$0 Preventive Medication Coverage

Effective December 1, 2023

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. For a member in Puerto Rico, your healthcare provider can contact HCPR in Puerto Rico at **866-488-5991** between 8am – 8pm, Monday – Friday.

Category	Label Name	Utilization Management Requirements
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	
	ft aspirin ec 81 mg tablet - 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	
	CLENPIQ 10 MG-3.5 GRAM-12 GRAM/175 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 soln cup - MM	
	lactulose 10 gm/15 ml solution - MM	
	lactulose 20 gm/30 ml soln cup - MM	
	lactulose 20 gm/30 ml solution - MM	

Category	Label Name	Utilization Management Requirements
	peg 3350-electrolyte solution	
	peg-3350 and electrolytes soln	
	peg-prep kit	
Breast Cancer RR	anastrozole 1 mg tablet - MM	QL May Apply
	raloxifene hcl 60 mg tablet - MM	QL May Apply
	tamoxifen 10 mg tablet - MM	
	tamoxifen 20 mg tablet - MM	
Contraceptives	afirmelle 0.1 mg-20 mcg tablet - MM	
	after pill 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	
	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	
	curae 1.5 mg tablet	
	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	

Category	Label Name	Utilization Management Requirements
	desogestrel-ee 0.15-0.03 mg tb - MM	
	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	
	enilloring 0.12 mg-0.015 mg/24 hr vaginal ring - MM	QL May Apply
	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 28 tablet - MM	
	finzala 1 mg-20 mcg (24)/75 mg (4) chewable tablet - 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	
	her style 1.5 mg tablet	
	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
	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	
	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	

Category	Label Name	Utilization Management Requirements
	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 estra 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 20.4 MCG/24 HRS (8 YRS) 52 MG INTRAUTERINE DEVICE - MM	
	lillow-28 tablet - MM	
	lojaimiess 0.1 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	
	lutera (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
	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	
	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 21 MCG/24 HOURS (8 YRS) 52 MG INTRAUTERINE DEVICE - MM	
	mono-linyah 0.25 mg-35 mcg tablet - MM	

Category	Label Name	Utilization Management Requirements
	my choice 1.5 mg tablet	
	my way 1.5 mg tablet	
	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	
	noret-estr-fe 0.4-0.035(21)-75 - 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	
	OMNIFLEX DIAPHRAGM 65 MM VAGINAL	
	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 1-35 28 tablet - MM	
	pirmella 7-7-7-28 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
	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	

Category	Label Name	Utilization Management Requirements
	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	
	tri femynor 28 tablet - MM	
	tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet - MM	
	tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) 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	
	turqoz (28) 0.3 mg-30 mcg 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	
	vienva 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	

Category	Label Name	Utilization Management Requirements
	WIDE-SEAL DIAPHRAGM 90 MM VAGINAL	
	WIDE-SEAL DIAPHRAGM 95 MM VAGINAL	
	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 2023-2024(6MO UP) 60 MCG (15 MCG X 4)/0.5 ML IM SUSP	
	AFLURIA QUAD 2023-24(3YR UP)(PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	
	COMIRNATY 2023-24 (12Y UP)(PF) 30 MCG/0.3 ML INTRAMUSCULAR SUSPENSION	
	COMIRNATY 2023-24 (12Y UP)(PF) 30 MCG/0.3 ML INTRAMUSCULAR SYRINGE	
	COMIRNATY 30MCG/0.3ML VAC-GRAY	
	FLUAD QUAD 2023-2024(65YR UP)(PF) 60 MCG (15 MCG X 4)/0.5ML IM SYRINGE	
	FLUARIX QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	
	FLUBLOK QUAD 2023-2024 (PF) 180 MCG (45 MCG X 4)/0.5 ML IM SYRINGE	
	FLUCELVAX QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	
	FLUCELVAX QUAD 2023-2024 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION	
	FLULAVAL QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	
	FLUMIST QUAD 2023-2024 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY SYRINGE	
	FLUZONE HIGH-DOSE QUAD 2023-24 (PF) 240 MCG/0.7 ML IM SYRINGE	
	FLUZONE QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	
	FLUZONE QUAD 2023-2024 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP.	
	JANSSEN COVID-19 VACCINE (EUA)	
	MODERNA COVID (12Y UP)VAC(EUA)	
	MODERNA COVID 2023-24(6MO-11YR)(PF) 25 MCG/0.25 ML IM SUSPENSION (EUA)	
	MODERNA COVID BIVAL(6MO UP)EUA	
	MODERNA COVID BIVAL(6MO-5Y)EUA	
	MODERNA COVID(6M-5Y) VACC(EUA)	
	MODERNA COVID-19 BOOSTER (EUA)	

