to treat stomach and intestinal inflammation

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
balsalazide disodium 750 mg cp ^{MO}	\$0 (Tier 1)	
budesonide ec 3 mg capsule ^{MO}	\$0 (Tier 1)	
cocolort 100 mg/60 ml enema ^{MO}	\$0 (Tier 1)	
hydrocortisone 100 mg/60 ml ^{MO}	\$0 (Tier 1)	
mesalamine 4 gm/60 ml enema ^{MO}	\$0 (Tier 1)	QL (1800 per 30 days)
mesalamine dr 1.2 gm tablet ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
sulfasalazine 500 mg tablet; sulfasalazine dr 500 mg tab ^{MO}	\$0 (Tier 1)	

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Metabolic Bone Disease Agents - Drugs used to treat bone weakening

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
alendronate sodium 35 mg, 70 mg tab ^{MO}	\$0 (Tier 1)	QL (4 per 28 days)
BINOSTO 70 MG EFFERVESCENT TABLET ^{MO}	\$0 (Tier 2)	QL (4 per 28 days)
calcitonin-salmon 200 units sp ^{MO}	\$0 (Tier 1)	QL (3.7 per 28 days)
calcitriol 0.25 mcg, 0.5 mcg capsule ^{MO}	\$0 (Tier 1)	
calcitriol 1 mcg/ml ampul; calcitriol 1 mcg/ml solution ^{MO}	\$0 (Tier 1)	
cinacalcet hcl 30 mg, 60 mg tablet ^{DL}	\$0 (Tier 1)	QL (60 per 30 days)
cinacalcet hcl 90 mg tablet ^{DL}	\$0 (Tier 1)	QL (120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg cap; doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg capsule ^{MO}	\$0 (Tier 1)	
doxercalciferol 4 mcg/2 ml v/ ^{MO}	\$0 (Tier 1)	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL (2.4 per 28 days)
HECTOROL 2 MCG/ML INTRAVENOUS SOLUTION ^{MO}	\$0 (Tier 2)	
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE ^{DL}	\$0 (Tier 2)	PA,QL (2 per 28 days)
pamidronate 30 mg/10 ml vial ^{MO}	\$0 (Tier 1)	B vs D,QL (30 per 21 days)
pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial ^{MO}	\$0 (Tier 1)	B vs D,QL (10 per 21 days)
paricalcitol 1 mcg, 2 mcg capsule ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
paricalcitol 10 mcg/2 ml vial; paricalcitol 5 mcg/ml vial ^{MO}	\$0 (Tier 1)	QL (48 per 28 days)
paricalcitol 2 mcg/ml vial ^{MO}	\$0 (Tier 1)	QL (24 per 30 days)
paricalcitol 4 mcg capsule ^{MO}	\$0 (Tier 1)	QL (12 per 30 days)
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE ^{MO}	\$0 (Tier 2)	B vs D,QL (1 per 180 days)
RAYALDEF 30 MCG CAPSULE, EXTENDED RELEASE ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
risedronate sod dr 35 mg tab ^{MO}	\$0 (Tier 1)	QL (4 per 28 days)
SENSIPAR 30 MG, 60 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
SENSIPAR 90 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (1.7 per 28 days)
zoledronic acid 4 mg vial ^{MO}	\$0 (Tier 1)	B vs D
zoledronic acid 4 mg/5 ml vial ^{MO}	\$0 (Tier 1)	B vs D,QL (15 per 21 days)
zoledronic acid 5 mg/100 ml ^{MO}	\$0 (Tier 1)	PA,QL (100 per 365 days)

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MISCELLANEOUS THERAPEUTIC AGENTS - Other drugs that do not fit into another category

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 ^{MO}	\$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 ^{MO}	\$0 (Tier 1)	
ABOUTTIME PEN NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" ^{MO}	\$0 (Tier 1)	
acetylcysteine 6 gram/30 ml v ^l ^{MO}	\$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" ^{MO}	\$0 (Tier 1)	
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 30 GAUGE X 5/16", 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; 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 30 GAUGE X 5/16", 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" ^{MO}	\$0 (Tier 1)	
AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL (1 per 30 days)
AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL (2 per 30 days)
AIMOVIG 140 MG DOSE-2 AUTOINJ ^{MO}	\$0 (Tier 2)	PA,QL (2 per 30 days)
ALCOHOL PADS ^{MO}	\$0 (Tier 1)	
ALCOHOL PREP PADS ^{MO}	\$0 (Tier 1)	
ALCOHOL SWAB ^{MO}	\$0 (Tier 1)	
ALCOHOL WIPES ^{MO}	\$0 (Tier 1)	
ASSURE ID DUO-SHIELD 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE ^{MO}	\$0 (Tier 1)	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE ^{MO}	\$0 (Tier 1)	
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16" ^{MO}	\$0 (Tier 1)	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN ^{MO}	\$0 (Tier 1)	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS ^{MO}	\$0 (Tier 1)	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS ^{MO}	\$0 (Tier 1)	
BAND-AID GAUZE PADS 2" X 2" BANDAGE ^{MO}	\$0 (Tier 1)	
BD ALCOHOL SWABS ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16 ^{"MO}	\$0 (Tier 1)	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" ^{"MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 5/16 ^{"MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" ^{"MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" ^{"MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE SLIP TIP 1 ML ^{"MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64 ^{"MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 ^{"MO}	\$0 (Tier 1)	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
BD LO-DOSE ULTRA-FINE 0.5 ML 29 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32 ^{"MO}	\$0 (Tier 1)	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64 ^{"MO}	\$0 (Tier 1)	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8 ^{"MO}	\$0 (Tier 1)	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4 ^{"MO}	\$0 (Tier 1)	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16 ^{"MO}	\$0 (Tier 1)	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32 ^{"MO}	\$0 (Tier 1)	
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2" ^{"MO}	\$0 (Tier 1)	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16 ^{"MO}	\$0 (Tier 1)	
BD VEO INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 15/64 ^{"MO}	\$0 (Tier 1)	
BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64 ^{"MO}	\$0 (Tier 1)	
BORDERED GAUZE 2" X 2" BANDAGE ^{DL}	\$0 (Tier 1)	
CABLIVI 11 MG INJECTION KIT ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
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" ^{MO}	\$0 (Tier 1)	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS ^{MO}	\$0 (Tier 1)	
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16"; CARETOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 5/16" ^{MO}	\$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" ^{MO}	\$0 (Tier 1)	
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" ^{MO}	\$0 (Tier 1)	
COMFORT EZ 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 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 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 5/16, 1/2 ML 28 GAUGE X 1/2"; COMFORT EZ 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 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 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 5/16, 1/2 ML 28 GAUGE X 1/2" ^{MO}	\$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" ^{MO}	\$0 (Tier 1)	
CURITY ALCOHOL SWABS ^{MO}	\$0 (Tier 1)	
CURITY GAUZE 2" X 2" BANDAGE ^{MO}	\$0 (Tier 1)	
DERMACEA 2" X 2" BANDAGE ^{MO}	\$0 (Tier 1)	
DOJOLVI 8.3 KCAL/ML ORAL LIQUID ^{DL}	\$0 (Tier 2)	PA
DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"; DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 15/64" ^{MO}	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 13. 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.



Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16; DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 X 5/16" ^{MO}	\$0 (Tier 1)	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" ^{MO}	\$0 (Tier 1)	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 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 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" ^{MO}	\$0 (Tier 1)	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" ^{MO}	\$0 (Tier 1)	
EASY COMFORT ALCOHOL PAD TOPICAL PADS ^{MO}	\$0 (Tier 1)	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 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 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"; EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 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 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" ^{MO}	\$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", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" ^{MO}	\$0 (Tier 1)	
EASY GLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" ^{MO}	\$0 (Tier 1)	
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32" ^{MO}	\$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 ^{MO}	\$0 (Tier 1)	
EASY TOUCH ALCOHOL PREP PADS ^{MO}	\$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" ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
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" ^{MO}	\$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 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 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"; 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 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 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" ^{MO}	\$0 (Tier 1)	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE ^{MO}	\$0 (Tier 1)	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16" ^{MO}	\$0 (Tier 1)	
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16", 30 GAUGE X 3/16" ^{MO}	\$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" ^{MO}	\$0 (Tier 1)	
EASY TOUCH UNI-SLIP 1 ML SYRINGE ^{MO}	\$0 (Tier 1)	
EMGALITY PEN 120 MG/ML SUBCUTANEOUS PEN INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL (2 per 30 days)
EMGALITY 120 MG/ML SUBCUTANEOUS SYRINGE ^{MO}	\$0 (Tier 2)	PA,QL (2 per 30 days)
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE; EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" ^{MO}	\$0 (Tier 1)	
FREESTYLE PRECISION 0.5 ML 30 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 SYRINGE; FREESTYLE PRECISION 0.5 ML 30 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" ^{MO}	\$0 (Tier 1)	
GAUZE PADS 2"X2" ^{MO}	\$0 (Tier 1)	
GAUZE PAD 2" X 2" BANDAGE ^{MO}	\$0 (Tier 1)	

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13. **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.



Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 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; HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 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" ^{MO}	\$0 (Tier 1)	
HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" ^{MO}	\$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 ^{MO}	\$0 (Tier 1)	
INCONTROL ALCOHOL PADS ^{MO}	\$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" ^{MO}	\$0 (Tier 1)	
INSULIN SYR 0.3ML 31GX1/4(1/2) ^{MO}	\$0 (Tier 1)	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" ^{MO}	\$0 (Tier 1)	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" ^{MO}	\$0 (Tier 1)	
BD LUER-LOK SYRINGE 1 ML ^{MO}	\$0 (Tier 1)	
BD INSULIN SYR 1 ML 28GX1/2"; 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 SYRING 0.5 ML 27GX1/2"; 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 31GX6MM; RELION INS SYR 0.5 ML 31GX6MM; RELION INS SYR 1 ML 31GX15/64"; TERUMO INS SYRINGE U100-1 ML; ULTICARE INS SYR 1 ML 29GX1/2"; ULTICARE SAFETY 0.5 ML 29GX1/2; ULTICARE SYR 0.3 ML 30GX5/16"; ULTICARE SYR 0.5 ML 30GX5/16"; ULTICARE SYR 0.5 ML 31GX5/16"; ULTICARE SYRIN 0.3 ML 29GX1/2"; ULTICARE SYRIN 0.5 ML 28GX1/2" ^{MO}	\$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 ^{MO}	\$0 (Tier 1)	
IV PREP WIPES MEDICATED ^{MO}	\$0 (Tier 1)	
KORLYM 300 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
lactated ringers irrigation ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
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" ^{MO}	\$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 30 GAUGE X 5/16", 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; 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 30 GAUGE X 5/16", 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"; LITE TOUCH INSULIN SYRINGE 1/2 ML 29 ^{MO}	\$0 (Tier 1)	
LITHOSTAT 250 MG TABLET ^{DL}	\$0 (Tier 2)	
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" ^{MO}	\$0 (Tier 1)	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" ^{MO}	\$0 (Tier 1)	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" ^{MO}	\$0 (Tier 1)	
MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4" ^{MO}	\$0 (Tier 1)	
MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2" ^{MO}	\$0 (Tier 1)	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" ^{MO}	\$0 (Tier 1)	
methergine 0.2 mg tablet ^{DL}	\$0 (Tier 1)	
methylergonovine 0.2 mg tablet ^{MO}	\$0 (Tier 1)	
MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" ^{MO}	\$0 (Tier 1)	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE ^{MO}	\$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", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2" ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
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 30 GAUGE X 5/16", 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"; 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 30 GAUGE X 5/16", 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"; MONOJECT INSULIN SYRINGE 1 ML ^{MO}	\$0 (Tier 1)	
MONOJECT SYRINGE 1/2 ML 28 GAUGE ^{MO}	\$0 (Tier 1)	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE ^{MO}	\$0 (Tier 1)	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE ^{MO}	\$0 (Tier 1)	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE ^{MO}	\$0 (Tier 1)	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE ^{MO}	\$0 (Tier 1)	
NOVOPEN ECHO SUBCUTANEOUS ^{MO}	\$0 (Tier 1)	
NOVOTWIST 32 GAUGE X 1/5" NEEDLE ^{MO}	\$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" ^{MO}	\$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"; KRO PEN NEEDLE 4MM X 33G; PEN NEEDLE 12MM 29G; PEN NEEDLE 30G X 8MM; PEN NEEDLE 32G X 3/16"; PEN NEEDLE 32G X 5/32"; PEN NEEDLE 8MM 31G; PEN NEEDLES 6MM 31G ^{MO}	\$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 ^{MO}	\$0 (Tier 1)	
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION ^{MO}	\$0 (Tier 2)	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION ^{MO}	\$0 (Tier 2)	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" ^{MO}	\$0 (Tier 1)	
PRO COMFORT ALCOHOL PADS ^{MO}	\$0 (Tier 1)	
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 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; PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 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 ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" ^{MO}	\$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" ^{MO}	\$0 (Tier 1)	
PURE COMFORT ALCOHOL PADS ^{MO}	\$0 (Tier 1)	
PURE COMFORT PEN NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" ^{MO}	\$0 (Tier 1)	
RELION NEEDLES 31 GAUGE X 1/4" ^{MO}	\$0 (Tier 1)	
RELION PEN NEEDLES 32 GAUGE X 5/32" ^{MO}	\$0 (Tier 1)	
<i>ringers irrigation solution</i> ^{MO}	\$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" ^{MO}	\$0 (Tier 1)	
SAFETY PEN NEEDLE 31 GAUGE X 3/16" ^{MO}	\$0 (Tier 1)	
<i>sodium chloride 0.9% irrig.</i> ^{MO}	\$0 (Tier 1)	
SURE COMFORT ALCOHOL PREP PADS ^{MO}	\$0 (Tier 1)	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" ^{MO}	\$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 30 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", 1/2 ML 28 GAUGE X 1/2", 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 30 GAUGE X 1/2", 0.5 ML 30 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 31 GAUGE X 1/4" ^{MO}	\$0 (Tier 1)	
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" ^{MO}	\$0 (Tier 1)	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
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 30 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 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"; 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 30 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 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" ^{MO}	\$0 (Tier 1)	
SURE-PREP ALCOHOL PREP PADS ^{MO}	\$0 (Tier 1)	
TECHLITE INSULIN SYRINGE HALF UNIT 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 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" ^{MO}	\$0 (Tier 1)	
TECHLITE 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 15/64", 1 ML 31 GAUGE X 5/16; TECHLITE 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 15/64", 1 ML 31 GAUGE X 5/16" ^{MO}	\$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" ^{MO}	\$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" ^{MO}	\$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" ^{MO}	\$0 (Tier 1)	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE ^{MO}	\$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 30 GAUGE X 5/16", 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 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 30 GAUGE X 5/16", 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" SYRINGE ^{MO}	\$0 (Tier 1)	
TRUE COMFORT ALCOHOL PADS ^{MO}	\$0 (Tier 1)	

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13. **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.



Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16; TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" ^{MO}	\$0 (Tier 1)	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" ^{MO}	\$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 30 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 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" 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 30 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 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" ^{MO}	\$0 (Tier 1)	
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" ^{MO}	\$0 (Tier 1)	
ULTICARE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE; ULTICARE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" ^{MO}	\$0 (Tier 1)	
ULTICARE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 1/4" ^{MO}	\$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" ^{MO}	\$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 1/4", 32 GAUGE X 5/32" ^{MO}	\$0 (Tier 1)	
ULTIGUARD SAFE PACK 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
ULTILET ALCOHOL SWAB ^{MO}	\$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 30 GAUGE X 5/16", 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; 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 30 GAUGE X 5/16", 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"; ULTILET INSULIN SYRINGE 1/2 ML 29 ^{MO}	\$0 (Tier 1)	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32" ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
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" ^{MO}	\$0 (Tier 1)	
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 30 GAUGE X 5/16", 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; 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 30 GAUGE X 5/16", 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"; ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 ^{MO}	\$0 (Tier 1)	
ULTRA FLO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" ^{MO}	\$0 (Tier 1)	
ULTRA FLO PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16" ^{MO}	\$0 (Tier 1)	
ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32" ^{MO}	\$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 30 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; 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 30 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" ^{MO}	\$0 (Tier 1)	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE ^{MO}	\$0 (Tier 1)	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" ^{MO}	\$0 (Tier 1)	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" ^{MO}	\$0 (Tier 1)	
ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 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; ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 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" ^{MO}	\$0 (Tier 1)	
ULTRACARE PEN NEEDLE 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", 33 GAUGE X 5/32" ^{MO}	\$0 (Tier 1)	
UNIFINE PENTIPS 29 GAUGE, 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 5/32", 33 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
UNIFINE PENTIPS MAXFLOW 30 GAUGE X 3/16" NEEDLE ^{MO}	\$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", 33 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
UNIFINE PENTIPS PLUS MAXFLOW 30 GAUGE X 3/16" NEEDLE ^{MO}	\$0 (Tier 1)	
UNIFINE SAFECONTROL 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE ^{MO}	\$0 (Tier 1)	
VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16" ^{MO}	\$0 (Tier 1)	
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" ^{MO}	\$0 (Tier 1)	
VERIFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" ^{MO}	\$0 (Tier 1)	
VISTOGARD 10 GRAM ORAL GRANULES IN PACKET ^{DL}	\$0 (Tier 2)	QL (20 per 365 days)
sterile water for irrigation ^{MO}	\$0 (Tier 1)	
WEBCOL TOPICAL PADS ^{MO}	\$0 (Tier 1)	

Ophthalmic Agents - Drugs used to treat conditions involving the eye

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
ak-poly-bac 500 unit-10,000 unit/gram eye ointment ^{MO}	\$0 (Tier 1)	
ALCAINE 0.5 % EYE DROPS ^{MO}	\$0 (Tier 1)	
ALPHAGAN P 0.1 % EYE DROPS ^{MO}	\$0 (Tier 2)	
apraclonidine hcl 0.5% drops ^{MO}	\$0 (Tier 1)	
atropine 1% eye drops ^{MO}	\$0 (Tier 1)	
azelaistine hcl 0.05% drops ^{MO}	\$0 (Tier 1)	
bacitracin-polymyxin eye oint ^{MO}	\$0 (Tier 1)	
betaxolol hcl 0.5% eye drop ^{MO}	\$0 (Tier 1)	
brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp ^{MO}	\$0 (Tier 1)	
carteolol hcl 1% eye drops ^{MO}	\$0 (Tier 1)	
COMBIGAN 0.2 %-0.5 % EYE DROPS ^{MO}	\$0 (Tier 2)	QL (5 per 25 days)
cromolyn 4% eye drops ^{MO}	\$0 (Tier 1)	
CYSTARAN 0.44 % EYE DROPS ^{DL}	\$0 (Tier 2)	PA,QL (60 per 28 days)
dexamethasone 0.1% eye drop ^{MO}	\$0 (Tier 1)	
diclofenac 0.1% eye drops ^{MO}	\$0 (Tier 1)	
dorzolamide hcl 2% eye drops ^{MO}	\$0 (Tier 1)	QL (10 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
dorzolamide-timolol eye drops ^{MO}	\$0 (Tier 1)	QL (10 per 30 days)
DUREZOL 0.05 % EYE DROPS ^{MO}	\$0 (Tier 2)	
fluorometholone 0.1% drops ^{MO}	\$0 (Tier 1)	
flurbiprofen 0.03% eye drop ^{MO}	\$0 (Tier 1)	
ILEVRO 0.3 % EYE DROPS,SUSPENSION ^{MO}	\$0 (Tier 2)	QL (3 per 30 days)
ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution ^{MO}	\$0 (Tier 1)	
latanoprost 0.005% eye drops ^{MO}	\$0 (Tier 1)	QL (5 per 25 days)
levobunolol 0.5% eye drops ^{MO}	\$0 (Tier 1)	
LUMIGAN 0.01 % EYE DROPS ^{MO}	\$0 (Tier 2)	QL (2.5 per 25 days)
metipranolol 0.3% eye drops ^{MO}	\$0 (Tier 1)	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment ^{MO}	\$0 (Tier 1)	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment ^{MO}	\$0 (Tier 1)	
neo-bacit-poly-hc eye ointment ^{MO}	\$0 (Tier 1)	
neomyc-bacit-polymix eye oint ^{MO}	\$0 (Tier 1)	
neomyc-polym-dexamet eye ointm ^{MO}	\$0 (Tier 1)	
neomyc-polym-dexameth eye drop ^{MO}	\$0 (Tier 1)	
neomyc-polym-gramcid eye drop ^{MO}	\$0 (Tier 1)	
neomycin-poly-hc eye drops ^{MO}	\$0 (Tier 1)	
olopatadine hcl 0.2% eye drop ^{MO}	\$0 (Tier 1)	
PAZELO 0.7% EYE DROPS ^{MO}	\$0 (Tier 2)	QL (2.5 per 25 days)
PHOSPHOLINE IODIDE 0.125 % EYE DROPS ^{MO}	\$0 (Tier 2)	
pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops ^{MO}	\$0 (Tier 1)	
polycin 500 unit-10,000 unit/gram eye ointment ^{MO}	\$0 (Tier 1)	
polymyxin b-tmp eye drops ^{MO}	\$0 (Tier 1)	
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION ^{MO}	\$0 (Tier 2)	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT ^{MO}	\$0 (Tier 2)	
prednisolone ac 1% eye drop ^{MO}	\$0 (Tier 1)	
prednisolone sod 1% eye drop ^{MO}	\$0 (Tier 1)	
proparacaine 0.5% eye drops ^{MO}	\$0 (Tier 1)	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
RESTASIS MULTIDOSE 0.05 % EYE DROPS ^{MO}	\$0 (Tier 2)	QL (5.5 per 25 days)
RHOPRESSA 0.02 % EYE DROPS ^{MO}	\$0 (Tier 2)	ST,QL (2.5 per 25 days)
ROCKLATAN 0.02 %-0.005 % EYE DROPS ^{MO}	\$0 (Tier 2)	ST,QL (2.5 per 25 days)
sulf-pred 10-0.23% eye drops ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
timolol 0.25% gfs gel-solution; timolol 0.5% gfs gel-solution ^{MO}	\$0 (Tier 1)	
timolol maleate 0.25% eye drop; timolol maleate 0.5% eye drops ^{MO}	\$0 (Tier 1)	
timolol maleate 0.5% eye drop ^{MO}	\$0 (Tier 1)	
tobramycin-dexameth ophth susp ^{MO}	\$0 (Tier 1)	
TRAVATAN Z 0.004 % EYE DROPS ^{MO}	\$0 (Tier 2)	QL (2.5 per 25 days)
travoprost 0.004% eye drop ^{MO}	\$0 (Tier 1)	QL (2.5 per 25 days)

Otic Agents - Drugs used to treat conditions involving the ear

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydrocortison-acetic acid soln ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin-hc ear soln ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin-hc ear susp ^{MO}	\$0 (Tier 1)	

Respiratory Tract/Pulmonary Agents - Drugs used to treat lung problems, such as asthma and COPD

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetylcysteine 10% vial; acetylcysteine 20% vial ^{MO}	\$0 (Tier 1)	B vs D
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET ^{DL}	\$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 ^{MO}	\$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 ^{MO}	\$0 (Tier 2)	QL (12 per 30 days)
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 ^{MO}	\$0 (Tier 1)	B vs D
albuterol hfa 90 mcg inhaler ^{MO}	\$0 (Tier 1)	QL (36 per 30 days)
albuterol sulf 2 mg/5 ml syrup ^{MO}	\$0 (Tier 1)	
albuterol sulfate 2 mg tab ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
albuterol sulfate 4 mg tab ^{MO}	\$0 (Tier 1)	
alyq 20 mg tablet ^{MO}	\$0 (Tier 1)	PA,QL (60 per 30 days)
ambrisentan 10 mg, 5 mg tablet ^{DL}	\$0 (Tier 1)	PA,QL (30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml v/ ^{MO}	\$0 (Tier 1)	
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
azelastine 0.1% (137 mcg) spry ^{MO}	\$0 (Tier 1)	QL (30 per 25 days)
bosentan 125 mg, 62.5 mg tablet ^{DL}	\$0 (Tier 1)	PA,QL (60 per 30 days)
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
BREZTRI AEROSPHERE 160 MCG-9MCG-4.8MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL (10.7 per 30 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION ^{MO}	\$0 (Tier 2)	PA,QL (120 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml susp ^{MO}	\$0 (Tier 1)	B vs D
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION ^{DL}	\$0 (Tier 2)	PA,QL (84 per 28 days)
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION ^{MO}	\$0 (Tier 2)	QL (4 per 20 days)
cromolyn 100 mg/5 ml oral conc ^{MO}	\$0 (Tier 1)	
cromolyn 20 mg/2 ml neb soln ^{DL}	\$0 (Tier 1)	B vs D
cyproheptadine 2 mg/5 ml syrup ^{MO}	\$0 (Tier 1)	
cyproheptadine 4 mg tablet ^{MO}	\$0 (Tier 1)	
DALIRESP 250 MCG TABLET ^{MO}	\$0 (Tier 2)	QL (28 per 365 days)
DALIRESP 500 MCG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
diphenhydramine 50 mg/ml via/ ^{MO}	\$0 (Tier 1)	
DUPIXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL (56 per 365 days)
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (31.92 per 365 days)
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (56 per 365 days)
epinephrine 0.15 mg auto-inject; epinephrine 0.3 mg auto-inject ^{MO}	\$0 (Tier 1)	QL (4 per 30 days)
ESBRIET 267 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (270 per 30 days)
ESBRIET 267 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (270 per 30 days)
ESBRIET 801 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (90 per 30 days)
FASENRA PEN 30 MG/ML SUBCUTANEOUS AUTO-INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL (1 per 28 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL (10.6 per 30 days)
flunisolide 0.025% spray ^{MO}	\$0 (Tier 1)	QL (50 per 30 days)
fluticasone-salmeterol 100-50; fluticasone-salmeterol 250-50; fluticasone-salmeterol 500-50 ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
fluticasone-salmeterol 113-14; fluticasone-salmeterol 232-14; fluticasone-salmeterol 55-14 ^{MO}	\$0 (Tier 2)	QL (1 per 30 days)
fluticasone prop 50 mcg spray ^{MO}	\$0 (Tier 1)	QL (16 per 30 days)
hydroxyzine pam 100 mg, 25 mg, 50 mg cap ^{MO}	\$0 (Tier 1)	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
ipratropium 0.03% spray ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
ipratropium 0.06% spray ^{MO}	\$0 (Tier 1)	QL (45 per 30 days)
ipratropium br 0.02% soln ^{MO}	\$0 (Tier 1)	B vs D
iprat-albut 0.5-3(2.5) mg/3 ml ^{MO}	\$0 (Tier 1)	B vs D
KALYDECO 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
KALYDECO 25 MG, 50 MG, 75 MG ORAL GRANULES IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL (56 per 28 days)
LETAIRIS 10 MG, 5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
levocetirizine 5 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
metaproterenol 10 mg, 20 mg tablet ^{MO}	\$0 (Tier 1)	
metaproterenol 10 mg/5 ml syr ^{MO}	\$0 (Tier 1)	
montelukast sod 10 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
montelukast sod 4 mg granules ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
montelukast sod 4 mg, 5 mg tab chew ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
NUCALA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL (3 per 28 days)
NUCALA 100 MG/ML SUBCUTANEOUS SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (3 per 28 days)
OFFV 100 MG, 150 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
OPSUMIT 10 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET; ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL (56 per 28 days)
ORKAMBI 100 MG-125 MG TABLET; ORKAMBI 200 MG-125 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (112 per 28 days)
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION ^{MO}	\$0 (Tier 2)	PA,QL (120 per 30 days)
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION ^{DL}	\$0 (Tier 2)	B vs D
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
sildenafil 10 mg/ml oral susp ^{DL}	\$0 (Tier 1)	PA,QL (180 per 30 days)
sildenafil 20 mg tablet ^{MO}	\$0 (Tier 1)	PA,QL (90 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION SOLUTION FOR INHALATION ^{MO}	\$0 (Tier 2)	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION ^{MO}	\$0 (Tier 2)	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION ^{MO}	\$0 (Tier 2)	QL (4 per 30 days)
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL (10.2 per 30 days)
SYMJEPI 0.15 MG/0.3 ML, 0.3 MG/0.3 ML INJECTION SYRINGE; SYMJEPI 0.15 MG/0.3 ML, 0.3 MG/0.3 ML INJECTION SYRINGE (FOR 33 LB TO 66 LB PATIENTS) ^{MO}	\$0 (Tier 2)	QL (4 per 30 days)
tadalafil 20 mg tablet ^{DL}	\$0 (Tier 1)	PA,QL (60 per 30 days)
theophylline er 100 mg, 200 mg, 300 mg tab; theophylline er 100 mg, 200 mg, 300 mg tablet ^{MO}	\$0 (Tier 1)	
theophylline er 400 mg, 600 mg tablet ^{MO}	\$0 (Tier 1)	
theophylline er 450 mg tab ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG INHALE CAP ^{DL}	\$0 (Tier 2)	PA,QL (224 per 28 days)
TRACLEER 125 MG, 62.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
TRACLEER 32 MG TABLET FOR ORAL SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION; TRELEGY ELLIPTA 200 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
TRIKAFTA 100-50-75 MG (D)/150 MG (N) TABLETS ^{DL}	\$0 (Tier 2)	PA,QL (84 per 28 days)
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL (36 per 30 days)
wixela inhulb 100 mcg-50 mcg/dose powder for inhalation; wixela inhulb 250 mcg-50 mcg/dose powder for inhalation; wixela inhulb 500 mcg-50 mcg/dose powder for inhalation ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
zafirlukast 10 mg, 20 mg tablet ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)

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Skeletal Muscle Relaxants - Drugs used to relax muscles

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
carisoprodol 350 mg tablet ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
cyclobenzaprine 10 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	PA
methocarbamol 500 mg, 750 mg tablet ^{MO}	\$0 (Tier 1)	
vanadom 350 mg tablet ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)

Sleep Disorder Agents - Drugs used to treat sleep conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BELSOMRA 10 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
BELSOMRA 5 MG TABLET ^{MO}	\$0 (Tier 2)	QL (120 per 30 days)
HETLIOZ 20 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
modafinil 100 mg, 200 mg tablet ^{MO}	\$0 (Tier 1)	PA,QL (60 per 30 days)
temazepam 15 mg, 30 mg capsule ^{DL}	\$0 (Tier 1)	QL (30 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (540 per 30 days)
zolpidem tartrate 10 mg, 5 mg tablet ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)

NON PART D DRUGS - Non-Part D Rx Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cyanocobalamin 1,000 mcg/ml(*) ^{MO}	\$0 (Tier 3)	
vitamin d2 1.25mg(50,000 unit)(*) ^{MO}	\$0 (Tier 3)	
FERAHEME 510 MG/17 ML (30 MG/ML) INTRAVENOUS SOLUTION(*) ^{MO}	\$0 (Tier 3)	
FERRLECIT 62.5 MG/5 ML INTRAVENOUS SOLUTION(*) ^{MO}	\$0 (Tier 3)	
folic acid 1 mg tablet(*) ^{MO}	\$0 (Tier 3)	
folic acid 5 mg/ml vial(*) ^{MO}	\$0 (Tier 3)	
GALZIN 25 MG (ZINC), 50 MG (ZINC) CAPSULE(*) ^{MO}	\$0 (Tier 3)	
hydroxocobalamin 1,000 mcg/ml(*) ^{MO}	\$0 (Tier 3)	
INFED 50 MG/ML INJECTION SOLUTION(*) ^{MO}	\$0 (Tier 3)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
INFUVITE PEDIATRIC 80 MG-400 UNIT-200 MCG/5 ML INTRAVENOUS SOLUTION(*) ^{MO}	\$0 (Tier 3)	
INJECTAFER 50 MG IRON/ML INTRAVENOUS SOLUTION(*) ^{MO}	\$0 (Tier 3)	
MEPHYTON 5 MG TABLET(*) ^{MO}	\$0 (Tier 3)	
<i>promethazine-codeine syrup(*)^{MO}</i>	\$0 (Tier 3)	
<i>promethazine-pe-codeine syrup(*)^{MO}</i>	\$0 (Tier 3)	
<i>pyridoxine 100 mg/ml vial(*)^{MO}</i>	\$0 (Tier 3)	
<i>sod fer gluc cplx 62.5 mg/5 ml(*)^{MO}</i>	\$0 (Tier 3)	
<i>thiamine 200 mg/2 ml vial(*)^{MO}</i>	\$0 (Tier 3)	
VENOFER 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML INTRAVENOUS SOLUTION(*) ^{MO}	\$0 (Tier 3)	
<i>vitamin d2 1,250 mcg (50,000 unit) capsule(*)^{MO}</i>	\$0 (Tier 3)	
<i>vitamin k1 10 mg/ml injection solution(*)^{MO}</i>	\$0 (Tier 3)	

