

\$0 preventive medication coverage



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

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

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

Covered preventive medication (with a doctor's prescription)	Who's eligible
Aspirin	Adults 45–79 to prevent cardiovascular disease; pregnant women to prevent preeclampsia
Atorvastatin, lovastatin and simvastatin	Adults 40 and older to prevent cardiovascular disease
Colonoscopy bowel preparation medications	Adults 50–75 for preventive screening colonoscopy
Contraceptives	Women of reproductive age to prevent pregnancy
Fluoride	Children 6 months to 6 years whose primary water source is deficient in fluoride
Folic acid	Women who plan to become pregnant or may become pregnant
Prevention of Human Immunodeficiency Virus (HIV) Infection: Pre-Exposure Prophylaxis [HIV PrEP]	Persons at risk of contracting HIV
Preventive vaccines	Children and adults as recommended by the Advisory Committee on Immunization Practices (ACIP)
Smoking-cessation medications	Adults 18 and older
Tamoxifen and raloxifene	Women who are at increased risk for breast cancer and at low risk for adverse medication effects

¹Coverage is dependent upon the plan. Terms of the policy control.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write Humana, or your Humana insurance agent or broker. In the event of any disagreement between this communication and the plan document, the plan document will control.

Humana
Pharmacy Solutions.

\$0 Preventive Medication Coverage

Effective January 1, 2022

Humana is committed to meeting your unique healthcare needs. Listed below are preventive medicines available to you at no cost.* The medicines listed below were selected based upon the guidance issued by the United States Preventive Services Task Force (USPSTF) and the Patient Protection and Affordable Care Act (ACA) requirements.

This list may not apply to all healthcare plans and may change over time subject to new preventive care recommendations or federal guidance. To understand your plan's prescription drug benefit, sign in to **Humana.com**. You can also call a Humana Customer Service representative at the phone number on the back of your Humana member ID card. Some restrictions may apply.

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

*You must have a prescription from your doctor for us to process a claim for preventive medicines or products under your pharmacy plan. This includes over-the-counter items. Other contraceptive drugs may be available to you at no cost if medically necessary. To ask for a medical necessity review for a contraceptive drug, your health care provider can contact HCPR (Humana Clinical Pharmacy Review) at **800-555-2546 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Category	Label Name	Utilization Management Requirement
Aspirin	adult aspirin regimen 81 mg tablet, delayed release- MM	
	adult low dose aspirin 81 mg tablet, delayed release- MM	
	aspirin 81 mg chewable tablet- MM	
	aspirin childrens 81 mg chewable tablet- MM	
	aspirin ec 81 mg tablet- MM	
	BAYER CHEWABLE LOW DOSE ASPIRIN 81 MG TABLET- MM	
	bayer low dose aspirin 81 mg tablet, delayed release- MM	
	children's aspirin 81 mg chewable tablet- MM	
	ecotrin low strength 81 mg tablet, enteric coated- MM	
	st joseph aspirin 81 mg chewable tablet- MM	
	st. joseph aspirin 81 mg tablet, delayed release- MM	
	VAZALORE 81 MG CAPSULE- MM	
Bowel Prep	CLENPIQ 10 MG-3.5 GRAM-12 GRAM/160 ML ORAL SOLUTION	
	constulose 10 gram/15 ml oral solution- MM	
	gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution	
	gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution	
	gavilyte-n solution	
	lactulose 10 gm/15 ml solution- MM	
	lactulose 20 gm/30 ml solution- MM	
	peg 3350-electrolyte solution	
	peg-3350 and electrolytes soln	
	peg-prep 5 mg-210 gram oral kit	
	trilyte with flavor packets	