Category	Label Name	Utilization Management Requirements
	NOVAVAX COVID 2023-2024(PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION(EUA)	
	NOVAVAX COVID-19 VACC,ADJ(EUA)	
	PFIZER COVID (12Y UP) VAC-GRAY	
	PFIZER COVID (5-11Y) VAC-ORANG	
	PFIZER COVID (6M-4Y)VAC-MAROON	
	PFIZER COVID 2023-24(5Y-11Y)(PF) 10 MCG/0.3 ML IM SUSPENSION (EUA)	
	PFIZER COVID 2023-24(6MO-4Y)(PF) 3 MCG/0.3 ML IM SUSPENSION (EUA)	
	PFIZER COVID BIVAL (12Y UP)EUA	
	PFIZER COVID BIVAL (5-11YR)EUA	
	PFIZER COVID BIVAL (6MO-4Y)EUA	
	PFIZER COVID-19 VACCINE-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	
	SPIKEVAX 2023-2024(12Y UP)(PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	
	SPIKEVAX 2023-2024(12Y UP)(PF) 50 MCG/0.5 ML INTRAMUSCULAR SYRINGE	
	SPIKEVAX COVID (18Y UP) VACC	
	VAXNEUVANCE (PF) 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	
	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	
	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	

Category	Label Name	Utilization Management Requirements
	folic acid 800 mcg capsule - MM	
	folic acid 800 mcg tablet - MM	
	kpn tablet - MM	
	NATAL PNV 6 MG IRON-833.5 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 400 MCG-25 MG CHEWABLE TABLET - MM	
	ONE-A-DAY PRENATAL-1 27 MG IRON-800 MCG-235 MG CAPSULE - MM	
	PERRY PRENATAL 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 tablet - MM	
	prenatal tablet 28 mg iron-800 mcg - MM	
	prenatal vitamin 27 mg iron-0.8 mg tablet - MM	
	prenatal vitamin 27 mg iron-800 mcg tablet - MM	
	prenatal vitamin 28 mg iron-800 mcg 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	
	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	ABRYSVO 120 MCG/0.5 ML INTRAMUSCULAR SOLUTION	
	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	
	AREXVY (PF) 120 MCG/0.5 ML IM SUSPENSION	

Category	Label Name	Utilization Management Requirements
	BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE	
	BEYFORTUS 100 MG/ML INTRAMUSCULAR SYRINGE	
	BEYFORTUS 50 MG/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 30MCG/0.3ML VAC-GRAY	
	DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP	
	DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUBCUTANEOUS SUSPENSION	
	DIPHTHERIA-TETANUS TOXOIDS-PED	
	ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION	
	ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE	
	ENGERIX-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	
	IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION	
	JANSSEN COVID-19 VACCINE (EUA)	
	KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE	
	MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION	
	MENQUADFI (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION	
	MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML IM KIT (2 VIALS)	
	MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML IM SOLUTION (1 VIAL)	
	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 (12Y UP)VAC(EUA)	
	MODERNA COVID 2023-24(6MO-11YR)(PF) 25 MCG/0.25 ML IM SUSPENSION (EUA)	
	MODERNA COVID BIVAL(6MO UP)EUA	

Category	Label Name	Utilization Management Requirements
	MODERNA COVID BIVAL(6MO-5Y)EUA	
	MODERNA COVID(6M-5Y) VACC(EUA)	
	MODERNA COVID-19 BOOSTER (EUA)	
	NOVAVAX COVID-19 VACC,ADJ(EUA)	
	PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE	
	PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION	
	PENBRAYA (PF) 5 MCG-120 MCG/0.5 ML INTRAMUSCULAR KIT	
	PENTACEL (PF) 15 LF-48 MCG-62 DU-10 MCG/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-62 DU/0.5 ML IM SUSP	
	PENTACEL DTAP-IPV COMPONENT VL	
	PENTACEL VIAL KIT	
	PFIZER COVID (12Y UP) VAC-GRAY	
	PFIZER COVID (5-11Y) VAC-ORANG	
	PFIZER COVID (6M-4Y)VAC-MAROON	
	PFIZER COVID 2023-24(5Y-11Y)(PF) 10 MCG/0.3 ML IM SUSPENSION (EUA)	
	PFIZER COVID 2023-24(6MO-4Y)(PF) 3 MCG/0.3 ML IM SUSPENSION (EUA)	
	PFIZER COVID BIVAL (12Y UP)EUA	
	PFIZER COVID BIVAL (5-11YR)EUA	
	PFIZER COVID BIVAL (6MO-4Y)EUA	
	PFIZER COVID-19 VACCINE-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 CCID50/1.5 ML ORAL SUSPENSION	
	ROTARIX VACCINE SUSPENSION	
	ROTATEQ VACCINE 2 ML ORAL SOLUTION	
	SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT	

Category	Label Name	Utilization Management Requirements
	SPIKEVAX COVID (18Y UP) VACC	
	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	
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 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	

Category	Label Name	Utilization Management Requirements
	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 cont month bx	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	
	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	

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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.

Humana.

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, ethnicity, marital status, religion, or language. 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 **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, **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: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 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. 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): Wódahí béésh bee hani'í bee wolta'ígíí bich'į' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'dęę niká'adoowoł.
العربية (Arabic)
الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

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