OVER THE COUNTER DRUGS - Over the Counter Drugs

Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
<i>3 day vaginal 200 mg/5 gram (4 %) cream^{MO}</i>	\$0 (Tier 4)	
<i>3-day vaginal 2 % cream^{MO}</i>	\$0 (Tier 4)	
<i>acetaminophen 120 mg suppos^{MO}</i>	\$0 (Tier 4)	
<i>acetaminophen 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml; acetaminophen 160 mg/5 ml sol^{MO}</i>	\$0 (Tier 4)	
<i>acetaminophen 160 mg/5 ml liq^{MO}</i>	\$0 (Tier 4)	
<i>acetaminophen 325 mg, 500 mg tablet^{MO}</i>	\$0 (Tier 4)	
<i>acid gone antacid 95 mg-358 mg/15 ml oral suspension^{MO}</i>	\$0 (Tier 4)	
<i>acid gone antacid extra strength 160 mg-105 mg chewable tablet^{MO}</i>	\$0 (Tier 4)	
<i>acid reducer (famotidine) 10 mg tablet^{MO}</i>	\$0 (Tier 4)	
<i>ACNE MEDICATION 10 %, 5 % LOTION^{MO}</i>	\$0 (Tier 4)	
<i>ACNE MEDICATION 10 %, 5 % TOPICAL GEL^{MO}</i>	\$0 (Tier 4)	
<i>adult tussin chest congestion 100 mg/5 ml oral liquid^{MO}</i>	\$0 (Tier 4)	
<i>adult tussin cough congestion dm 10 mg-100 mg/5 ml oral liquid^{MO}</i>	\$0 (Tier 4)	
<i>adult tussin dm 10 mg-100 mg/5 ml oral syrup^{MO}</i>	\$0 (Tier 4)	
<i>advanced antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension^{MO}</i>	\$0 (Tier 4)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
aftera 1.5 mg tablet ^{MO}	\$0 (Tier 4)	
all day allergy (cetirizine) 1 mg/ml oral solution ^{MO}	\$0 (Tier 4)	QL (300 per 30 days)
all day allergy (cetirizine) 10 mg tablet ^{MO}	\$0 (Tier 4)	
all day pain relief 220 mg tablet ^{MO}	\$0 (Tier 4)	
all day relief 220 mg tablet ^{MO}	\$0 (Tier 4)	
aller-g-time 25 mg tablet ^{MO}	\$0 (Tier 4)	
allergy (diphenhydramine) 25 mg capsule ^{MO}	\$0 (Tier 4)	
allergy (diphenhydramine) 25 mg tablet ^{MO}	\$0 (Tier 4)	
allergy relief (cetirizine) 1 mg/ml oral solution ^{MO}	\$0 (Tier 4)	QL (300 per 30 days)
allergy relief (loratadine) 10 mg disintegrating tablet; allergy relief (loratadine) 10 mg tablet ^{MO}	\$0 (Tier 4)	
allergy relief (loratadine) 5 mg/5 ml oral solution ^{MO}	\$0 (Tier 4)	
allergy relief (diphenhydramine) 25 mg capsule ^{MO}	\$0 (Tier 4)	
ALMAONE SUSPENSION ^{MO}	\$0 (Tier 4)	
almacone-2 400 mg-400 mg-40 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
ALOE VESTA PROTECTANT OINTMENT 43 % ^{MO}	\$0 (Tier 4)	
aluminum hydroxide gel ^{MO}	\$0 (Tier 4)	
antacid 200 mg-200 mg-20 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
antacid (calcium carbonate) 200 mg calcium (500 mg), 215 mg calcium (500 mg), 320 mg calcium (750 mg) chewable tablet ^{MO}	\$0 (Tier 4)	
antacid extra strength (mag carb-al hyd) 160 mg-105 mg chewable tablet ^{MO}	\$0 (Tier 4)	
antacid extra strength (calcium carb) 300 mg (750 mg) chewable tablet ^{MO}	\$0 (Tier 4)	
antacid extra-strength 200 mg-200 mg-20 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
antacid extra-strength 300 mg (750 mg) chewable tablet ^{MO}	\$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 ^{MO}	\$0 (Tier 4)	
antacid regular strength 200 mg-200 mg-20 mg/5 ml oral suspension ^{MO}	\$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 ^{MO}	\$0 (Tier 4)	
anti-diarrheal (loperamide) 2 mg capsule ^{MO}	\$0 (Tier 4)	
anti-diarrheal (loperamide) 2 mg tablet ^{MO}	\$0 (Tier 4)	
anti-itch (hydrocortisone) 1 % topical cream ^{MO}	\$0 (Tier 4)	
antibiotic (bacitracin zinc) 500 unit/gram topical ointment ^{MO}	\$0 (Tier 4)	
antifungal cream (miconazole) 2 % topical ^{MO}	\$0 (Tier 4)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
ANTISEPTIC SKIN CLEANSER (CHLORHEXIDINE) 4 % LIQUID ^{MO}	\$0 (Tier 4)	
anu-med suppository ^{MO}	\$0 (Tier 4)	
arthritis pain relief (capsaicin) 0.075 % topical cream ^{MO}	\$0 (Tier 4)	
ARTIFICIAL TEARS (PETROLATUM/MINERAL OIL) 83 %-15 % EYE OINTMENT ^{MO}	\$0 (Tier 4)	
ARTIFICIAL TEARS (POLYVINYL ALCOHOL) 1.4 % EYE DROPS ^{MO}	\$0 (Tier 4)	
artificial tears (polyvinyl alcohol/povidone) 0.5 %-0.6 % eye drops ^{MO}	\$0 (Tier 4)	
aspir-low ec 81 mg tablet ^{MO}	\$0 (Tier 4)	
aspirin 325 mg tablet; aspirin ec 325 mg tablet ^{MO}	\$0 (Tier 4)	
aspirin 81 mg chewable tablet ^{MO}	\$0 (Tier 4)	
aspirin ec 81 mg tablet ^{MO}	\$0 (Tier 4)	
athlete's foot (clotrimazole) 1 % topical cream ^{MO}	\$0 (Tier 4)	
bacitracin 500 unit/gm ointmnt ^{MO}	\$0 (Tier 4)	
bacitracin zn 500 unit/gm oint ^{MO}	\$0 (Tier 4)	
banophen 12.5 mg/5 ml solution ^{MO}	\$0 (Tier 4)	
banophen 25 mg tablet ^{MO}	\$0 (Tier 4)	
banophen 25 mg, 50 mg capsule ^{MO}	\$0 (Tier 4)	
banophen allergy 12.5 mg/5 ml ^{MO}	\$0 (Tier 4)	
benzoyl peroxide 10% gel; benzoyl peroxide 2.5% gel; benzoyl peroxide 5% gel ^{MO}	\$0 (Tier 4)	
benzoyl peroxide 6% cleanser ^{MO}	\$0 (Tier 4)	
BETADINE 10 % TOPICAL SOLUTION ^{MO}	\$0 (Tier 4)	
BETADINE 5 % TOPICAL SPRAY ^{MO}	\$0 (Tier 4)	
BETADINE SURGICAL SCRUB 7.5 % TOPICAL SOLUTION ^{MO}	\$0 (Tier 4)	
BETADINE SWABSTICKS 10 % ^{MO}	\$0 (Tier 4)	
BETASEPT SURGICAL SCRUB 4 % TOPICAL LIQUID ^{MO}	\$0 (Tier 4)	
bisacodyl 10 mg suppository ^{MO}	\$0 (Tier 4)	
bisacodyl ec 5 mg tablet ^{MO}	\$0 (Tier 4)	
biscolax 10 mg suppository ^{MO}	\$0 (Tier 4)	
bismatrol 262 mg chewable tablet ^{MO}	\$0 (Tier 4)	
bismatrol 262 mg/15 ml, 525 mg/15 ml oral suspension ^{MO}	\$0 (Tier 4)	
cal-gest antacid 200 mg calcium (500 mg) chewable tablet ^{MO}	\$0 (Tier 4)	
calcium antacid 200 mg calcium (500 mg), 300 mg (750 mg), 320 mg calcium (750 mg) chewable tablet ^{MO}	\$0 (Tier 4)	
calcium carb 1,250 mg/5 ml sus ^{MO}	\$0 (Tier 4)	
calcium 500-vit d3 200 tablet ^{MO}	\$0 (Tier 4)	