Category	Label Name	Utilization Management Requirement
Breast Cancer Risk Reduction	anastrozole 1 mg tablet- MM	QL May Apply
	raloxifene hcl 60 mg tablet- MM	QL May Apply
	tamoxifen 10 mg tablet- MM	
Contraceptives	tamoxifen 20 mg tablet- MM	
	afirmelle 0.1 mg-20 mcg tablet- MM	
	after pill 1.5 mg tablet	
	AFTERA 1.5 MG TABLET	
	altavera (28) 0.15 mg-0.03 mg tablet- MM	
	alyacen 1/35 (28) 1 mg-35 mcg tablet- MM	
	alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet- MM	
	amethyst (28) 90 mcg-20 mcg tablet- MM	
	apri 0.15 mg-0.03 mg tablet- MM	
	aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet- MM	
	ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack- MM	QL May Apply
	aubra 0.1 mg-20 mcg tablet- MM	
	aubra eq 0.1 mg-20 mcg tablet- MM	
	aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet- MM	
	aurovela 1/20 (21) 1 mg-20 mcg tablet- MM	
	aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet- MM	
	aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet- MM	
	aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet- MM	
	aviane 0.1 mg-20 mcg tablet- MM	
	ayuna 0.15 mg-0.03 mg tablet- MM	
	azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet- MM	
	balziva (28) 0.4 mg-35 mcg tablet- MM	
	bekyree 28 day tablet- MM	
	blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet- MM	
	blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet- MM	
	blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet- MM	
	briellyn 0.4 mg-35 mcg tablet- MM	
	camila 0.35 mg tablet- MM	
	caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet- MM	
	chateal (28) 0.15 mg-0.03 mg tablet- MM	
	chateal eq (28) 0.15 mg-0.03 mg tablet- MM	
	cryselle (28) 0.3 mg-30 mcg tablet- MM	
	cyclafem 1-35-28 tablet- MM	
	cyclafem 7-7-7-28 tablet- MM	
	cyred 0.15 mg-0.03 mg tablet- MM	
	cyred eq 0.15 mg-0.03 mg tablet- MM	
	dasetta 1/35 (28) 1 mg-35 mcg tablet- MM	
	dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet- MM	
	deblitane 0.35 mg tablet- MM	
	desogestrel-ee 0.15-0.03 mg tb- MM	

Category	Label Name	Utilization Management Requirement
	desogestr-eth estrad eth estra- MM	
	dolishale 90 mcg-20 mcg (28) tablet- MM	
	drospirenone-ee 3-0.02 mg tab- MM	
	drospirenone-ee 3-0.03 mg tab- MM	
	econtra ez 1.5 mg tablet	
	econtra one-step 1.5 mg tablet	
	elinest 0.3 mg-30 mcg tablet- MM	
	ELLA 30 MG TABLET	QL May Apply
	eluryng 0.12 mg-0.015 mg/24 hr vaginal ring- MM	QL May Apply
	emoquette 28 day tablet- MM	
	enpresse 50-30 (6)/75-40(5)/125-30(10) tablet- MM	
	enskyce 0.15 mg-0.03 mg tablet- MM	
	errin 0.35 mg tablet- MM	
	estarylla 0.25 mg-35 mcg tablet- MM	
	ethynodiol-eth estra 1mg-35mcg- MM	
	ethynodiol-eth estra 1mg-50mcg- MM	
	etonogestrel-ee vaginal ring- MM	QL May Apply
	falmina (28) 0.1 mg-20 mcg tablet- MM	
	FC2 FEMALE CONDOM	
	FEMCAP 22 MM VAGINAL DEVICE	
	FEMCAP 26 MM VAGINAL DEVICE	
	FEMCAP 30 MM VAGINAL DEVICE	
	femynor 0.25 mg-35 mcg tablet- MM	
	finzala 1 mg-20 mcg (24)/75 mg (4) chewable tablet- MM	
	gemmily 1 mg-20 mcg (24)/75 mg (4) capsule- MM	
	hailey 1.5 mg-30 mcg tablet- MM	
	hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet- MM	
	hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet- MM	
	hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet- MM	
	heather 0.35 mg tablet- MM	
	iclevia 0.15 mg-30 mcg (91) tablets,3 month dose pack- MM	QL May Apply
	incassia 0.35 mg tablet- MM	
	isibloom 0.15 mg-0.03 mg tablet- MM	
	jaimiess 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack- MM	QL May Apply
	jasmiel (28) 3 mg-0.02 mg tablet- MM	
	jencycla 0.35 mg tablet- MM	
	jolessa 0.15 mg-30 mcg (91) tablets,3 month dose pack- MM	QL May Apply
	juleber 0.15 mg-0.03 mg tablet- MM	
	junel 1.5/30 (21) 1.5 mg-30 mcg tablet- MM	
	junel 1/20 (21) 1 mg-20 mcg tablet- MM	