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capsaicin 0.025% cream ^{MO}	\$0 (Tier 4)	
cetirizine hcl 1 mg/ml soln ^{MO}	\$0 (Tier 1)	QL (300 per 30 days)
cetirizine hcl 10 mg, 5 mg chew tab ^{MO}	\$0 (Tier 4)	
cetirizine hcl 10 mg, 5 mg tablet ^{MO}	\$0 (Tier 4)	
cetirizine hcl 5 mg/5 ml soln ^{MO}	\$0 (Tier 4)	
children's allergy relief (cetirizine) 1 mg/ml oral solution ^{MO}	\$0 (Tier 4)	QL (300 per 30 days)
child mucus relief expectorant 100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
children's all day allergy (cetirizine) 1 mg/ml oral solution ^{MO}	\$0 (Tier 4)	QL (300 per 30 days)
children's acetaminophen 160 mg/5 ml, 160 mg/5 ml (5 ml) oral suspension ^{MO}	\$0 (Tier 4)	
children's allergy (diphenhydramine) 12.5 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
children's cetirizine 1 mg/ml oral solution ^{MO}	\$0 (Tier 4)	QL (300 per 30 days)
children's cetirizine 10 mg, 5 mg chewable tablet ^{MO}	\$0 (Tier 4)	
children's pain relief 160 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
child pain-fever 160 mg/5 ml ^{MO}	\$0 (Tier 4)	
children's pain and fever relief 160 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
children's silapap 160 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
children's wal-zyr 1 mg/ml oral solution ^{MO}	\$0 (Tier 4)	QL (300 per 30 days)
CHILDREN'S ZYRTEC ALLERGY 1 MG/ML ORAL SOLUTION ^{MO}	\$0 (Tier 4)	QL (300 per 30 days)
citrucel 500 mg tablet ^{MO}	\$0 (Tier 4)	
CITRUCEL (SUCROSE) ORAL POWDER ^{MO}	\$0 (Tier 4)	
CITRUCEL SUGAR FREE ORAL POWDER ^{MO}	\$0 (Tier 4)	
clearlax 17 gram, 17 gram/dose oral powder; clearlax 17 gram, 17 gram/dose oral powder packet ^{MO}	\$0 (Tier 4)	
clotrimazole 1% topical cream ^{MO}	\$0 (Tier 1)	
clotrimazole 1% vaginal cream ^{MO}	\$0 (Tier 4)	
clotrimazole-3 2 % vaginal cream ^{MO}	\$0 (Tier 4)	
COLACE 100 MG CAPSULE ^{MO}	\$0 (Tier 4)	
COLACE 2-IN-1 8.6 MG-50 MG TABLET ^{MO}	\$0 (Tier 4)	
COLACE CLEAR 50 MG CAPSULE ^{MO}	\$0 (Tier 4)	
complete allergy 25 mg capsule ^{MO}	\$0 (Tier 4)	
complete allergy medicine 25 mg capsule ^{MO}	\$0 (Tier 4)	
cough syrup 100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
cough syrup dm 10 mg-100 mg/5 ml ^{MO}	\$0 (Tier 4)	
guaifenesin dm syrup ^{MO}	\$0 (Tier 4)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
diabetic siltussin das-na liq ^{MO}	\$0 (Tier 4)	
diabetic siltussin-dm liquid ^{MO}	\$0 (Tier 4)	
diabetic siltussin-dm max str 10 mg-200 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
dibucaine 1% ointment ^{MO}	\$0 (Tier 4)	
diphedryl 12.5 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
diphedryl 25 mg capsule ^{MO}	\$0 (Tier 4)	
diphenhist 12.5 mg/5 ml soln ^{MO}	\$0 (Tier 4)	
DIPHENHIST 25 MG CAPSULE ^{MO}	\$0 (Tier 4)	
diphenhist 25 mg captab ^{MO}	\$0 (Tier 4)	
diphenhydramine 25 mg, 50 mg capsule ^{MO}	\$0 (Tier 4)	
docu 50 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
docusate sodium 100 mg softgel ^{MO}	\$0 (Tier 4)	
docusate sodium 50 mg/5 ml liq ^{MO}	\$0 (Tier 4)	
docusil 100 mg capsule ^{MO}	\$0 (Tier 4)	
docusol 283 mg enema ^{MO}	\$0 (Tier 4)	
DOCUSOL KIDS 100 MG/5 ML ENEMA ^{MO}	\$0 (Tier 4)	
DOCUSOL PLUS 283 MG-20 MG/5 ML ENEMA ^{MO}	\$0 (Tier 4)	
dok 100 mg tablet ^{MO}	\$0 (Tier 4)	
DOK 100 MG, 250 MG CAPSULE; DOK 100 MG, 250 MG SOFTGEL ^{MO}	\$0 (Tier 4)	
dok plus tablet ^{MO}	\$0 (Tier 4)	
driminate 50 mg tablet ^{MO}	\$0 (Tier 4)	
ear drops (carbamide peroxide) 6.5 % ^{MO}	\$0 (Tier 4)	
ear drops otc 6.5 % ^{MO}	\$0 (Tier 4)	
econtra ez 1.5 mg tablet ^{MO}	\$0 (Tier 4)	
ed-apap 160 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
enema 19 gram-7 gram/118 ml ^{MO}	\$0 (Tier 4)	
enema disposable 19 gram-7 gram/118 ml ^{MO}	\$0 (Tier 4)	
ENEMEEZ 283 MG/5 ML ENEMA ^{MO}	\$0 (Tier 4)	
ENEMEEZ PLUS 283 MG-20 MG/5 ML ENEMA ^{MO}	\$0 (Tier 4)	
ergocaliferol 8,000 units/ml ^{MO}	\$0 (Tier 4)	
EXCEDRIN EXTRA STRENGTH 250 MG-250 MG-65 MG TABLET ^{MO}	\$0 (Tier 4)	
EXCEDRIN MIGRAINE 250 MG-250 MG-65 MG TABLET ^{MO}	\$0 (Tier 4)	
famotidine 10 mg tablet ^{MO}	\$0 (Tier 4)	
ferrous sulf ec 324 mg tablet; ferrous sulf ec 325 mg tablet; ferrous sulfate 325 mg tablet ^{MO}	\$0 (Tier 4)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
FEVERALL 120 MG, 325 MG, 80 MG RECTAL SUPPOSITORY ^{MO}	\$0 (Tier 4)	
fiber (calcium polycarbophil) 625 mg tablet ^{MO}	\$0 (Tier 4)	
fiber laxative (calcium polycarbophil) 625 mg tablet ^{MO}	\$0 (Tier 4)	
FIBER THERAPY (METHYLCELLULOSE-SUGAR) 2 GRAM/19 GRAM ORAL POWDER ^{MO}	\$0 (Tier 4)	
fiber therapy (methylcellulose) 500 mg tablet ^{MO}	\$0 (Tier 4)	
fiber-lax 625 mg tablet ^{MO}	\$0 (Tier 4)	
FLEET ENEMA 19 GRAM-7 GRAM/118 ML ^{MO}	\$0 (Tier 4)	
fleet glycerin (adult) rectal suppository ^{MO}	\$0 (Tier 4)	
fleet glycerin (child) rectal suppository ^{MO}	\$0 (Tier 4)	
FLEET GLYCERIN LAXATIVE 5.4 GRAM/5.4 ML RECTAL SOLUTION ^{MO}	\$0 (Tier 4)	
FLEET PEDIATRIC 9.5 GRAM-3.5 GRAM/59 ML ENEMA ^{MO}	\$0 (Tier 4)	
formula em oral solution ^{MO}	\$0 (Tier 4)	
gavilax 17 gram/dose oral powder ^{MO}	\$0 (Tier 4)	
GAVISCON 80 MG-14.2 MG CHEWABLE TABLET ^{MO}	\$0 (Tier 4)	
GAVISCON 95 MG-358 MG/15 ML ORAL SUSPENSION ^{MO}	\$0 (Tier 4)	
GAVISCON EXTRA STRENGTH 160 MG-105 MG CHEWABLE TABLET ^{MO}	\$0 (Tier 4)	
GAVISCON EXTRA STRENGTH 254 MG-237.5 MG/5 ML ORAL SUSPENSION ^{MO}	\$0 (Tier 4)	
gentearl tears mild 0.1 %-0.3 % eye drops ^{MO}	\$0 (Tier 4)	
GENTEARL TEARS MODERATE 0.1 %-0.3 %-0.2 % EYE DROPS ^{MO}	\$0 (Tier 4)	
gentle laxative (bisacodyl) 10 mg rectal suppository ^{MO}	\$0 (Tier 4)	
guaiifenesin 200 mg/10 ml soln ^{MO}	\$0 (Tier 4)	
headache relief (asa-acetaminophn-caffeine) 250 mg-250 mg-65 mg tablet ^{MO}	\$0 (Tier 4)	
healthylax 17 gram oral powder packet ^{MO}	\$0 (Tier 4)	
heartburn relief (famotidine) 10 mg tablet ^{MO}	\$0 (Tier 4)	
hydrocortisone 0.5% cream ^{MO}	\$0 (Tier 4)	
hydrocortisone 0.5% ointment ^{MO}	\$0 (Tier 4)	
hydrocortisone 1% cream; hydrocortisone 2.5% cream ^{MO}	\$0 (Tier 1)	
hydrocortisone 1% ointment; hydrocortisone 2.5% ointment ^{MO}	\$0 (Tier 1)	
gnp hydrocort acetate 1% cr; hydrocortisone 0.5% cream ^{MO}	\$0 (Tier 4)	
hydrocortisone-aloe 1% cream ^{MO}	\$0 (Tier 4)	
ibu-200 200 mg tablet ^{MO}	\$0 (Tier 4)	
ibuprofen 200 mg tablet ^{MO}	\$0 (Tier 4)	
ibuprofen ib 200 mg tablet ^{MO}	\$0 (Tier 4)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
infant pain reliever 160 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
infants' pain and fever 160 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
infants' pain relief 160 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
kao-tin suspension ^{MO}	\$0 (Tier 4)	
kao-tin 240 mg softgel ^{MO}	\$0 (Tier 4)	
konsyl (sugar) 3.4 gram, 3.4 gram/12 gram oral powder; konsyl (sugar) 3.4 gram, 3.4 gram/12 gram oral powder packet ^{MO}	\$0 (Tier 4)	
KONSYL FORMULA-D 3.4 GRAM/6.5 GRAM ORAL POWDER ^{MO}	\$0 (Tier 4)	
KONSYL SUGAR-FREE 6 GRAM, 6 GRAM/6 GRAM ORAL POWDER; KONSYL SUGAR-FREE 6 GRAM, 6 GRAM/6 GRAM ORAL POWDER PACKET ^{MO}	\$0 (Tier 4)	
lamisil at 1 % topical cream ^{MO}	\$0 (Tier 4)	
laxative (bisacodyl) 5 mg tablet, delayed release ^{MO}	\$0 (Tier 4)	
laxative (sennosides) 25 mg tablet ^{MO}	\$0 (Tier 4)	
lice killing 0.33 %-4 % shampoo ^{MO}	\$0 (Tier 4)	
lice treatment 0.33 %-4 % shampoo ^{MO}	\$0 (Tier 4)	
lice treatment 1 % topical liquid ^{MO}	\$0 (Tier 4)	
lice treatment (permethrin) 1 % topical liquid ^{MO}	\$0 (Tier 4)	
lidocaine anorectal 5% cream ^{MO}	\$0 (Tier 4)	
liquitears 1.4% drops ^{MO}	\$0 (Tier 4)	
loperamide 1 mg/7.5 ml susp ^{MO}	\$0 (Tier 4)	
loperamide 2 mg capsule ^{MO}	\$0 (Tier 1)	
loratadine 10 mg tablet ^{MO}	\$0 (Tier 4)	
loratadine 5 mg/5 ml syrup ^{MO}	\$0 (Tier 4)	
lubricant eye 57.3 %-42.5 % ointment ^{MO}	\$0 (Tier 4)	
MAG-AL PLUS 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION ^{MO}	\$0 (Tier 4)	
mag-al plus extra strength 400 mg-400 mg-40 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
MAGNEBIND 300 250 MG-300 MG TABLET ^{MO}	\$0 (Tier 4)	
magnesium oxide 400 mg tablet ^{MO}	\$0 (Tier 4)	
mapap (acetaminophen) 325 mg tablet ^{MO}	\$0 (Tier 4)	
mapap 160 mg/5 ml liquid ^{MO}	\$0 (Tier 4)	
mapap extra strength 500 mg tablet ^{MO}	\$0 (Tier 4)	
meclizine 12.5 mg, 25 mg tablet ^{MO}	\$0 (Tier 1)	
meclizine 25 mg tablet chew ^{MO}	\$0 (Tier 4)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
mi-acid 200 mg-200 mg-20 mg/5 ml oral suspension; mi-acid 400 mg-400 mg-40 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
miconazole 7 100 mg vaginal suppository ^{MO}	\$0 (Tier 4)	
miconazole 7 2 % vaginal cream ^{MO}	\$0 (Tier 4)	
miconazole 1 combination pack ^{MO}	\$0 (Tier 4)	
miconazole 2% topical cream; miconazole 2% vaginal cream ^{MO}	\$0 (Tier 4)	
miconazole-3 200 mg-2 % (9 gram) vaginal kit ^{MO}	\$0 (Tier 4)	
migraine formula 250 mg-250 mg-65 mg tablet ^{MO}	\$0 (Tier 4)	
migraine relief 250 mg-250 mg-65 mg tablet ^{MO}	\$0 (Tier 4)	
milk of magnesia 400 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
mintox 200 mg-200 mg-20 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
mintox maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
mintox plus 200 mg-200 mg-25 mg chewable tablet ^{MO}	\$0 (Tier 4)	
motion relief (meclizine) 25 mg tablet ^{MO}	\$0 (Tier 4)	
motion sickness (meclizine) 25 mg tablet ^{MO}	\$0 (Tier 4)	
motion sickness relief 50 mg tablet ^{MO}	\$0 (Tier 4)	
motion-time 25 mg chewable tablet ^{MO}	\$0 (Tier 4)	
muro 128 2 % eye drops ^{MO}	\$0 (Tier 4)	
my way 1.5 mg tablet ^{MO}	\$0 (Tier 4)	
naproxen sodium 220 mg caplet ^{MO}	\$0 (Tier 4)	
nasal decongestant (pseudoephedrine) 30 mg tablet ^{MO}	\$0 (Tier 4)	
natura-lax 17 gram/dose oral powder ^{MO}	\$0 (Tier 4)	
natural balance tears eye drop ^{MO}	\$0 (Tier 4)	
natural fiber laxative (sugar) 3.4 gram/7 gram oral powder ^{MO}	\$0 (Tier 4)	
natural fiber lax powder ^{MO}	\$0 (Tier 4)	
natural vegetable laxative (sennosides) 8.6 mg tablet ^{MO}	\$0 (Tier 4)	
nature's tears eye drops ^{MO}	\$0 (Tier 4)	
nausea relief oral solution ^{MO}	\$0 (Tier 4)	
NICODERM CQ 14 MG/24 HR, 7 MG/24 HR DAILY TRANSDERMAL PATCH ^{MO}	\$0 (Tier 4)	
nicoderm cq 21 mg/24 hr daily transdermal patch ^{MO}	\$0 (Tier 4)	
nicorelief 2 mg gum ^{MO}	\$0 (Tier 4)	
NICORETTE 2 MG, 4 MG BUCCAL LOZENGE; NICORETTE 2 MG, 4 MG BUCCAL MINI LOZENGE ^{MO}	\$0 (Tier 4)	
NICORETTE 2 MG, 4 MG GUM ^{MO}	\$0 (Tier 4)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
nicotine 14 mg/24hr patch; nicotine 21 mg/24hr patch; nicotine 7 mg/24hr patch ^{MO}	\$0 (Tier 4)	
nicotine transdermal system ^{MO}	\$0 (Tier 4)	
nicotine 2 mg, 4 mg chewing gum ^{MO}	\$0 (Tier 4)	
nicotine 2 mg, 4 mg lozenge; nicotine 2 mg, 4 mg mini lozenge ^{MO}	\$0 (Tier 4)	
non-aspirin pain relief 500 mg tablet ^{MO}	\$0 (Tier 4)	
non-drowsy allergy 10 mg tab ^{MO}	\$0 (Tier 4)	
opcicon one-step 1.5 mg tablet ^{MO}	\$0 (Tier 4)	
option-2 1.5 mg tablet ^{MO}	\$0 (Tier 4)	
PAIN & FEVER 325 MG, 500 MG TABLET ^{MO}	\$0 (Tier 4)	
pain relief (acetaminophen) 500 mg tablet ^{MO}	\$0 (Tier 4)	
pain relief extra strength 500 mg tablet ^{MO}	\$0 (Tier 4)	
pain relief regular strength 325 mg tablet ^{MO}	\$0 (Tier 4)	
pain reliever (acetaminophen) 325 mg tablet ^{MO}	\$0 (Tier 4)	
pain reliever extra strength 500 mg tablet ^{MO}	\$0 (Tier 4)	
pain reliever plus 250 mg-250 mg-65 mg tablet ^{MO}	\$0 (Tier 4)	
PEDIA-LAX 2.8 GRAM/2.7 ML RECTAL SOLUTION ^{MO}	\$0 (Tier 4)	
pedialax stool softener 50 mg/15 ml oral syrup ^{MO}	\$0 (Tier 4)	
peptic relief 262 mg chewable tablet ^{MO}	\$0 (Tier 4)	
pharbedryl 25 mg, 50 mg capsule ^{MO}	\$0 (Tier 4)	
pharbetol 325 mg, 500 mg tablet ^{MO}	\$0 (Tier 4)	
pink bismuth 262 mg chewable tablet ^{MO}	\$0 (Tier 4)	
pink bismuth 262 mg tablet ^{MO}	\$0 (Tier 4)	
PLAN B ONE-STEP 1.5 MG TABLET ^{MO}	\$0 (Tier 4)	
polyethylene glycol 3350 powd ^{MO}	\$0 (Tier 4)	
povidone-iodine 10% ointment ^{MO}	\$0 (Tier 4)	
qc povidone-iodine 10% soln ^{MO}	\$0 (Tier 4)	
pramoxine hcl 1% foam ^{MO}	\$0 (Tier 4)	
PROCTOFOAM 1 % TOPICAL ^{MO}	\$0 (Tier 4)	
PROSHIELD PLUS 1 % TOPICAL OINTMENT ^{MO}	\$0 (Tier 4)	
pseudoephedrine 30 mg tablet ^{MO}	\$0 (Tier 4)	
puralube ophthalmic ointment ^{MO}	\$0 (Tier 4)	
ready-to-use enema 19 gram-7 gram/118 ml ^{MO}	\$0 (Tier 4)	
reese's pinworm medicine 50 mg/ml oral suspension ^{MO}	\$0 (Tier 4)	
REFRESH LACRI-LUBE 56.8 %-42.5 % EYE OINTMENT ^{MO}	\$0 (Tier 4)	

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more information, visit **Humana.com**.



Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
REFRESH P.M. 57.3 %-42.5 % EYE OINTMENT ^{MO}	\$0 (Tier 4)	
REGULOID 3.4 G/12 G POWDER ^{MO}	\$0 (Tier 4)	
reguloid 3.4 g/7 g powder ^{MO}	\$0 (Tier 4)	
reguloid laxative powder ^{MO}	\$0 (Tier 4)	
REMEDY ANTIFUNGAL 2 % TOPICAL CREAM ^{MO}	\$0 (Tier 4)	
REMEDY NUTRASHIELD SKIN PROTEC 1 % CREAM ^{MO}	\$0 (Tier 4)	
robafen 100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
robafen-dm syrup ^{MO}	\$0 (Tier 4)	
robafen dm cough 10 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
robafen dm cough-chest congestion 10 mg-100 mg/5 ml oral syrup ^{MO}	\$0 (Tier 4)	
RULOX SUSPENSION ^{MO}	\$0 (Tier 4)	
senna 8.6 mg tablet ^{MO}	\$0 (Tier 4)	
senna lax 8.6 mg tablet ^{MO}	\$0 (Tier 4)	
senna laxative 8.6 mg tablet ^{MO}	\$0 (Tier 4)	
senna leaves ^{MO}	\$0 (Tier 4)	
senna plus 8.6 mg-50 mg tablet ^{MO}	\$0 (Tier 4)	
senna-s 8.6 mg-50 mg tablet ^{MO}	\$0 (Tier 4)	
senna-time s 8.6 mg-50 mg tablet ^{MO}	\$0 (Tier 4)	
sennosides-docusate sodium tab ^{MO}	\$0 (Tier 4)	
SENOKOT 8.6 MG TABLET ^{MO}	\$0 (Tier 4)	
SENOKOT EXTRA STRENGTH 17.2 MG TABLET ^{MO}	\$0 (Tier 4)	
SENOKOT-S 8.6 MG-50 MG TABLET ^{MO}	\$0 (Tier 4)	
SILACE 50 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
SILACE 60 MG/15 ML ORAL SYRUP ^{MO}	\$0 (Tier 4)	
siladryl sa 12.5 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
siltussin dm das 10 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
siltussin sa 100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
siltussin-dm 10 mg-100 mg/5 ml oral syrup ^{MO}	\$0 (Tier 4)	
sodium bicarb 325 mg, 650 mg tablet ^{MO}	\$0 (Tier 4)	
SODIUM BICARBONATE POWDER ^{MO}	\$0 (Tier 4)	
cvs sodium chloride 5% eye drp ^{MO}	\$0 (Tier 4)	
cvs sodium chloride 5% oint ^{MO}	\$0 (Tier 4)	
SORBITOL 70% SOLUTION ^{MO}	\$0 (Tier 4)	
stomach relief 262 mg/15 ml oral suspension ^{MO}	\$0 (Tier 4)	
stomach relief max strength 525 mg/15 ml oral suspension ^{MO}	\$0 (Tier 4)	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use
stomach relief original 262 mg/15 ml oral suspension ^{MO}	\$0 (Tier 4)	
stool softener 100 mg, 250 mg capsule ^{MO}	\$0 (Tier 4)	
stool softener (docusate calcium) 240 mg capsule ^{MO}	\$0 (Tier 4)	
stool softener-laxative 8.6 mg-50 mg tablet ^{MO}	\$0 (Tier 4)	
stool softener-stimulant laxative 8.6 mg-50 mg tablet ^{MO}	\$0 (Tier 4)	
sudogest 30 mg tablet ^{MO}	\$0 (Tier 4)	
suphedrin 30 mg tablet ^{MO}	\$0 (Tier 4)	
swim ear 95 %-5 % drops ^{MO}	\$0 (Tier 4)	
SYSTANE NIGHTTIME 94 %-3 % EYE OINTMENT ^{MO}	\$0 (Tier 4)	
terbinafine 1% cream ^{MO}	\$0 (Tier 4)	
tioconazole-1 6.5 % vaginal ointment ^{MO}	\$0 (Tier 4)	
travel sickness 50 mg tablet ^{MO}	\$0 (Tier 4)	
TRAVEL SICKNESS (MECLIZINE) 25 MG CHEWABLE TABLET ^{MO}	\$0 (Tier 4)	
tri-buffered aspirin 325 mg tablet ^{MO}	\$0 (Tier 4)	
TRIPLE ANTIOTIC 3.5 MG-400 UNIT-5,000 UNIT TOPICAL OINTMENT PACKET ^{MO}	\$0 (Tier 4)	
triple antibiotic 3.5 mg-400 unit-5,000 unit/gram topical ointment ^{MO}	\$0 (Tier 4)	
triple antibiotic plus 3.5 mg-500 unit-10,000 unit/gram top ointment ^{MO}	\$0 (Tier 4)	
TUMS 200 MG CALCIUM (500 MG), 300 MG (750 MG) CHEWABLE TABLET ^{MO}	\$0 (Tier 4)	
TUMS E-X 300 MG (750 MG) CHEWABLE TABLET ^{MO}	\$0 (Tier 4)	
TUMS EXTRA STRENGTH SMOOTHIES 300 MG (750 MG) CHEWABLE TABLET ^{MO}	\$0 (Tier 4)	
tusnel diabetic 10 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
tussin dm 10 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
tussin dm 10 mg-100 mg/5 ml oral syrup ^{MO}	\$0 (Tier 4)	
tussin dm clear 10 mg-100 mg/5 ml oral syrup ^{MO}	\$0 (Tier 4)	
tussin dm max 10 mg-200 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
tussin mucus-chest congestion 100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
VANAMINE PD 6.25 MG/ML ORAL DROPS ^{MO}	\$0 (Tier 4)	
vitamin a and d ointment; vitamin a and d ointment pckt ^{MO}	\$0 (Tier 4)	
wal-zyr (cetirizine) 1 mg/ml oral solution ^{MO}	\$0 (Tier 4)	QL (300 per 30 days)
gnp zinc oxide 20% ointment ^{MO}	\$0 (Tier 4)	