Category	Label Name	Utilization Management Requirement
	junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet- MM	
	junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet- MM	
	junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet- MM	
	kalliga 0.15 mg-0.03 mg tablet- MM	
	kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet- MM	
	kelnor 1/35 (28) 1 mg-35 mcg tablet- MM	
	kelnor 1-50 (28) 1 mg-50 mcg tablet- MM	
	kurvelo (28) 0.15 mg-0.03 mg tablet- MM	
	KYLEENA 17.5 MCG/24 HRS (5YRS) 19.5MG INTRAUTERINE DEVICE- MM	
	larin 1.5/30 (21) 1.5 mg-30 mcg tablet- MM	
	larin 1/20 (21) 1 mg-20 mcg tablet- MM	
	larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet- MM	
	larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet- MM	
	larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet- MM	
	larissia-28 tablet- MM	
	lessina 0.1 mg-20 mcg tablet- MM	
	levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet- MM	
	levono-e estrad 0.15-0.03-0.01- MM	QL May Apply
	levonor-e estrad 0.1-0.02-0.01- MM	QL May Apply
	levonor-eth estrad 0.09-0.02 mg- MM	
	levonor-eth estrad 0.1-0.02 mg- MM	
	levonor-eth estrad 0.15-0.03- MM	QL May Apply
	levonor-eth estrad triphasic- MM	
	levonorgestrel 1.5 mg tablet	
	levora-28 0.15 mg-0.03 mg tablet- MM	
	LILETTA 20.1 MCG/24 HRS (6 YRS) 52 MG INTRAUTERINE DEVICE- MM	
	lillow-28 tablet- MM	
	LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET- MM	
	lojaimiess 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack- MM	QL May Apply
	loryna (28) 3 mg-0.02 mg tablet- MM	
	low-ogestrel (28) 0.3 mg-30 mcg tablet- MM	
	lo-zumandimine (28) 3 mg-0.02 mg tablet- MM	
	lutra (28) 0.1 mg-20 mcg tablet- MM	
	lyleq 0.35 mg tablet- MM	
	lyza 0.35 mg tablet- MM	
	marlissa (28) 0.15 mg-0.03 mg tablet- MM	
	medroxyprogesterone 150 mg/ml- MM	QL May Apply
	merzee 1 mg-20 mcg (24)/75 mg (4) capsule- MM	
	microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet- MM	
	microgestin 1/20 (21) 1 mg-20 mcg tablet- MM	
	microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet- MM	