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E. Index of Drugs

A		
	ACTHIB (PF)	86
a-hydrocort	75 ACTIMMUNE	86
abacavir	48 acyclovir	48
abacavir-lamivudine	48 acyclovir sodium	48
abacavir-lamivudine-zidovudine	48 ADACEL(TDAP ADOLESN/ADULT)(PF)	86
ABELCET	30 ADAGEN	74
ABILIFY MAINTENA	45 adapalene	66
abiraterone	33 ADCETRIS	33
ABOUTTIME PEN NEEDLE	93 adefovir	48
ABRAXANE	33 ADEMPAS	107
acamprostate	16 adriamycin	33
acarbose	53 adult tussin chest congestion	112
acebutolol	58 adult tussin cough congest dm	112
acetaminophen	112 adult tussin dm	112
acetaminophen-codeine	14 ADVAIR DISKUS	107
acetazolamide	58 ADVAIR HFA	107
acetazolamide sodium	58 advanced antacid-antigas	112
acetic acid	17 ADVOCATE PEN NEEDLE	93
acetylcysteine	93, 107 ADVOCATE SYRINGES	93
acid gone antacid	112 afeditab cr	58
acid gone antacid e.strength	112 AFINITOR	33
acid reducer (famotidine)	112 AFINITOR DISPERZ	33
acitretin	66 afirmelle	78
ACNE MEDICATION	112 aftera	113
ACTHAR	75 AIMOVIG AUTOINJECTOR	93

AIMOVIG AUTOINJECTOR (2 PACK)	93	almacone-2	113
ak-poly-bac	105	ALOE VESTA PROTECTANT OINTMENT	113
albendazole	43	ALPHAGAN P	105
albuterol sulfate	107, 108	alprazolam	52
ALCAINE	105	altavera (28)	78
ALCOHOL PADS	93	aluminum hydroxide gel	113
ALCOHOL PREP PADS	93	ALUNBRIG	33
ALCOHOL SWABS	93	alyq	108
ALCOHOL WIPES	93	amabelz	78
ALECENSA	33	amantadine hcl	44
alendronate	92	AMBISOME	30
alfuzosin	75	ambrisentan	108
ALIMTA	33	amethia lo	78
ALINIA	43	AMICAR	56
ALIQOPA	33	amifostine crystalline	33
aliskiren	58	amiloride	58
all day allergy (cetirizine)	113	amiloride-hydrochlorothiazide	59
all day pain relief	113	aminocaproic acid	56
all day relief	113	aminophylline	108
aller-g-time	113	AMINOSYN II 10 %	68
allergy (diphenhydramine)	113	AMINOSYN II 15 %	68
allergy relief (cetirizine)	113	AMINOSYN II 7 %	68
allergy relief (loratadine)	113	AMINOSYN II 8.5 %	68
allergy relief (diphenhydramin)	113	AMINOSYN II 8.5 %-ELECTROLYTES	68
allopurinol	31	AMINOSYN M 3.5 %	68
ALMAONE	113	AMINOSYN 10 %	67

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AMINOSYN 7 % WITH ELECTROLYTES	67	antacid ext (mag carb-al hyd)	113
AMINOSYN 8.5 %	67	antacid ext str (calcium carb)	113
AMINOSYN 8.5 %-ELECTROLYTES	67	antacid extra-strength	113
AMINOSYN-HBC 7%	68	antacid plus anti-gas	113
AMINOSYN-PF 10 %	68	antacid regular strength	113
AMINOSYN-PF 7 % (SULFITE-FREE)	68	antacid-antigas	113
AMINOSYN-RF 5.2 %	68	anti-diarrheal (loperamide)	113
amiodarone	59	anti-itch (hc)	113
amitriptyline	27	antibiotic (bacitracin zinc)	113
amlodipine	59	antifungal cream (miconazole)	113
amlodipine-benazepril	59	ANTISEPTIC SKIN CLNSR(CHLORHE)	114
ammonium lactate	66	anu-med	114
amnesteem	66	APOKYN	44
amoxapine	27	apraclonidine	105
amoxicillin	17	aprepitant	29
amoxicillin-pot clavulanate	18	apri	78
amphotericin b	30	APTIOM	23
ampicillin	18	APTIVUS	48
ampicillin sodium	18	APTIVUS (WITH VITAMIN E)	48
ampicillin-sulbactam	18	ARALAST NP	74
ANADROL-50	78	aranelle (28)	78
anagrelide	56	ARCALYST	86
anastrozole	33	ariPIPrazole	45
ANORO ELLIPTA	108	ARISTADA	45
antacid	113	ARISTADA INITIO	45
antacid (calcium carbonate)	113	ARMOUR THYROID	84

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ARNUITY ELLIPTA	108	aurovela fe 1.5/30 (28)	78
ARRANON	33	aurovela fe 1-20 (28)	78
arsenic trioxide	33	aurovela 1.5/30 (21)	78
arthritis pain relief(capsaic)	114	aurovela 1/20 (21)	78
ARTIFICIAL TEARS (PETRO/MIN)	114	aurovela 24 fe	78
ARTIFICIAL TEARS (POLYVIN ALC)	114	AUSTEDO	65
artificial tears(pvalch-povid)	114	AUTOJECT 2 INJECTION DEVICE	93
ARZERRA	33	AUTOPEN 1 TO 21 UNITS	93
aspir-low	114	AUTOPEN 2 TO 42 UNITS	93
aspirin	114	AVASTIN	33
aspirin-dipyridamole	56	aviane	79
ASSURE ID DUO-SHIELD	93	ayunda	79
ASSURE ID INSULIN SAFETY	93	AYVAKIT	33
ASSURE ID PEN NEEDLE	93	azacitidine	56
atazanavir	48	azathioprine	86
atenolol	59	azelastine	105, 108
atenolol-chlorthalidone	59	azithromycin	18
athlete's foot (clotrimazole)	114	aztreonam	18
atomoxetine	65	azurette (28)	79
atorvastatin	59		B
atovaquone	43	bacitracin	18, 114
atovaquone-proguanil	43	bacitracin zinc	114
ATRIPLA	48	bacitracin-polymyxin b	105
atropine	105	baclofen	47
aubra	78	balsalazide	91
aubra eq	78	BALVERSA	33, 34

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BAND-AID GAUZE PADS	93	BD ULTRA-FINE ORIG PEN NEEDLE	94
banophen.....	114	BD ULTRA-FINE SHORT PEN NEEDLE	94
banophen allergy	114	BD VEO INSULIN SYR HALF UNIT	94
BANZEL	23	BD VEO INSULIN SYRINGE UF	94
BAQSIMI	53	bekyree (28)	79
BARACLUDE	48	BELBUCA	14
BAVENCIO	34	BELEODAQ	34
BCG VACCINE, LIVE (PF)	86	BELSOMRA	111
BD ALCOHOL SWABS	93	benazepril	59
BD AUTOSHIELD DUO PEN NEEDLE	94	benazepril-hydrochlorothiazide	59
BD ECLIPSE LUER-LOK	94	BENDEKA	34
BD INSULIN SYRINGE	94	BENLYSTA	86
BD INSULIN SYRINGE HALF UNIT	94	benzoyl peroxide	114
BD INSULIN SYRINGE MICRO-FINE	94	benztropine	44
BD INSULIN SYRINGE SAFETY-LOK	94	BESPONSA	34
BD INSULIN SYRINGE SLIP TIP	94	BETADINE	114
BD INSULIN SYRINGE U-500	94	BETADINE SURGICAL SCRUB	114
BD INSULIN SYRINGE ULTRA-FINE	94	BETADINE SWABSTICKS	114
BD LO-DOSE MICRO-FINE IV	94	betamethasone dipropionate	75
BD LO-DOSE ULTRA-FINE	94	betamethasone valerate	75
BD NANO 2ND GEN PEN NEEDLE	94	betamethasone, augmented	75
BD SAFETYGLIDE INSULIN SYRINGE	94	BETASEPT SURGICAL SCRUB	114
BD SAFETYGLIDE SYRINGE	94	BETASERON	65
BD ULTRA-FINE MICRO PEN NEEDLE	94	betaxolol	105
BD ULTRA-FINE MINI PEN NEEDLE	94	bethanechol chloride	75
BD ULTRA-FINE NANO PEN NEEDLE	94	BETHKIS	18

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bexarotene	34	BRILINTA	57
BEXSERO	86	brimonidine	105
bicalutamide	34	BRIVIACT	23
BICILLIN C-R	18	bromocriptine	44
BICILLIN L-A	18	BROVANA	108
BICNU	34	BRUKINSA	34
BIDIL	59	budesonide	91, 108
BIKTARVY	48	bumetanide	59
BINOSTO	92	buprenorphine hcl	16
bisacodyl	114	buprenorphine-naloxone	17
biscolax	114	bupropion hcl	27
bismatrol	114	bupropion hcl (smoking deter)	17
bisoprolol fumarate	59	buspirone	52
bisoprolol-hydrochlorothiazide	59	busulfan	34
BLENREP	34	BUSULFEX	34
bleomycin	34	butalbital-acetaminophen-caff	14
blisovi fe 1.5/30 (28)	79	butorphanol	14
blisovi fe 1/20 (28)	79	BYSTOLIC	59
BOOSTRIX TDAP	86, 87		C
BORDERED GAUZE	94	cabergoline	85
bortezomib	34	CABLIVI	94
bosentan	108	CABOMETYX	34
BOSULIF	34	cal-gest antacid	114
BRAFTOVI	34	calcipotriene	66
BREO ELLIPTA	108	calcitonin (salmon)	92
BREZTRI AEROSPHERE	108	calcitriol	92

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calcium acetate(phosphat bind)	68	carteolol	105
calcium antacid	114	cartia xt.....	59
calcium carbonate	114	carvedilol	59
calcium carbonate-vitamin d3	114	caspofungin	30
CALQUENCE	34	CAYSTON	108
camila	79	caziant (28)	79
camrese lo	79	cefaclor.....	18
candesartan	59	cefadroxil	18
candesartan-hydrochlorothiazid	59	cefazolin	18
CAPASTAT	32	cefazolin in dextrose (iso-os)	18
CAPLYTA	45	cefdinir	18
CAPRELSA.....	34	cefepime	18
capsaicin	115	cefixime	18
captopril	59	cefotaxime	18
captopril-hydrochlorothiazide	59	cefotetan	19
CARBAGLU	68	cefoxitin	19
carbamazepine	23	cefoxitin in dextrose, iso-osm	19
carbidopa-levodopa	44	cefpodoxime	19
carbidopa-levodopa-entacapone	44	cefprozil	19
carboplatin	34	ceftazidime	19
CAREFINE PEN NEEDLE	95	ceftazidime in d5w	19
CARETOUCH ALCOHOL PREP PAD	95	ceftriaxone	19
CARETOUCH INSULIN SYRINGE	95	cefuroxime axetil	19
CARETOUCH PEN NEEDLE	95	cefuroxime sodium	19
carisoprodol	111	CELLCEPT	87
carmustine	34	CELLCEPT INTRAVENOUS	87

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CELONTIN	23	chlorothiazide sodium	60
cephalexin	19	chlorpromazine	45
CERDELGA	74	chlorthalidone	60
CEREZYME	74	CHOLBAM	74
cetirizine	115	cholestyramine (with sugar)	60
CHANTIX	17	cholestyramine light	60
CHANTIX CONTINUING MONTH BOX	17	CHORIONIC GONADOTROPIN, HUMAN	78
CHANTIX STARTING MONTH BOX	17	cycladan	30
chateal eq (28)	79	ciclopirox	30
CHEMET	68	cilostazol	57
CHENODAL	72	CIMDUO	48
child allergy relf(cetirizine)	115	cimetidine	72
child mucus relief expectorant	115	cimetidine hcl	72
child's all day allergy(cetir)	115	cinacalcet	92
children's acetaminophen	115	ciprofloxacin hcl	19
children's allergy (diphenhyd)	115	ciprofloxacin in 5 % dextrose	19
children's cetirizine	115	cisplatin	34
children's pain relief	115	citalopram	27
children's pain-fever relief	115	citrucel	115
children's silapap	115	CITRUCEL (SUCROSE)	115
children's wal-zyr	115	CITRUCEL SUGAR FREE	115
CHILDREN'S ZYRTEC ALLERGY	115	cladribine	34
chloramphenicol sod succinate	19	clarithromycin	19
chlorhexidine gluconate	66	clearlax	115
chloroquine phosphate	43	CLICKFINE PEN NEEDLE	95
chlorothiazide	59	clindamycin hcl	19

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clindamycin in 0.9 % sod chlor	19	clobetasol	75, 76
clindamycin in 5 % dextrose	19	clobetasol-emollient	76
clindamycin pediatric	19	clofarabine	34
clindamycin phosphate	19	CLOLAR	34
CLINIMIX E 2.75%/D10W SUL FREE	68	clomipramine	27
CLINIMIX E 2.75%/D5W SULF FREE	69	clonazepam	52
CLINIMIX E 4.25%/D25W SUL FREE	69	clonidine	60
CLINIMIX E 4.25%/D5W SULF FREE	69	clonidine hcl	60
CLINIMIX E 5%/D15W SULFIT FREE	69	clopidogrel	57
CLINIMIX E 5%/D20W SULFIT FREE	69	clorazepate dipotassium	52
CLINIMIX E 5%/D25W SULFIT FREE	69	clotrimazole	30, 115
CLINIMIX E 8%-D10W SULFITEFREE	69	clotrimazole-betamethasone	30
CLINIMIX E 8%-D14W SULFITEFREE	69	clotrimazole-3	115
CLINIMIX 2.75%/D5W SULFIT FREE	68	clovique	69
CLINIMIX 4.25%-D20W SULF-FREE	68	clozapine	45
CLINIMIX 4.25%-D25W SULF-FREE	68	COARTEM	43
CLINIMIX 4.25%/D10W SULF FREE	68	COLACE	115
CLINIMIX 4.25%/D5W SULFIT FREE	68	COLACE CLEAR	115
CLINIMIX 5%-D20W(SULFITE-FREE)	68	COLACE 2-IN-1	115
CLINIMIX 5%/D15W SULFITE FREE	68	COLCRYS	31
CLINIMIX 5%/D25W SULFITE-FREE	68	colestipol	60
CLINIMIX 6%-D5W (SULFITE-FREE)	68	colistin (colistimethate na)	19
CLINIMIX 8%-D10W(SULFITE-FREE)	68	colocort	91
CLINIMIX 8%-D14W(SULFITE-FREE)	68	COMBIGAN	105
CLINOLIPID	69	COMBIPATCH	79
clobazam	23	COMBIVENT RESPIMAT	108

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COMETRIQ	34	cryselle (28)	79
COMFORT EZ INSULIN SYRINGE	95	CRYSVITA	74
COMFORT EZ PEN NEEDLES	95	CURITY ALCOHOL SWABS	95
COMPLERA	48	CURITY GAUZE	95
complete allergy	115	cyanocobalamin (vitamin b-12)	111
complete allergy medicine	115	cyclafem 1/35 (28)	79
compro	29	cyclafem 7/7/7 (28)	79
constulose	72	cyclobenzaprine	111
COPAXONE	65	cyclophosphamide	35
COPIKTRA	34	cycloserine	32
CORLANOR	60	cyclosporine	87
cormax	76	cyclosporine modified	87
cortisone	76	cyproheptadine	108
COSENTYX	66	CYRAMZA	35
COSENTYX (2 SYRINGES)	66	cyred	79
COSENTYX PEN	66	cyred eq	79
COSENTYX PEN (2 PENS)	66	CYSTADANE	74
COSMEGEN	34	CYSTAGON	74
COTELLIC	34	CYSTARAN	105
cough syrup	115	cytarabine	35
cough syrup dm	115	cytarabine (pf)	35
COUMADIN	57		D
CREON	74	dacarbazine	35
CRESEMBA	30	dactinomycin	35
CRIXIVAN	48	dalfampridine	65
cromolyn	105, 108	DALIRESP	108

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danazol	79	desoximetasone	76
dantrolene	47	desvenlafaxine succinate	27
dapsone	32	dexamethasone	76
DAPTACEL (DTAP PEDIATRIC) (PF)	87	dexamethasone intensol	76
daptomycin	19	dexamethasone sodium phos (pf)	76
DARZALEX	35	dexamethasone sodium phosphate	76, 105
DARZALEX FASPRO	35	dexamethylphenidate	65
dasetta 1/35 (28)	79	dexrazoxane hcl	35
dasetta 7/7/7 (28)	79	dextroamphetamine	65
daunorubicin	35	dextroamphetamine-amphetamine	65
DAURISMO	35	dextromethorphan-guaifenesin	115
deblitane	79	dextrose 10 % and 0.2 % nacl	69
decadron	76	dextrose 10 % in water (d10w)	69
decitabine	35	dextrose 5 % in water (d5w)	69
DELSTRIGO	48	dextrose 5%-0.2 % sod chloride	69
demeclocycline	19	dextrose 5%-0.3 % sod.chloride	69
DEMSER	60	diabetic siltussin das-na	116
DEPEN TITRATABS	69	diabetic siltussin-dm	116
DEPO-ESTRADIOL	79	diabetic siltussin-dm max str	116
DERMACEA	95	DIASTAT ACUDIAL	23
DESCOVY	48	diazepam	23, 52
desipramine	27	diazepam intensol	52
desmopressin	78	diazoxide	53
desog-e.estradiol/e.estriadiol	79	dibucaine	116
desogestrel-ethynodiol estradiol	79	diclofenac sodium	14, 105
desonide	76	dicloxacillin	20

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dicyclomine	72	docusol	116
didanosine	48	DOCUSOL KIDS	116
DIFICID	20	DOCUSOL PLUS	116
digitek	60	dofetilide	60
digox	60	DOJOLVI	95
digoxin	60	dok	116
dihydroergotamine	32	dok plus	116
DILANTIN	23	donepezil	26
DILANTIN EXTENDED	23	doripenem	20
DILANTIN INFATABS	23	dorzolamide	105
DILANTIN-125	23	dorzolamide-timolol	106
dilt-xr	60	dotti	79
diltiazem hcl	60	DOVATO	48
diphedryl	116	doxazosin	60
diphenhist	116	doxepin	52
diphenhydramine hcl	108, 116	doxercalciferol	92
diphenoxylate-atropine	72	doxorubicin	35
dipyridamole	57	doxorubicin, peg-liposomal	35
disulfiram	17	doxy-100	20
DIURIL	60	doxycycline hyclate	20
divalproex	23	doxycycline monohydrate	20
DOCEFREZ	35	driminate	116
docetaxel	35	DRIZALMA SPRINKLE	27
docu	116	dronabinol	29
docosate sodium	116	DROPLET INSULIN SYR HALF UNIT	95
docsil	116	DROPLET INSULIN SYRINGE	96

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DROPLET MICRON PEN NEEDLE	96	EASY TOUCH INSULIN SAFETY SYR	97
DROPLET PEN NEEDLE	96	EASY TOUCH INSULIN SYRINGE	97
DROPSAFE PEN NEEDLE	96	EASY TOUCH LUER LOCK INSULIN	97
drospirenone-ethinyl estradiol	79	EASY TOUCH PEN NEEDLE	97
DROXIA	35	EASY TOUCH SAFETY PEN NEEDLE	97
DUAVEE	79	EASY TOUCH SHEATHLOCK INSULIN	97
duloxetine	27	EASY TOUCH UNI-SLIP	97
DUPIXENT PEN	108	ec-naproxen	14
DUPIXENT SYRINGE	108	econazole	30
DUREZOL	106	econtra ez	116
dutasteride	75	ed-apap	116
d10 %-0.45 % sodium chloride	69	EDURANT	48
d2.5 %-0.45 % sodium chloride	69	efavirenz	48, 49
d5 % and 0.9 % sodium chloride	69	efavirenz-emtricitabin-tenofov	49
d5 %-0.45 % sodium chloride	69	efavirenz-lamivu-tenofov disop	49
E			
ear drops (carbamide peroxide)	116	EGRIFTA	78
ear drops otc	116	EGRIFTA SV	78
EASY COMFORT ALCOHOL PAD	96	electrolyte-48 in d5w	69
EASY COMFORT INSULIN SYRINGE	96	EELYSO	74
EASY COMFORT PEN NEEDLES	96	elinest	79
EASY GLIDE INSULIN SYRINGE	96	ELIQUIS	57
EASY GLIDE PEN NEEDLE	96	ELIQUIS DVT-PE TREAT 30D START	57
EASY TOUCH	96	ELLA	79
EASY TOUCH ALCOHOL PREP PADS	96	ELMIRON	75
EASY TOUCH FLIPLOCK INSULIN	96	ELZONRIS	35
EASY TOUGH	96	EMBEDA	14

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EMCYT	35	entecavir	49
EMGALITY PEN	97	ENTRESTO	60
EMGALITY SYRINGE	97	enulose	72
emoquette	79	ENVARSUS XR	87
EMPLICITI	35	EPCLUSA	49
EMSAM	27	EPIDIOLEX	23
emtricitabine	49	epinephrine	108
emtricitabine-tenofovir (tdf)	49	epirubicin	35
EMTRIVA	49	epitol	23
enalapril maleate	60	EPIVIR HBV	49
enalapril-hydrochlorothiazide	60	EQUETRO	23
ENBREL	87	ERAXIS(WATER DILUENT)	30
ENBREL MINI	87	ERBITUX	35
ENBREL SURECLICK	87	ergocalciferol (vitamin d2)	111, 116
endocet	14	ergotamine-caffeine	32
enema	116	ERIVEDGE	35
enema disposable	116	ERLEADA	35
ENEMEEZ	116	erlotinib	36
ENEMEEZ PLUS	116	errin	79
ENGERIX-B (PF)	87	ertapenem	20
ENGERIX-B PEDIATRIC (PF)	87	ERWINAZE	36
ENHERTU	35	ery pads	20
enoxaparin	57	ERYTHROCIN	20
enpresse	79	erythromycin	20
enskyce	79	erythromycin with ethanol	20
entacapone	44	ESBRIET	108

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escitalopram oxalate	27	famotidine	72, 116
esomeprazole magnesium	72	famotidine (pf)	72
estradiol	79, 80	famotidine (pf)-nacl (iso-os)	72
estradiol valerate	80	FANAPT	45
estradiol-norethindrone acet	80	FARYDAK	36
ethacrynat sodium	60	FASENRA PEN	108
ethambutol	32	FASLODEX	36
ethosuximide	23	felbamate	23
ethynodiol diac-eth estradiol	80	felodipine	61
etodolac	14	femynor	80
ETOPOPHOS	36	fenofibrate	61
etoposide	36	fenofibrate micronized	61
EUTHYROX	84	fenofibrate nanocrystallized	61
everolimus (immunosuppressive)	87	fentanyl	14
EVOMELA	36	fentanyl citrate	14
EVOTAZ	49	fentanyl citrate (pf)	14
EVRYSDI	74	FERAHEME	111
EXCEDRIN EXTRA STRENGTH	116	FERRLECIT	111
EXCEDRIN MIGRAINE	116	ferrous sulfate	116
EXEL INSULIN	97	FETZIMA	27
exemestane	36	FEVERALL	117
EXJADE	69	FIASP FLEXTOUCH U-100 INSULIN	53
ezetimibe	60	FIASP PENFILL U-100 INSULIN	53
F		FIASP U-100 INSULIN	53
falmina (28)	80	fiber (calcium polycarbophil)	117
famciclovir	49	fiber laxative (ca polcarbo)	117

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FIBER THERAPY (M-CELL/SUGAR)	117	fluocinonide-e	76
fiber therapy (m-cellulose)	117	fluocinonide-emollient	76
fiber-lax	117	fluorometholone	106
finasteride	75	fluorouracil	36, 66, 67
FINTEPLA	24	fluoxetine	27, 28
FIRDAPSE	65	fluphenazine decanoate	45
FIRMAGON	85	fluphenazine hcl	45
FIRMAGON KIT W DILUENT SYRINGE	85	flurbiprofen	14
flavoxate	75	flurbiprofen sodium	106
flecainide	61	flutamide	36
FLEET ENEMA	117	fluticasone propion-salmeterol	109
fleet glycerin (adult)	117	fluticasone propionate	76, 109
fleet glycerin (child)	117	fluvoxamine	28
FLEET GLYCERIN LAXATIVE	117	folic acid	111
FLEET PEDIATRIC	117	FOLOTYN	36
FLOVENT DISKUS	108	fondaparinux	57
FLOVENT HFA	109	formula em	117
fluconazole	30	FORTEO	92
fluconazole in nacl (iso-osm)	30	fosamprenavir	49
flucytosine	30	fosinopril	61
fludarabine	36	fosinopril-hydrochlorothiazide	61
fludrocortisone	76	fosphenytoin	24
flunisolide	109	FREESTYLE PRECISION	97
fluocinolone	76	FULPHILA	57
fluocinolone and shower cap	76	fulvestrant	36
fluocinonide	76	furosemide	61

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FUZEON	49	gentamicin	20
FYCOMPA	24	gentamicin in nacl (iso-osm)	20
		genteal tears mild	117
G			
gabapentin	24	GENTEAL TEARS MODERATE	117
galantamine	26	gentle laxative (bisacodyl)	117
GALZIN	111	GENVOYA	49
GAMUNEX-C	87	GEODON	46
ganciclovir sodium	49	gianvi (28)	80
GARDASIL 9 (PF)	87	GILENYA	65
GATTEX ONE-VIAL	73	GILOTRIF	36
GATTEX 30-VIAL	72	GLASSIA	74
GAUZE BANDAGE	97	glatiramer	65
GAUZE PAD	97	glatopa	65
gavilax	117	GLEOSTINE	36
gavilyte-c	73	glimepiride	53
gavilyte-g	73	glipizide	53
gavilyte-n	73	glipizide-metformin	53
GAVISCON	117	GLUCAGEN HYPOKIT	53
GAVISCON EXTRA STRENGTH	117	glyburide	53
GAVRETO	36	glyburide micronized	53
GAZYVA	36	glyburide-metformin	53
gemcitabine	36	glycopyrrolate	73
gemfibrozil	61	GLYXAMBI	54
generlac	73	granisetron (pf)	29
genograf	87	granisetron hcl	29
gentak	20	griseofulvin microsize	30

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griseofulvin ultramicrosize	30	heather	80
guaifenesin	117	HECTOROL	92
guanfacine	61	heparin (porcine)	57
guanidine	32	heparin, porcine (pf)	57
GVOKE HYPOPEN 1-PACK	54	HEPATAMINE 8%	69
GVOKE HYPOPEN 2-PACK	54	HERCEPTIN	36
GVOKE PFS 1-PACK SYRINGE	54	HERCEPTIN HYLECTA	36
GVOKE PFS 2-PACK SYRINGE	54	HETLIOZ	111
H			
		HIBERIX (PF)	88
HAEGARDA	87	HUMIRA	88
hailey	80	HUMIRA PEDIATRIC CROHNS START	88
hailey fe 1.5/30 (28)	80	HUMIRA PEN	88
hailey fe 1/20 (28)	80	HUMIRA PEN CROHNS-UC-HS START	88
hailey 24 fe	80	HUMIRA PEN PSOR-UVEITS-ADOL HS	88
HALAVEN	36	HUMIRA(CF)	88
haloperidol	46	HUMIRA(CF) PEDI CROHNS STARTER	88
haloperidol decanoate	46	HUMIRA(CF) PEN	88
haloperidol lactate	46	HUMIRA(CF) PEN CROHNS-UC-HS	88
HARVONI	49	HUMIRA(CF) PEN PSOR-UV-ADOL HS	88
HAVRIX (PF)	87, 88	hydralazine	61
headache relief (asa-acet-caf)	117	hydrochlorothiazide	61
HEALTHWISE INSULIN SYRINGE	98	hydrocodone-acetaminophen	14
HEALTHWISE PEN NEEDLE	98	hydrocodone-ibuprofen	14
HEALTHY ACCENTS UNIFINE PENTIP	98	hydrocortisone	76, 77, 91,
healthylax	117	117
heartburn relief (famotidine)	117	hydrocortisone acetate	117
		hydrocortisone valerate	77

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hydrocortisone-acetic acid	107	imiquimod	67
hydrocortisone-aloe vera	117	IMLYGIC	37
hydromorphone	15	IMOVAZ RABIES VACCINE (PF)	88
hydromorphone (pf)	15	incassia	80
hydroxocobalamin	111	INCONTROL ALCOHOL PADS	98
hydroxychloroquine	43	INCONTROL PEN NEEDLE	98
hydroxyurea	36	INCRELEX	78
hydroxyzine hcl	52	INCRUSE ELLIPTA	109
hydroxyzine pamoate	109	indapamide	61
I		indomethacin	15
IBRANCE	36	INFANRIX (DTAP) (PF)	88
ibu	15	infant pain reliever	118
ibu-200	117	infants' pain and fever	118
ibuprofen	15, 117	infants' pain relief	118
ibuprofen ib	117	INFED	111
ICLUSIG	36	INFUVITE PEDIATRIC	112
idarubicin	36	INJECTAFER	112
IDHIFA	37	INLYTA	37
ifosfamide	37	INQOVI	37
ILEVRO	106	INREBIC	37
imatinib	37	INSULIN SYR/NDL U100 HALF MARK	98
IMBRUVICA	37	INSULIN SYRINGE	98
IMFINZI	37	INSULIN SYRINGE MICROFINE	98
imipenem-cilastatin	20	INSULIN SYRINGE NEEDLELESS	98
imipramine hcl	28	INSULIN SYRINGE-NEEDLE U-100	98
imipramine pamoate	28	INSUPEN	98

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INTELENCE	49	isosorbide mononitrate	61
INTRALIPID	69	isotretinoin	67
INTRON A	49	isradipine	61
introvale	80	ISTODAX	37
INVEGA SUSTENNA	46	itraconazole	30
INVEGA TRINZA	46	IV PREP WIPES	98
INVIRASE	49	ivermectin	43
INVOKAMET	54	IXEMPRA	37
INVOKAMET XR	54	IXIARO (PF)	88
INVOKANA	54		J
IONOSOL-B IN D5W	69	JADENU	69
IONOSOL-MB IN D5W	69	JAKAFI	37
IPOL	88	jantoven	57
ipratropium bromide	109	JANUMET	54
ipratropium-albuterol	109	JANUMET XR	54
irbesartan	61	JANUVIA	54
irbesartan-hydrochlorothiazide	61	JARDIANC	54
IRESSA	37	jasmiel (28)	80
irinotecan	37	jencycla	80
ISENTRESS	49	JENTADUETO	54
ISENTRESS HD	49	JENTADUETO XR	54
isibloom	80	JEVTANA	37
ISOLYTE-P IN 5 % DEXTROSE	69	juleber	80
ISOLYTE-S	69	JULUCA	49
isoniazid	32	junel fe 1.5/30 (28)	80
isosorbide dinitrate	61	junel fe 1/20 (28)	80

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junel fe 24	80	klor-con m20	70
junel 1.5/30 (21)	80	KLOR-CON 10	70
junel 1/20 (21)	80	KLOR-CON 8	70
	K		
		konsyl (sugar)	118
KABIVEN	69	KONSYL FORMULA-D	118
KADCYLA	37	KONSYL SUGAR-FREE	118
KALETRA	50	KORLYM	98
kalliga	80	KOSELUGO	38
KALYDECO	109	KRINTAFEL	43
KANJINTI	37	kurvelo (28)	80
kao-tin (bismuth subsalicylat)	118	KUVAN	74
kao-tin (docusate calcium)	118	KYPROLIS	38
kariva (28)	80		L
kelnor 1-50 (28)	80	lnorgest/e.estriadiol-e.estrad	81
kelnor 1/35 (28)	80	labetalol	61
ketoconazole	30	lactated ringers	70, 98
ketoprofen	15	lactulose	73
ketorolac	15, 106	lamisil at	118
KEVZARA	88	lamivudine	50
KEYTRUDA	37	lamivudine-zidovudine	50
KINRIX (PF)	89	lamotrigine	24
kionex (with sorbitol)	70	LAMPIT	43
KISQALI	37	lansoprazole	73
KISQALI FEMARA CO-PACK	37	LANTUS SOLOSTAR U-100 INSULIN	54
klor-con m10	70	LANTUS U-100 INSULIN	54
KLOR-CON M15	70	larin fe 1.5/30 (28)	81

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larin fe 1/20 (28)	81	levocarnitine (with sugar)	70
larin 1.5/30 (21)	81	levocetirizine	109
larin 1/20 (21)	81	levofloxacin	20
larin 24 fe	81	levofloxacin in d5w	20
larissia	81	levoleucovorin calcium	38
LARTRUVO	38	levonest (28)	81
latanoprost	106	levonorg-eth estrad triphasic	81
LATUDA	46	levonorgestrel-ethinyl estrad	81
laxative (bisacodyl)	118	levora-28	81
laxative (sennosides)	118	levothyroxine	84
ledipasvir-sofosbuvir	50	LEVOXYL	84
leflunomide	89	LEXIVA	50
LENVIMA	38	LIBTAYO	38
lessina	81	lice killing	118
LETAIRIS	109	lice treatment	118
letrozole	38	lice treatment (permethrin)	118
leucovorin calcium	38	lidocaine	16, 118
LEUKERAN	38	lidocaine hcl	16
leuprolide	85	lidocaine viscous	16
LEVEMIR FLEXTOUCH U-100 INSULN	54	lidocaine-prilocaine	16
LEVEMIR U-100 INSULIN	54	lillow (28)	81
levetiracetam	24	lincomycin	20
levetiracetam in nacl (iso-os)	24	lindane	43
LEVO-T	84	linezolid	20
levobunolol	106	linezolid in dextrose 5%	20
levocarnitine	70	linezolid-0.9% sodium chloride	20