Category	Label Name	Utilization Management Requirement
	microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet- MM	
	microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet- MM	
	mili 0.25 mg-35 mcg tablet- MM	
	MIRENA 20 MCG/24 HOURS (8 YRS) 52 MG INTRAUTERINE DEVICE- MM	
	mono-lynyah 0.25 mg-35 mcg tablet- MM	
	my choice 1.5 mg tablet	
	my way 1.5 mg tablet	
	NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET- MM	
	necon 0.5/35 (28) 0.5 mg-35 mcg tablet- MM	
	new day 1.5 mg tablet	
	NEXPLANON 68 MG SUBDERMAL IMPLANT	
	nikki (28) 3 mg-0.02 mg tablet- MM	
	nora-be 0.35 mg tablet- MM	
	noreth-ee-fe 1 mg/20-30-35 mcg- MM	
	noreth-ee-fe 1.5-0.03mg(21)-75- MM	
	noreth-ee-fe 1-0.02(21)-75 tab- MM	
	norethind-eth estrad 1-0.02 mg- MM	
	norethindrone 0.35 mg tablet- MM	
	norethin-ee 1.5-0.03 mg(21) tb- MM	
	norg-ee 0.18-0.215-0.25/0.025- MM	
	norg-ee 0.18-0.215-0.25/0.035- MM	
	norgestimate-ee 0.25-0.035 mg- MM	
	norg-ethin estra 0.25-0.035 mg- MM	
	norlyda 0.35 mg tablet- MM	
	nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet- MM	
	nortrel 1/35 (21) 1 mg-35 mcg tablet- MM	
	nortrel 1/35 (28) 1 mg-35 mcg tablet- MM	
	nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet- MM	
	nylia 1/35 (28) 1 mg-35 mcg tablet- MM	
	nylia 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet- MM	
	nymyo 0.25 mg-35 mcg tablet- MM	
	ocella 3 mg-0.03 mg tablet- MM	
	opcicon one-step 1.5 mg tablet	
	option-2 1.5 mg tablet	
	orsythia-28 tablet- MM	
	PARAGARD T 380A 380 SQUARE MM INTRAUTERINE DEVICE- MM	
	philith 0.4 mg-35 mcg tablet- MM	
	pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet- MM	
	pirmella 0.5/0.75/1 mg-35 mcg tablet- MM	
	pirmella 1 mg-35 mcg tablet- MM	
	portia 28 0.15 mg-0.03 mg tablet- MM	
	previfem tablet- MM	
	reclipsen (28) 0.15 mg-0.03 mg tablet- MM	
	setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack- MM	

QL May
Apply

Category	Label Name	Utilization Management Requirement
	sharobel 0.35 mg tablet- MM	
	simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet- MM	
	simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack- MM	QL May Apply
	SKYLA 14 MCG/24 HRS (3 YRS) 13.5 MG INTRAUTERINE DEVICE- MM	
	sprintec (28) 0.25 mg-35 mcg tablet- MM	
	sronyx 0.1 mg-20 mcg tablet- MM	
	syeda 3 mg-0.03 mg tablet- MM	
	tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet- MM	
	tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet- MM	
	tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) tablet- MM	
	taysofy 1 mg-20 mcg (24)/75 mg (4) capsule- MM	
	TODAY CONTRACEPTIVE SPONGE 1,000 MG VAGINAL CONTRACEPTIVE SPONGE	
	tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet- MM	
	tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet- MM	
	tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet- MM	
	tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet- MM	
	tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet- MM	
	tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tablet- MM	
	tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet- MM	
	tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet- MM	
	tri-nymyo 0.18/0.215/0.25 mg-35 mcg(28) tablet- MM	
	tri-previfem tablet- MM	
	tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet- MM	
	trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet- MM	
	tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet- MM	
	tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tablet- MM	
	tulana 0.35 mg tablet- MM	
	TYBLUME 0.1 MG-20 MCG CHEWABLE TABLET- MM	
	vcf contraceptive 4 % vaginal gel	
	velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet- MM	
	vienna 0.1 mg-20 mcg tablet- MM	
	viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet- MM	
	volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet- MM	
	vyfemla (28) 0.4 mg-35 mcg tablet- MM	
	vylibra 0.25 mg-35 mcg tablet- MM	
	wera (28) 0.5 mg-35 mcg tablet- MM	
	WIDE-SEAL DIAPHRAGM 60 MM VAGINAL	
	WIDE-SEAL DIAPHRAGM 65 MM VAGINAL	
	WIDE-SEAL DIAPHRAGM 70 MM VAGINAL	
	WIDE-SEAL DIAPHRAGM 75 MM VAGINAL	
	WIDE-SEAL DIAPHRAGM 80 MM VAGINAL	
	WIDE-SEAL DIAPHRAGM 85 MM VAGINAL	
	WIDE-SEAL DIAPHRAGM 90 MM VAGINAL	
	WIDE-SEAL DIAPHRAGM 95 MM VAGINAL	

Category	Label Name	Utilization Management Requirement
	xulane 150 mcg-35 mcg/24 hr transdermal patch- MM	QL May Apply
	zafemy 150 mcg-35 mcg/24 hr transdermal patch- MM	QL May Apply
	zarah 3 mg-0.03 mg tablet- MM	
	zovia 1-35 (28) 1 mg-35 mcg tablet- MM	
	zovia 1-35e tablet- MM	
	zumandimine (28) 3 mg-0.03 mg tablet- MM	
Flu Pneu Vaccines	AFLURIA QUAD 2022-2023(6MO UP) 60 MCG (15 MCG X 4)/0.5 ML IM SUSP	
	AFLURIA QUAD 2022-23(3YR UP)(PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	
	COMIRNATY COVID-19 VACCINE VL	
	COMIRNATY TRIS VACCINE(PF) 30 MCG/0.3 ML INTRAMUSCULAR SUSPENSION	
	FLUAD QUAD 2022-2023(65YR UP)(PF) 60 MCG (15 MCG X 4)/0.5ML IM SYRINGE	
	FLUARIX QUAD 2022-2023 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	
	FLUBLOK QUAD 2022-2023 (PF) 180 MCG (45 MCG X 4)/0.5 ML IM SYRINGE	
	FLUCELVAX QUAD 2022-2023 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	
	FLUCELVAX QUAD 2022-2023 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION	
	FLULAVAL QUAD 2022-2023 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	
	FLUMIST QUAD 2022-2023 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY SYRINGE	
	FLUZONE HIGH-DOSE QUAD 2022-2023 (PF) 240 MCG/0.7 ML IM SYRINGE	
	FLUZONE QUAD 2022-2023 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION	
	FLUZONE QUAD 2022-2023 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	
	FLUZONE QUAD 2022-2023 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP.	
	JANSSEN COVID-19 VACCINE (PF) 0.5 ML INTRAMUSCULAR SUSPENSION (EUA)	
	MODERNA COVID BOOST (OR 6-11Y PRIMARY)(PF) 50 MCG/0.5 ML IM SUSP (EUA)	
	MODERNA COVID(6-11Y) VACC(EUA)	
	MODERNA COVID-19 (12 YR UP) VACCINE (PF) 100 MCG/0.5 ML IM SUSP (EUA)	
	MODERNA COVID-19 BIVALENT BOOST(18Y UP)(PF) 50 MCG/0.5 ML IM SUSP(EUA)	
	MODERNA COVID-19 VACCINE(6MO-5YR)(PF) 25 MCG/0.25 ML IM SUSP (EUA)	
	NOVAVAX COVID-19 VACCINE,ADJUVANTED (PF) 5 MCG/0.5 ML IM SUSPEN (EUA)	
	PFIZER COVID-19 BIVALENT BOOST(12Y UP)(PF) 30 MCG/0.3 ML IM SUSP (EUA)	
	PFIZER COVID-19 BIVALENT BOOST(5-11YR)(PF) 10 MCG/0.2 ML IM SUSP(UNAP)	
	PFIZER-BIONT COVID19 TRIS (12Y UP) VACC(PF)30 MCG/0.3 ML IM SUSP(GRAY)	
	PFIZER-BIONT COVID19 TRIS(5-11Y) VACC(PF)10 MCG/0.2 ML IM SUSP(ORANGE)	
	PFIZER-BIONT COVID19 TRIS(6M-4Y) VACC(PF) 3 MCG/0.2 ML IM SUSP(MAROON)	
	PFIZER-BIONTECH COVID-19 VACCINE (PF) 30 MCG/0.3 ML IM SUSP (PURPLE)	
	PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SOLUTION	
	PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SYRINGE	
	PREVNAR 13 (PF) 0.5 ML INTRAMUSCULAR SYRINGE	
	PREVNAR 20 (PF) 0.5 ML INTRAMUSCULAR SYRINGE	
	SANOFI COVID-19 VACCINE BOOSTER-ANTIGEN COMPONENT(PF) IM EMUL (UNAPP)	
	SPIKEVAX (PF) 100 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	
	VAXNEUVANCE 0.5 ML INTRAMUSCULAR SYRINGE	
Fluoride	fluoride 0.25 mg tablet chew- MM	
	fluoride 0.5 mg tablet chew- MM	
	fluoride 1 mg tablet chewable- MM	