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LINZESS	73	lubricant eye	118
liothyronine	84	LUMIGAN	106
liquitears	118	LUMIZYME	74
lisinopril	61	LUMOXITI	38
lisinopril-hydrochlorothiazide	61	LUPRON DEPOT	85
LITE TOUCH INSULIN PEN NEEDLES	99	LUPRON DEPOT (3 MONTH)	85
LITE TOUCH INSULIN SYRINGE	99	LUPRON DEPOT (4 MONTH)	85
lithium carbonate	53	LUPRON DEPOT (6 MONTH)	85
lithium citrate	53	LUPRON DEPOT-PED	85
LITHOSTAT	99	LUPRON DEPOT-PED (3 MONTH)	85
lo-zumandimine (28)	81	lutera (28)	81
lojaimiess	81	lyllana	81
LOKELMA	70	LYNPARZA	38
LONSURF	38	LYSODREN	85
loperamide	118	lyza	81
lopinavir-ritonavir	50		M
loratadine	118	M-M-R II (PF)	89
lorazepam	52, 53	m-natal plus	70
lorazepam intensol	53	MAG-AL PLUS	118
LORBRENA	38	mag-al plus extra strength	118
loryna (28)	81	MAGELLAN INSULIN SAFETY SYRNG	99
losartan	61	MAGELLAN SYRINGE	99
losartan-hydrochlorothiazide	61	MAGNEBIND 300	118
lovastatin	62	magnesium oxide	118
low-ogestrel (28)	81	magnesium sulfate in d5w	70
loxapine succinate	46	magnesium sulfate in water	70

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malathion	43	MEPHYTON	112
mapap (acetaminophen)	118	mercaptopurine	39
mapap extra strength	118	meropenem	21
maprotiline	28	meropenem-0.9% sodium chloride	21
marlissa (28)	81	mesalamine	91
MARPLAN	28	MESNEX	39
MARQIBO	38	metaproterenol	109
MATULANE	38	metformin	54
MAXI-COMFORT INSULIN SYRINGE	99	methadone	15
MAXICOMFORT II PEN NEEDLE	99	methazolamide	62
MAXICOMFORT INSULIN SYRINGE	99	methenamine hippurate	21
MAXICOMFORT SAFETY PEN NEEDLE	99	methergine	99
meclizine	29, 118	methimazole	86
medroxyprogesterone	81	METHITEST	81
mefloquine	43	methocarbamol	111
megestrol	81	methotrexate sodium	89
MEKINIST	38	methotrexate sodium (pf)	89
MEKTOVI	38	methoxsalen	67
meloxicam	15	methyldopa	62
melphalan	38	methyldopa-hydrochlorothiazide	62
melphalan hcl	38	methylgonovine	99
memantine	26	methylphenidate hcl	65
MENACTRA (PF)	89	methylprednisolone	77
MENEST	81	methylprednisolone acetate	77
MENQUADFI (PF)	89	methylprednisolone sodium succ	77
MENVEO A-C-Y-W-135-DIP (PF)	89	metipranolol	106

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metoclopramide hcl	29	mintox	119
metolazone	62	mintox maximum strength	119
metoprolol succinate	62	mintox plus	119
metoprolol ta-hydrochlorothiaz	62	mirtazapine	28
metoprolol tartrate	62	misoprostol	73
metronidazole	21	mitomycin	39
metronidazole in nacl (iso-os)	21	mitoxantrone	39
metyrosine	62	modafinil	111
mi-acid	119	moexipril	62
miconazole nitrate	119	molindone	46
miconazole 7	119	mometasone	77
miconazole-3	31, 119	MONJUVI	89
MICRODOT INSULIN PEN NEEDLE	99	MONOJECT INSULIN SAFETY SYRING	99
microgestin fe 1.5/30 (28)	81	MONOJECT INSULIN SYRINGE	100
microgestin fe 1/20 (28)	81	MONOJECT SYRINGE	100
microgestin 1.5/30 (21)	81	MONOJECT ULTRA COMFORT INSULIN	100
microgestin 1/20 (21)	81	montelukast	109
microgestin 24 fe	81	morphine	15
midodrine	62	morphine concentrate	15
migraine formula	119	motion relief (meclizine)	119
migraine relief	119	motion sickness (meclizine)	119
mili	82	motion sickness relief	119
milk of magnesia	119	motion-time	119
MINI ULTRA-THIN II	99	MOVANTIK	73
minocycline	21	moxifloxacin	21
minoxidil	62	MOZOBIL	57

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MULTAQ	62	naproxen sodium	15, 119
mupirocin	21	naratriptan	32
muro 128	119	NARCAN	17
MUSTARGEN	39	nasal decongestant (pseudoeph)	119
MUTAMYCIN	39	NATACYN	31
MVASI	39	nateglinide	55
my way	119	NATPARA	92
MYALEPT	73	natura-lax	119
mycophenolate mofetil	89	natural balance tears	119
mycophenolate mofetil (hcl)	89	natural fiber laxative (sugar)	119
mycophenolate sodium	89	natural fiber laxative therapy	119
MYFORTIC	89	natural veg laxative(sennosid)	119
MYLOTARG	39	nature's tears	119
myorisan	67	nausea relief	119
MYRBETRIQ	75	NAYZILAM	24
myzilra	82	NEBUPENT	43
N			
		necon 0.5/35 (28)	82
nabumetone	15	nefazodone	28
nadolol-bendroflumethiazide	62	neo-polycin	106
nafcillin	21	neo-polycin hc	106
nafcillin in dextrose iso-osm	21	neomycin	21
NAGLAZYME	74	neomycin-bacitracin-poly-hc	106
naloxone	17	neomycin-bacitracin-polymyxin	106
naltrexone	17	neomycin-polymyxin b-dexameth	106
NAMZARIC	26	neomycin-polymyxin-gramicidin	106
naproxen	15	neomycin-polymyxin-hc	106, 107

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NEPHRAMINE 5.4 %	70	NITYR	74
NERLYNX.....	39	NIVESTYM	57, 58
NEULASTA	57	non-aspirin pain relief	120
NEULASTA ONPRO	57	non-drowsy allergy	120
NEUPOGEN	57	noreth-ethinyl estradiol-iron	82
NEUPRO	44	norethindrone (contraceptive)	82
nevirapine	50	norethindrone ac-eth estradiol	82
NEXAVAR	39	norethindrone acetate	82
niacor	62	norethindrone-e.estradol-iron	82
NICODERM CQ.....	119	norgestimate-ethinyl estradiol	82
nicorelief	119	norlyda	82
NICORETTE	119	NORMOSOL-M IN 5 % DEXTROSE	70
nicotine	120	NORMOSOL-R	70
nicotine (polacrilex)	120	NORMOSOL-R IN 5 % DEXTROSE	70
NICOTROL NS	17	NORMOSOL-R PH 7.4	70
nifedipine	62	NORTHERA	62
nikki (28).....	82	nortrel 0.5/35 (28)	82
nilutamide	39	nortrel 1/35 (21)	82
nimodipine	62	nortrel 1/35 (28)	82
NINLARO	39	nortrel 7/7/7 (28)	82
nitixinone	74	nortriptyline	28
nitrofurantoin	21	NORVIR	50
nitrofurantoin macrocrystal	21	NOVOFINE AUTOCOVER	100
nitrofurantoin monohyd/m-cryst	21	NOVOFINE PLUS	100
nitroglycerin	62	NOVOFINE 32	100
NITROSTAT	62	novolin n flexpen	55

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NOVOLIN N NPH U-100 INSULIN	55	octreotide acetate	85
novolin r flexpen	55	ODEFSEY	50
NOVOLIN R REGULAR U-100 INSULN	55	ODOMZO	39
novolin 70-30 flexpen u-100	55	OFEV	109
NOVOLIN 70/30 U-100 INSULIN	55	ofloxacin	21
NOVOLOG FLEXPEN U-100 INSULIN	55	ogestrel (28)	82
NOVOLOG MIX 70-30 U-100 INSULN	55	OGIVRI	39
NOVOLOG MIX 70-30FLEXPEN U-100	55	olanzapine	46
NOVOLOG PENFILL U-100 INSULIN	55	olmesartan	62
NOVOLOG U-100 INSULIN ASPART	55	olmesartan-hydrochlorothiazide	62
NOVOPEN ECHO	100	olopatadine	106
NOVOTWIST	100	omega-3 acid ethyl esters	62
NOXAFIL	31	omeprazole	73
NUBEQA	39	OMNITROPE	78
NUCALA	109	ONCASPAR	39
NUEDEXTA	65	ondansetron	29
NUPLAZID	46	ondansetron hcl	29
NUTRILIPID	70	ondansetron hcl (pf)	29
NUZYRA	21	ONIVYDE	39
NUZYRA (7 DAY WITH LOAD DOSE)	21	ONUREG	39
NUZYRA (7 DAY)	21	opcicon one-step	120
nyamyc	31	OPDIVO	39
nystatin	31	OPSUMIT	109
nystatin-triamcinolone	31	option-2	120
nystop	31	oralone	66
O		ORBACTIV	21

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ORFADIN	74	pamidronate	92
ORKAMBI	109	PANRETIN	39
orsythia	82	pantoprazole	73
oseltamivir	50	paraplatin	39
OSPHENA	82	paricalcitol	92
oxaliplatin	39	paroex oral rinse	66
oxandrolone	82	paramomycin	21
oxazepam	53	paroxetine hcl	28
oxcarbazepine	24	PASER	32
oxybutynin chloride	75	PAXIL	28
oxycodone	15, 16	PAZEO	106
oxycodone-acetaminophen	16	PEDIA-LAX	120
oxycodone-aspirin	16	pedia-lax stool softener	120
OZEMPIC	55	PEDIARIX (PF)	89
P		PEDVAX HIB (PF)	89
PACERONE	62	peg 3350-electrolytes	73
paclitaxel	39	peg-electrolyte soln	73
PADCEV	39	PEGANONE	24
PAIN AND FEVER	120	PEMAZYRE	39
pain relief (acetaminophen)	120	PEN NEEDLE	100
pain relief extra strength	120	PEN NEEDLE, DIABETIC	100
pain relief regular strength	120	penicillamine	70
pain reliever (acetaminophen)	120	penicillin g potassium	21
pain reliever extra strength	120	penicillin g procaine	21
pain reliever plus	120	penicillin g sodium	21
paliperidone	46	penicillin v potassium	21

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PENTACEL (PF)	89	PHISIOLYTE	100
PENTAM	43	PHYSIOSOL IRRIGATION	100
pentamidine	43	PIFELTRO	50
pentazocine-naloxone	16	pilocarpine hcl	66, 106
PENTIPS	100	pimecrolimus	67
pentoxifylline	62	pimozide	46
peptic relief	120	pimtrea (28)	82
PERFOROMIST	109	pindolol	63
PERIKABIVEN	70	pink bismuth	120
perindopril erbumine	62	pioglitazone	55
periogard	66	piperacillin-tazobactam	22
PERJETA	39	PIQRAY	39
permethrin	43	pirmella	82
perphenazine	46	piroxicam	16
perphenazine-amitriptyline	28	PLAN B ONE-STEP	120
PERSERIS	46	PLASMA-LYTE A	70
pizerpen-g	21	PLASMA-LYTE 148	70
pharbedryl	120	pnv ob+dha	70
pharbetol	120	podofilox	67
phenelzine	28	POLIVY	39
phenobarbital	24, 25	polycin	106
PHENYTEK	25	polyethylene glycol 3350	120
phenytoin	25	polymyxin b sulf-trimethoprim	106
phenytoin sodium	25	polymyxin b sulfate	22
phenytoin sodium extended	25	POMALYST	40
PHOSPHOLINE IODIDE	106	portia 28	82

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PORTRAZZA	40	prednisolone	77
posaconazole	31	prednisolone acetate	106
potassium chlorid-d5-0.45%nacl	70	prednisolone sodium phosphate	77, 106
potassium chloride	70	prednisone	77
potassium chloride in lr-d5	71	prednisone intensol	77
potassium chloride in water	71	pregabalin	65
potassium chloride in 0.9%nacl	70	PREMARIN	82
potassium chloride in 5 % dex	70	PREMASOL 10 %	71
potassium chloride-d5-0.2%nacl	71	PREMASOL 6 %	71
potassium chloride-d5-0.3%nacl	71	PRENATABS FA	71
potassium chloride-d5-0.9%nacl	71	prenatal plus (calcium carb)	71
potassium chloride-0.45 % nacl	71	prevalite	63
potassium citrate	71	PREVENT DROPSAFE PEN NEEDLE	100
POTELIGEO	40	previfem	82
povidone-iodine	120	PREZCOBIX	50
pr natal 400	71	PREZISTA	50
pr natal 400 ec	71	PRIFTIN	32
pr natal 430	71	primaquine	43
pr natal 430 ec	71	primidone	25
pramipexole	44	PRIMSOL	22
pramoxine	120	PRO COMFORT ALCOHOL PADS	100
prasugrel	58	PRO COMFORT INSULIN SYRINGE	100
pravastatin	63	PRO COMFORT PEN NEEDLE	101
prazosin	63	probenecid	31
PRED-G	106	probenecid-colchicine	31
PRED-G S.O.P.	106	procainamide	63

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PROCALAMINE 3%	71	PROSHIELD PLUS	120
prochlorperazine	29	protriptyline	28
prochlorperazine edisylate	29	pseudoephedrine hcl	120
prochlorperazine maleate	29	PULMOZYME	109
procto-med hc	77	puralube	120
procto-pak	77	PURE COMFORT ALCOHOL PADS	101
PROCTOFOAM	120	PURE COMFORT PEN NEEDLE	101
proctosol hc	77	PURIXAN	40
proctozone-hc	77	PYLERA	73
PRODIGY INSULIN SYRINGE	101	pyrazinamide	32
progesterone	82	pyridostigmine bromide	32
progesterone micronized	82	pyridoxine (vitamin b6)	112
PROGLYCEM	55		Q
PROGRAF	89	QINLOCK	40
PROLEUKIN	40	QUADRACEL (PF)	89
PROLIA	92	quasense	82
PROMACTA	58	quetiapine	47
promethazine	29	quinapril	63
promethazine-codeine	112	quinapril-hydrochlorothiazide	63
promethazine-phenyleph-codeine	112	quinidine gluconate	63
propafenone	63	quinidine sulfate	63
proparacaine	106	quine sulfate	43
propranolol	63		R
propranolol-hydrochlorothiazid	63	RABAVERT (PF)	89
propylthiouracil	86	raloxifene	82
PROQUAD (PF)	89	ramipril	63
		ranolazine	63

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rasagiline	44	RETACRIT	58
RAYALDEE	92	RETEVMO	40
ready-to-use enema	120	RETROVIR	50
reclipsen (28)	82	REVCOVI	74
RECOMBIVAX HB (PF)	89, 90	REVLIMID	40
RECTIV	67	REXULTI	47
reese's pinworm medicine	120	REYATAZ	50
REFRESH LACRI-LUBE	120	RHOPRESSA	106
REFRESH P.M.	121	ribavirin	50, 51
REGRANEX	67	RIDAURA	90
REGULOID (PSYLLIUM HUSK-SUCRO)	121	rifabutin	32
reguloid, sugar free	121	rifampin	33
RELENZA DISKHALER	50	RIFATER	33
RELION NEEDLES	101	riluzole	65
RELION PEN NEEDLES	101	rimantadine	51
RELISTOR	73	ringer's	71, 101
REMEDY ANTIFUNGAL	121	RINVOQ	90
REMEDY NUTRASHIELD SKIN PROTEC	121	risedronate	92
RENELA	71	RISPERDAL CONSTA	47
repaglinide	55	risperidone	47
REPATHA PUSHTRONEX	63	ritonavir	51
REPATHA SURECLICK	63	RITUXAN	40
REPATHA SYRINGE	63	RITUXAN HYCELA	40
RESCRIPTOR	50	rivastigmine tartrate	26, 27
RESTASIS	106	rizatriptan	32
RESTASIS MULTIDOSE	106	robafen	121