Category	Label Name	Utilization Management Requirement
	fluoritab 0.5 mg tablet chew- MM	
	FLUORITAB 1 MG TABLET CHEW- MM	
	ludent fluoride 0.25 mg fluoride (0.55 mg sod.fluorid) chewable tablet- MM	
	ludent fluoride 0.5 mg fluoride (1.1 mg sod.fluoride) chewable tablet- MM	
	ludent fluoride 1 mg fluoride (2.2 mg sodium fluoride) chewable tablet- MM	
	sodium fluoride 0.25 (0.55) mg- MM	
	sodium fluoride 0.5 mg(1.1 mg)- MM	
	sodium fluoride 0.5 mg/ml drop- MM	
	sodium fluoride 1 mg (2.2 mg)- MM	
HIV PrEP	emtricitabine-tenofv 200-300mg- MM	QL May Apply
Prenatal Folic Acid	BRAINSTRONG PRENATAL 33 MG IRON-800 MCG-350 MG ORAL PACK- MM	
	CLASSIC PRENATAL 28 MG IRON-800 MCG TABLET- MM	
	EXPECTA PRENATAL 28 MG IRON-800 MCG-200 MG ORAL PACK- MM	
	fa-8 0.8 mg capsule- MM	
	folic acid 0.4 mg tablet- MM	
	folic acid 0.8 mg tablet- MM	
	folic acid 400 mcg tablet- MM	
	folic acid 800 mcg capsule- MM	
	folic acid 800 mcg tablet- MM	
	kpn tablet- MM	
	MULTI-MAC 15 MG IRON-1,750 MCG DFE TABLET- MM	
	ONE A DAY WOMEN'S PRENATAL DHA 28 MG IRON-800 MCG ORAL PACK- MM	
	one daily prenatal 28 mg-800 mcg-440 mg oral pack- MM	
	ONE-A-DAY PRENATAL-1 27 MG IRON-800 MCG-235 MG CAPSULE- MM	
	PERRY PRENATAL 13.5 MG-0.4 MG CAPSULE- MM	
	prenatal + dha 28 mg iron-800 mcg-200 mg oral pack- MM	
	prenatal 28 mg iron-800 mcg tablet- MM	
	prenatal 28 mg-800 mcg tablet- MM	
	PRENATAL 400 MCG CHEWABLE TABLET- MM	
	prenatal complete 14 mg iron-400 mcg tablet- MM	
	prenatal formula 28 mg iron-800 mcg tablet- MM	
	PRENATAL FORMULA-DHA 28 MG-800 MCG-200 MG CAPSULE- MM	
	PRENATAL GUMMIES 400 MCG-35 MG-25 MG-5 MG CHEWABLE TABLET- MM	
	prenatal multi 27 mg-800 mcg tablet- MM	
	prenatal multi-dha (algal oil) 27 mg iron-800 mcg-250 mg capsule- MM	
	prenatal multi-dha (with vitamin k) 27 mg iron-800 mcg-260 mg capsule- MM	
	prenatal multivitamins 28 mg iron-800 mcg tablet- MM	
	prenatal one daily 27 mg iron-800 mcg tablet- MM	
	prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet- MM	
	prenatal plus dha 27 mg iron-1 mg-312 mg-250 mg oral pack- MM	
	prenatal tablet 28 mg iron-800 mcg- MM	
	prenatal tablet- MM	
	prenatal vitamin 27 mg iron-0.8 mg tablet- MM	
	prenatal vitamin 27 mg iron-800 mcg tablet- MM	