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robafen dm	121	SANDIMMUNE	90
robafen dm cough	121	SANDOSTATIN LAR DEPOT	85
robafen dm cough-chest congest	121	SANTYL	67
ROCKLATAN	106	SAPHRIS	47
romidepsin	40	sapropterin	74
ropinirole	44	SARCLISA	40
rosuvastatin	63	SAVELLA	65
ROTARIX	90	scopolamine base	29
ROTATEQ VACCINE	90	SECUADO	47
roweepra	25	selegiline hcl	44
roweepra xr	25	SELZENTRY	51
ROZLYTREK	40	senna	121
RUBRACA	40	senna lax	121
RUCONEST	90	senna laxative	121
rufinamide	25	senna leaf	121
RUKOBIA	51	senna plus	121
RULOX	121	senna-s	121
RUXIENCE	40	senna-time s	121
RUZURGI	65	sennosides-docusate sodium	121
RYBELSUS	55	SENOKOT	121
RYDAPT	40	SENOKOT EXTRA STRENGTH	121
S		SENOKOT-S	121
SAFESNAP INSULIN SYRINGE	101	SENSIPAR	92
SAFETY PEN NEEDLE	101	SEREVENT DISKUS	109
SAMSCA	71	sertraline	28
SANCUSO	29	setlakin	82

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sevelamer carbonate	71	sodium chloride 5 %	71
sharobel	82	sodium ferric gluconat-sucrose	112
SHINGRIX (PF)	90	sodium lactate	72
SIGNIFOR	85	sodium phenylbutyrate	74
SILACE	121	sodium polystyrene (sorb free)	72
siladryl sa	121	sodium polystyrene sulfonate	72
sildenafil (pulm.hypertension)	110	sofosbuvir-velpatasvir	51
siltussin dm das	121	SOLIQUA 100/33	55
siltussin sa	121	SOLTAMOX	40
siltussin-dm	121	SOLU-MEDROL	77
silver sulfadiazine	22	SOLU-MEDROL (PF)	77
simliya (28)	82	SOMATULINE DEPOT	85
SIMULECT	90	SOMAVERT	86
simvastatin	63	SORBITOL	121
sirolimus	90	sorine	63
SIRTURO	33	sotalol	63
SIVEXTRO	22	sotalol af	63
SKYRIZI	67	SPIRIVA RESPIMAT	110
SLYND	83	SPIRIVA WITH HANDIHALER	110
SMOFLIPID	71	spironolacton-hydrochlorothiaz	63
sodium bicarbonate	71, 121	spironolactone	63
SODIUM BICARBONATE (BULK)	121	sprintec (28)	83
sodium chloride	71, 101,	SPRITAM	25
.....	121	SPRYCEL	40
sodium chloride 0.45 %	71	SPS (WITH SORBITOL)	72
sodium chloride 0.9 %	71	sronyx	83
sodium chloride 3 %	71		

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SSD	22	sulfacetamide-prednisolone	106
stavudine	51	sulfadiazine	22
STELARA	67	sulfamethoxazole-trimethoprim	22
STIMATE	78	sulfasalazine	91
STIOLTO RESPIMAT	110	sulindac	16
STIVARGA	40	sumatriptan	32
stomach relief	121	sumatriptan succinate	32
stomach relief max strength	121	suphedrin	122
stomach relief original	122	SUPRAX	22
stool softener	122	SUPREP BOWEL PREP KIT	73
stool softener (docusate cal)	122	SURE COMFORT ALCOHOL PREP PADS	101
stool softener-laxative	122	SURE COMFORT INS. SYR. U-100	101
stool softener-stimulant laxat	122	SURE COMFORT INSULIN SYRINGE	101
STRENSIQ	74	SURE COMFORT PEN NEEDLE	101
streptomycin	22	SURE-FINE PEN NEEDLES	101
STRIBILD	51	SURE-JECT INSULIN SYRINGE	102
STRIVERDI RESPIMAT	110	SURE-PREP ALCOHOL PREP PADS	102
subvenite	25	SUTENT	40
subvenite starter (blue) kit	25	swim ear	122
subvenite starter (green) kit	25	syeda	83
subvenite starter (orange) kit	25	SYLATRON	51
SUCRAID	74	SYLVANT	90
sucralfate	73	SYMBICORT	110
sudogest	122	SYMFI	51
sulfacetamide sodium	22	SYMFILO	51
sulfacetamide sodium (acne)	22	SYMJEPI	110

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SYMLINPEN 120	55	tazarotene	67
SYMLINPEN 60	55	TAZORAC	67
SYMPAZAN	25	taztia xt	63
SYMTUZA	51	TAZVERIK	41
SYNAREL	86	TDVAX	90
SYNERCID	22	TECENTRIQ	41
SYNJARDY	55	TECFIDERA	65, 66
SYNJARDY XR	55, 56	TECHLITE INSULIN SYR HALF UNIT	102
SYNRIBO	40	TECHLITE INSULIN SYRINGE	102
SYNTROID	84	TECHLITE PEN NEEDLE	102
SYSTANE NIGHTTIME	122	TEFLARO	22
T		telmisartan	63
TABLOID	40	telmisartan-amlodipine	64
TABRECTA	40	temazepam	111
tacrolimus	67, 90	TEMIXYS	51
tadalafil (pulm. hypertension)	110	TEMODAR	41
TAFINLAR	40	temsirolimus	41
TAGRISSO	40	TENIVAC (PF)	90
TALZENNA	40, 41	tenofovir disoproxil fumarate	51
tamoxifen	41	terazosin	64
tamsulosin	75	terbinafine hcl	31, 122
TARGETIN	41	terconazole	31
tarina fe 1-20 eq (28)	83	TERUMO INSULIN SYRINGE	102
tarina fe 1/20 (28)	83	testosterone	83
tarina 24 fe	83	testosterone cypionate	83
TASIGNA	41	testosterone enanthate	83

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TETANUS,DIPHTHERIA TOX PED(PF)	90	tizanidine	48
tetrabenazine	66	TOBI PODHALER	110
THALOMID	41	tobramycin	22
theophylline	110	tobramycin sulfate	22
thiamine hcl (vitamin b1)	112	tobramycin-dexamethasone	107
THINPRO INSULIN SYRINGE	102	TOLAK	67
THIOLA	75	tolterodine	75
thioridazine	47	tolvaptan	72
thiotepa	41	TOPCARE CLICKFINE	102
thiothixene	47	TOPCARE ULTRA COMFORT	102
THYROLAR-1	84	topiramate	25
THYROLAR-1/2	84	topotecan	41
THYROLAR-1/4	84	toremifene	41
THYROLAR-2	84	torsemide	64
THYROLAR-3	84	TOUJEO MAX U-300 SOLOSTAR	56
tiadylt er	64	TOUJEO SOLOSTAR U-300 INSULIN	56
tiagabine	25	TOVIAZ	75
TIBSOVO	41	TPN ELECTROLYTES	72
tigecycline	22	TRACLEER	110
tilia fe	83	TRADJENTA	56
timolol maleate	64, 107	tramadol	16
timolol maleate (pf)	107	tramadol-acetaminophen	16
tinidazole	22	trandolapril	64
tioconazole-1	122	tranexamic acid	58
TIVICAY	51	tranylcypromine	28
TIVICAY PD	51	TRAVASOL 10 %	72

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TRAVATAN Z	107	tri-vylibra lo	83
travel sickness	122	triamcinolone acetonide	66, 77
TRAVEL SICKNESS (MECLIZINE)	122	triamterene-hydrochlorothiazid	64
travoprost	107	triderm	77
TRAZIMERA	41	trientine	72
trazodone	28	trifluoperazine	47
TREANDA	41	trifluridine	51
TRECATOR	33	trihexyphenidyl	44
TRELEGY ELLIPTA	110	TRIJARDY XR	56
TRELSTAR	86	TRIKAFTA	110
TRESIBA FLEXTOUCH U-100	56	triklo	64
TRESIBA FLEXTOUCH U-200	56	trilyte with flavor packets	73
TRESIBA U-100 INSULIN	56	trimethobenzamide	30
tretinoin	67	trimethoprim	22
tretinoin (antineoplastic)	41	trimipramine	28
TREXALL	90	TRINTELLIX	28
tri-femynor	83	TRIPLE ANTIBIOTIC	122
tri-buffered aspirin	122	triple antibiotic plus	122
tri-legest fe	83	TRISENOX	41
tri-lo-estarrylla	83	TRIUMEQ	51
tri-lo-mili	83	trivora (28)	83
tri-lo-sprintec	83	TRODELVY	41
tri-mili	83	TROGARZO	51
tri-previfem (28)	83	TROPHAMINE 10 %	72
tri-sprintec (28)	83	TROPHAMINE 6%	72
tri-vylibra	83	TRUE COMFORT ALCOHOL PADS	102

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TRUE COMFORT INSULIN SYRINGE	103	ULTICARE	103
TRUE COMFORT PEN NEEDLE	103	ULTICARE INSULIN SYR HALF UNIT	103
TRUEPLUS INSULIN	103	ULTICARE INSULIN SYRINGE	103
TRUEPLUS PEN NEEDLE	103	ULTICARE PEN NEEDLE	103
TRULICITY	56	ULTIGUARD SAFE PACK	103
TRUMENBA	90	ULTILET ALCOHOL SWAB	103
TRUVADA	51	ULTILET INSULIN SYRINGE	103
TRUXIMA	41	ULTILET PEN NEEDLE	103
TUKYSA	41	ULTRA CMFT INS SYR HALF UNIT	104
tulana	83	ULTRA COMFORT INSULIN SYRINGE	104
TUMS	122	ULTRA FLO INSULIN SYRINGE	104
TUMS E-X	122	ULTRA FLO PEN NEEDLE	104
TUMS EXTRA STRENGTH SMOOTHIES	122	ULTRA THIN PEN NEEDLE	104
TURALIO	41	ULTRA-THIN II (SHORT) INS SYR	104
tusnel diabetic	122	ULTRA-THIN II (SHORT) PEN NDL	104
tussin dm	122	ULTRA-THIN II INS PEN NEEDLES	104
tussin dm clear	122	ULTRA-THIN II INSULIN SYRINGE	104
tussin dm max	122	ULTRACARE INSULIN SYRINGE	104
tussin mucus-chest congestion	122	ULTRACARE PEN NEEDLE	104
TWINRIX (PF)	90	UNIFINE PENTIPS	104
TYBLUME	83	UNIFINE PENTIPS MAXFLOW	105
TYBOST	51	UNIFINE PENTIPS PLUS	105
TYKERB	41	UNIFINE PENTIPS PLUS MAXFLOW	105
TYPHIM VI	90	UNIFINE SAFECONTROL	105
U		UNITHROID	84
UDENYCA	58	UNITUXIN	41

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ursodiol	73	venlafaxine	28
UVADEX	67	VENOFER	112
V			
		VENTOLIN HFA	110
valacyclovir	51	verapamil	64
VALCHLOR	41	VERIFINE PEN NEEDLE	105
valganciclovir	51	VERIPRED 20	77
valproate sodium	25	VERSACLOZ	47
valproic acid	25	VERZENIO	42
valproic acid (as sodium salt)	25	VICTOZA 2-PAK	56
valsartan	64	VICTOZA 3-PAK	56
valsartan-hydrochlorothiazide	64	VIDEX EC	51
VALTOCO	25	VIDEX 2 GRAM PEDIATRIC	51
vanadom	111	VIDEX 4 GRAM PEDIATRIC	51
VANAMINE PD	122	vienna	83
vancomycin	22	vigabatrin	25
VANISHPOINT INSULIN SYRINGE	105	vigadroner	26
VANISHPOINT SYRINGE	105	VIIBRYD	28
VAQTA (PF)	90	VIMPAT	26
VARIVAX (PF)	90	vinblastine	42
VARIZIG	90	vincasar pfs	42
VASCEPA	64	vincristine	42
VECTIBIX	41	vinorelbine	42
VELCADE	41	viorele (28)	83
velvet triphasic regimen (28)	83	VIRACEPT	52
VENCLEXTA	41, 42	VIRAMUNE	52
VENCLEXTA STARTING PACK	42	VIREAD	52

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VISTOGARD	105	XALKORI	42
vitamin d2	112	XARELTO	58
vitamin k1	112	XARELTO DVT-PE TREAT 30D START	58
VITRAKVI	42	XATMEP	91
vits a and d-white pet-lanolin	122	XCOPRI	26
VIVITROL	17	XCOPRI MAINTENANCE PACK	26
VIZIMPRO	42	XCOPRI TITRATION PACK	26
volnea (28)	83	XELJANZ	91
voriconazole	31	XGEVA	92
VOSEVI	52	XIFAXAN	73
VOTRIENT	42	XOFLUZA	52
VRAYLAR	47	XOLAIR	91
vylibra	83	XOSPATA	42
VYNDAMAX	64	XPOVIO	42
VYNDAQEL	64	XTAMPZA ER	16
VYXEOS	42	XTANDI	42
W		XULTOPHY 100/3.6	56
wal-zyr (cetirizine)	122	XYREM	111
warfarin	58	Y	
water for irrigation, sterile	105	YERVOY	42
WEBCOL	105	YF-VAX (PF)	91
WELCHOL	64	YONDELIS	42
wera (28)	83	yuvafem	83
WINRHO SDF	91	Z	
wixela inhuh	110	zafirlukast	110
wymzya fe	83	ZALTRAP	42
X		ZANOSAR	42

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zarah	84	ZYDELIG	43
ZARXIO	58	ZYKADIA	43
ZEJULA	42	ZYPREXA RELPREVV	47
ZELBORA <small>F</small>	42	1ST TIER UNIFINE PENTIPS	93
zenatane	67	1ST TIER UNIFINE PENTIPS PLUS	93
ZEPZELCA	42	3 day vaginal	112
ZERBAXA	22	3-day vaginal	112
zidovudine	52		
ZIEXTENZO	58		
zinc oxide	122		
ziprasidone hcl	47		
ziprasidone mesylate	47		
ZIRABEV	42		
ZIRGAN	52		
zoledronic acid	92		
zoledronic acid-mannitol-water	92		
ZOLINZA	42		
zolpidem	111		
zonisamide	26		
ZORTRESS	91		
ZOSTAVAX (PF)	91		
zovia 1-35 (28)	84		
zovia 1/35e (28)	84		
ZUBSOLV	17		
ZULRESSO	29		
zumandimine (28)	84		

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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.

Pain.....	14 Heart-related conditions.....	58
Local pain.....	16 Nervous system conditions.....	65
Addiction and substance abuse.....	16 Dental and oral conditions.....	66
Bacterial infections.....	17 Skin conditions.....	66
Seizures.....	23 Vitamin deficiencies.....	67
Dementia.....	26 Gastrointestinal conditions.....	72
Depression.....	27 Genetic disorders.....	74
Nausea and vomiting.....	29 Bladder and prostate conditions.....	75
Fungal infections.....	30 Inflammation.....	75
Gout.....	31 Pituitary hormone replacement.....	78
Migraines.....	32 Sex hormone imbalances.....	78
Myasthenia gravis.....	32 Thyroid hormone replacement.....	84
Tuberculosis.....	32 Adrenal cancer.....	85
Cancer.....	33 Pituitary hormone conditions.....	85
Parasitic infections.....	43 Overactive thyroid conditions.....	86
Parkinson's disease.....	44 Immune system conditions and vaccines.....	86
Mood and psychological conditions.....	45 Crohn's disease and ulcerative colitis.....	91
Muscle spasms.....	47 Bone conditions.....	92
Viral infections.....	48 Miscellaneous.....	93
Anxiety.....	52 Eye conditions.....	105
Bipolar disorder.....	53 Ear conditions.....	107
Diabetes.....	53 Asthma and COPD.....	107
Blood clotting.....	56 Muscle relaxants.....	111

Sleep disorders.....	111
Non-Part D Rx Drugs.....	111
Over the Counter Drugs.....	112



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.

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 aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1-800-787-3311 (TTY 711).

If you believe that Humana Inc. or 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
1-800-787-3311, or if you use a TTY, call 711.

You can file a grievance by mail or phone. If you need help filing a grievance, Customer Service is available to help you.

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 (телефон: 711)**.

ગુજરાતી (Gujarati): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક 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): Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiik'eh, éí ná hólq, koji' hódíílnih **1-800-787-3311 (TTY: 711)**.

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم **1-800-787-3311** (رقم هاتف الصم والبكم: 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।

(Urdu): وڈراؤ

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)**.

Notes

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. THIS FORMULARY WAS UPDATED ON 12/11/2020. FOR MORE RECENT INFORMATION OR OTHER QUESTIONS, CONTACT US AT 1-800-787-3311 (TTY: 711), 8 A.M. to 8 P.M., MONDAY THROUGH FRIDAY, CENTRAL TIME. THIS CALL IS FREE.

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