Category	Label Name	Utilization Management Requirement
	prenatal vitamins plus low iron 27 mg iron-1 mg tablet- MM	
	prenatal vitamins with minerals 28 mg iron-800 mcg tablet- MM	
	prenatal with dha and folic acid 400 mcg-32.5 mg chewable tablet- MM	
	ra folic acid 0.4 mg tablet- MM	
	ra folic acid 800 mcg tablet- MM	
	SIMILAC PRENATAL 27 MG IRON-800 MCG-200 MG ORAL PACK- MM	
	STUART ONE 27 MG IRON-800 MCG-200 MG CAPSULE- MM	
	ULTRA PRENATAL PLUS DHA 27 MG-800 MCG-250 MG-200 MG CAPSULE- MM	
Prev Vaccines	ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION	
	ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE	
	ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP	
	BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE	
	BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION	
	BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE	
	COMIRNATY COVID-19 VACCINE VL	
	COMIRNATY TRIS VACCINE(PF) 30 MCG/0.3 ML INTRAMUSCULAR SUSPENSION	
	DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP	
	DIPHThERIA-TETANUS TOXOIDS-PED	
	ENGRIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION	
	ENGRIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE	
	ENGRIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE	
	GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION	
	GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE	
	HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE	
	HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE	
	HEPLISAV-B (PF) 20 MCG/0.5 ML INTRAMUSCULAR SYRINGE	
	HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION	
	INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE	
	INFANRIX DTAP VIAL	
	IPOLE 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION	
	JANSSEN COVID-19 VACCINE (PF) 0.5 ML INTRAMUSCULAR SUSPENSION (EUA)	
	KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE	
	KINRIX VIAL	
	MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION	
	MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT	
	MENVEO MENA COMPONENT (PF) 10 MCG/0.5 ML (FINAL) IM SOLUTION	
	MENVEO MENCYW-135 COMPONENT (PF) 5 MCG X 3/0.5 ML (FINAL) IM SOLUTION	
	M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION	
	MODERNA COVID BOOST (OR 6-11Y PRIMARY)(PF) 50 MCG/0.5 ML IM SUSP (EUA)	
	MODERNA COVID(6-11Y) VACC(EUA)	
	MODERNA COVID-19 (12 YR UP) VACCINE (PF) 100 MCG/0.5 ML IM SUSP (EUA)	
	MODERNA COVID-19 BIVALENT BOOST(18Y UP)(PF) 50 MCG/0.5 ML IM SUSP(EUA)	
	MODERNA COVID-19 VACCINE(6MO-5YR)(PF) 25 MCG/0.25 ML IM SUSP (EUA)	
	NOVAVAX COVID-19 VACCINE,ADJUVANTED (PF) 5 MCG/0.5 ML IM SUSPEN (EUA)	
	PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE	

Category	Label Name	Utilization Management Requirement
	PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION	
	PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT	
	PENTACEL ACTHIB COMPONENT (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION	
	PENTACEL DTAP-IPV COMPONENT (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML IM SUSP	
	PFIZER COVID-19 BIVALENT BOOST(12Y UP)(PF) 30 MCG/0.3 ML IM SUSP (EUA)	
	PFIZER COVID-19 BIVALENT BOOST(5-11YR)(PF) 10 MCG/0.2 ML IM SUSP(UNAP)	
	PFIZER-BIONT COVID19 TRIS (12Y UP) VACC(PF)30 MCG/0.3 ML IM SUSP(GRAY)	
	PFIZER-BIONT COVID19 TRIS(5-11Y) VACC(PF)10 MCG/0.2 ML IM SUSP(ORANGE)	
	PFIZER-BIONT COVID19 TRIS(6M-4Y) VACC(PF) 3 MCG/0.2 ML IM SUSP(MAROON)	
	PFIZER-BIONTECH COVID-19 VACCINE (PF) 30 MCG/0.3 ML IM SUSP (PURPLE)	
	PREHEVBRIO (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION	
	PRIORIX (PF) 10EXP3.4-4.2-3.3 CCID50/0.5ML SUBCUTANEOUS SUSPENSION	
	PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION	
	QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	
	QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE	
	RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION	
	RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SYRINGE	
	RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION	
	RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	
	RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE	
	ROTARIX 10EXP6 CCID50/ML SUSPENSION	
	ROTATEQ VACCINE 2 ML ORAL SOLUTION	
	SANOFI COVID-19 VACCINE BOOSTER-ANTIGEN COMPONENT(PF) IM EMUL (UNAPP)	
	SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT	
	SPIKEVAX (PF) 100 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	
	TDVAX 2 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	
	TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	
	TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE	
	TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE	
	TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE	
	VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	
	VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SYRINGE	
	VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION	
	VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SYRINGE	
	VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION	
	VAXELIS (PF) 15 UNIT-5 UNIT-10 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	
	VAXELIS (PF) 15 UNIT-5 UNIT-10 MCG/0.5 ML INTRAMUSCULAR SYRINGE	
	ZOSTAVAX VIAL	
Smoking Cessation	apo-varenicline 0.5 mg tablet	QL May Apply
	apo-varenicline 1 mg tablet	QL May Apply
	bupropion hcl sr 150 mg tablet	QL May Apply
	CHANTIX 0.5 MG TABLET	QL May Apply

Category	Label Name	Utilization Management Requirement
	CHANTIX 1 MG TABLET	QL May Apply
	CHANTIX CONTINUING MONTH BOX 1 MG TABLET	QL May Apply
	CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK	QL May Apply
	NICODERM CQ 14 MG/24 HR DAILY TRANSDERMAL PATCH	
	NICODERM CQ 21 MG/24 HR DAILY TRANSDERMAL PATCH	
	NICODERM CQ 7 MG/24 HR DAILY TRANSDERMAL PATCH	
	NICORETTE 2 MG BUCCAL LOZENGE	
	NICORETTE 2 MG BUCCAL MINI LOZENGE	
	NICORETTE 2 MG GUM	
	NICORETTE 4 MG BUCCAL LOZENGE	
	NICORETTE 4 MG BUCCAL MINI LOZENGE	
	NICORETTE 4 MG GUM	
	nicotine 14 mg/24hr patch	
	nicotine 2 mg chewing gum	
	nicotine 2 mg lozenge	
	nicotine 2 mg mini lozenge	
	nicotine 21 mg/24hr patch	
	nicotine 4 mg chewing gum	
	nicotine 4 mg lozenge	
	nicotine 4 mg mini lozenge	
	nicotine 7 mg/24hr patch	
	nicotine transdermal system	
	NICOTROL 10 MG INHALATION CARTRIDGE	
	NICOTROL NS 10 MG/ML NASAL SPRAY	
	quit 2 mg buccal lozenge	
	quit 2 mg gum	
	quit 4 mg buccal lozenge	
	quit 4 mg gum	
	stop smoking aid 2 mg buccal lozenge	
	stop smoking aid 4 mg buccal lozenge	
	varenicline 0.5 mg tablet	QL May Apply
	varenicline 1 mg tablet	QL May Apply
	varenicline starting month box	QL May Apply
Statins	atorvastatin 10 mg tablet- MM	
	atorvastatin 20 mg tablet- MM	
	atorvastatin 40 mg tablet- MM	
	atorvastatin 80 mg tablet- MM	
	lovastatin 10 mg tablet- MM	
	lovastatin 20 mg tablet- MM	
	lovastatin 40 mg tablet- MM	

Category	Label Name	Utilization Management Requirement
	simvastatin 10 mg tablet- MM	
	simvastatin 20 mg tablet- MM	
	simvastatin 40 mg tablet- MM	
	simvastatin 5 mg tablet- MM	
	simvastatin 80 mg tablet- MM	

Humana Plans are offered by the Family of Insurance and Health Plan Companies including Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plans of Michigan, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas,

Inc. – A Health Maintenance Organization or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Emphesys Insurance Company, or Humana Insurance of Puerto Rico, Inc. License # 00187-0009 or administered by Humana Insurance Company or Humana Health Plan, Inc.

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

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Our health benefit plans have limitations and exclusions.

Contraceptive coverage is subject to your employer's coverage selections.



Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **1-877-320-1235** or if you use a TTY, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'í béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'éh saad bee áká'ánída'áwo'déé nika'adoowot.

العربية (Arabic)

GCHJV5REN 0220

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك