

\$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
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.

\$0 Preventive Medication Coverage

Effective January 1, 2020

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 1-800-555-2546, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

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		
	aspir-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		
	aspirin low dose 81 mg tablet, delayed release - MM		
	aspir-low ec 81 mg tablet - MM		
	BAYER CHEWABLE LOW DOSE ASPIRIN 81 MG TABLET - MM		
	children's aspirin 81 mg chewable tablet - MM		
	ecotrin low strength 81 mg tablet, enteric coated - MM		
	lo-dose aspirin 81 mg tablet, delayed release - MM		
	st joseph aspirin 81 mg chewable tablet - MM		
	st. joseph aspirin 81 mg tablet, delayed release - MM		
	Bowel Prep Aids	alophen (bisacodyl) 5 mg tablet, delayed release	
		bisacodyl ec 5 mg tablet	
bisa-lax (bisacodyl) 5 mg tablet, delayed release			
c-lax laxative (bisacodyl) 5 mg tablet, delayed release			
clearlax 17 gram oral powder packet		QL May Apply	
clearlax 17 gram/dose oral powder		QL May Apply	
CORRECTOL 5 MG TABLET			
ducodyl (bisacodyl) 5 mg tablet, delayed release			
DULCOLAX (BISACODYL) 5 MG TABLET, DELAYED RELEASE			
FLEET LAXATIVE (BISACODYL) 5 MG TABLET, DELAYED RELEASE			
gavilax 17 gram/dose oral powder	QL May Apply		

Category	Label Name	Utilization Management Requirements
	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 420 gram oral solution	
	gentle laxative (bisacodyl) 5 mg tablet,delayed release	
	gentlelax 17 gram/dose oral powder	QL May Apply
	glycolax 17 gram/dose oral powder	QL May Apply
	GOLYTELY 227.1 GRAM-21.5 GRAM-6.36 GRAM ORAL POWDER PACKET	
	GOLYTELY 236 GRAM-22.74 GRAM-6.74 GRAM-5.86 GRAM ORAL SOLUTION	
	healthylax 17 gram oral powder packet	QL May Apply
	laxaclear 17 gram/dose oral powder	QL May Apply
	laxative (bisacodyl) 5 mg tablet	
	laxative (bisacodyl) 5 mg tablet,delayed release	
	laxative feminine 5 mg tab	
	laxative peg 3350 17 gram/dose oral powder	QL May Apply
	milk of magnesia 400 mg/5 ml oral suspension	
	milk of magnesia suspension	
	MIRALAX 17 GRAM ORAL POWDER PACKET	QL May Apply
	MIRALAX 17 GRAM/DOSE ORAL POWDER	QL May Apply
	natura-lax 17 gram/dose oral powder	QL May Apply
	NULYTELY WITH FLAVOR PACKS 420 GRAM ORAL SOLUTION	
	peg 3350 electrolyte soln	
	peg 3350-electrolyte solution	
	peg-3350 and electrolytes soln	
	PHILLIPS MILK OF MAGNESIA 400 MG/5 ML ORAL SUSPENSION	
	polyethylene glycol 3350 powd	QL May Apply
	powderlax 17 gram oral powder packet	QL May Apply
	powderlax 17 gram/dose oral	QL May Apply
	purelax 17 gram oral powder packet	QL May Apply
	purelax 17 gram/dose oral powder	QL May Apply
	smoothlax 17 gram oral powder packet	QL May Apply
	smoothlax 17 gram/dose oral powder	QL May Apply
	SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION	
	trilyte with flavor packets 420 gram oral solution	
	woman's laxative (bisacodyl) 5 mg tablet	
	women's gentle laxative (bisacodyl) 5 mg tablet,delayed release	
	women's laxative (bisacodyl) 5 mg tablet	
	women's laxative (bisacodyl) 5 mg tablet,delayed release	
Breast Cancer Risk Reduction	raloxifene hcl 60 mg tablet - MM	QL May Apply
	tamoxifen 10 mg tablet - MM	
	tamoxifen 20 mg tablet - MM	

Category	Label Name	Utilization Management Requirements
Contraceptives	afirmelle 0.1 mg-20 mcg tablet - MM	
	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	
	amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack - MM	QL May Apply
	AMETHIA LO 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK - MM	QL May Apply
	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) 0.15 mg-0.02 mg (21)/0.01 mg (5) 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	
	CAMRESE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK - MM	QL May Apply
	CAMRESE LO 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK - MM	QL May Apply
	CAYA CONTOURED 65 MM-80 MM VAGINAL DIAPHRAGM	
	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) 1 mg-35 mcg tablet - MM	
	cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet - MM	
	cyred 0.15 mg-0.03 mg tablet - MM	
	cyred eq 0.15 mg-0.03 mg tablet - MM	

Category	Label Name	Utilization Management Requirements
	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	
	daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack - MM	QL May Apply
	deblitane 0.35 mg tablet - MM	
	DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE - MM	QL May Apply
	desogest-eth estra 0.15-0.03mg - MM	
	desogestr-eth estrad eth estra - MM	
	dros-ee-levomef 3-0.02-0.451 - MM	
	drosiprenone-ee 3-0.02 mg tab - MM	
	drosiprenone-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 0.15 mg-0.03 mg 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	
	fayosim 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack - MM	QL May Apply
	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	
	GIANVI (28) 3 MG-0.02 MG TABLET - MM	
	gynol ii 3 % vaginal gel	
	hailey 1.5 mg-30 mcg tablet - MM	
	hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet - MM	
	heather 0.35 mg tablet - MM	
	incassia 0.35 mg tablet - MM	
	introvale 0.15 mg-30 mcg (91) tablets,3 month dose pack - MM	QL May Apply
	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

Category	Label Name	Utilization Management Requirements
	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
	JOLIVETTE TABLET - MM	
	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	
	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 1 mg-50 mcg tablet - MM	
	kimidess 28 day 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 0.1 mg-20 mcg tablet - MM	
	LEENA 28 0.5 MG/1 MG/0.5 MG-35 MCG 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	
	levonorg 0.15mg-ee 20-25-30mcg - MM	QL May Apply
	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) 0.15 mg-0.03 mg tablet - MM	
	LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET - MM	
	loestrin 1.5/30 (21) 1.5 mg-30 mcg tablet - MM	
	loestrin 1/20 (21) 1 mg-20 mcg tablet - MM	

Category	Label Name	Utilization Management Requirements
	loestrin fe 1.5/30 (28-day) 1.5 mg-30 mcg (21)/75 mg (7) tablet - MM	
	loestrin fe 1/20 (28-day) 1 mg-20 mcg (21)/75 mg (7) 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	
	lutera (28) 0.1 mg-20 mcg 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 - 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	
	mircette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet - MM	
	MIRENA 20 MCG/24 HOURS (5 YRS) 52 MG INTRAUTERINE DEVICE - MM	
	mono-linyah 0.25 mg-35 mcg tablet - MM	
	MONONESSA 28 TABLET - MM	
	my choice 1.5 mg tablet	
	my way 1.5 mg tablet	
	myzilra-28 tablet - MM	
	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	
	NECON 7-7-7-28 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 1.5-0.03mg(21)-75 - MM	
	noreth-estradiol-fe 1-0.02(21)-75 - MM	
	norethind-eth estradiol 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	
	norg-ethin estradiol 0.25-0.035 mg - MM	
	norlyda 0.35 mg tablet - MM	

Category	Label Name	Utilization Management Requirements
	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	
	NUVARING 0.12 MG-0.015 MG/24 HR VAGINAL - MM	QL May Apply
	OCELLA 3 MG-0.03 MG TABLET - MM	
	ogestrel (28) 0.5 mg-50 mcg tablet - MM	
	opcicon one-step 1.5 mg tablet	
	option-2 1.5 mg tablet	
	orsythia 0.1 mg-20 mcg 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 0.25 mg-35 mcg tablet - MM	
	quasense 0.15-0.03 mg tablet - MM	QL May Apply
	rajani 28 tablet - MM	
	reclipsen (28) 0.15 mg-0.03 mg tablet - MM	
	RIVELSA 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK - MM	QL May Apply
	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	
	SLYND 4 MG (28) TABLET - 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	
	TAKE ACTION 1.5 MG TABLET	
	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	
	TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE - MM	
	TILIA FE 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET - 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	

Category	Label Name	Utilization Management Requirements
	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	
	TRINESSA LO TABLET - MM	
	TRINESSA TABLET - MM	
	tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg 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	
	VAGINAL CONTRACEPTIVE FILM 28 %	
	vaginal contraceptive foam 12.5 %	
	vcf contraceptive 4 % vaginal gel	
	VCF CONTRACEPTIVE FILM 28 % VAGINAL	
	velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet - MM	
	vestura 3 mg-0.02 mg tablet - MM	
	vienva 0.1 mg-20 mcg tablet - MM	
	violele (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	
	xulane 150 mcg-35 mcg/24 hr transdermal patch - MM	QL May Apply
	zarah 3 mg-0.03 mg tablet - MM	

Category	Label Name	Utilization Management Requirements
	zenchent 0.4 mg-35 mcg tablet - MM	
	zovia 1/35e (28) 1 mg-35 mcg tablet - MM	
	zumandimine (28) 3 mg-0.03 mg tablet - MM	
Flu Pneu Vaccines	AFLURIA QD 2019-20 (36 MOS UP)(PF)60 MCG (15 MCG X4)/0.5 ML IM SYRINGE	
	AFLURIA QD 2019-20 (6-35 MOS)(PF) 30 MCG(7.5 MCGX4)/0.25 ML IM SYRINGE	
	AFLURIA QUAD 2019-2020 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP.	
	FLUAD 2019-20 65YR UP(PF)45 MCG(15 MCGX3)/0.5 ML INTRAMUSCULAR SYRINGE	
	FLUARIX QUAD 2019-2020 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	
	FLUBLOK QUAD 2019-2020 (PF) 180 MCG (45 MCG X 4)/0.5 ML IM SYRINGE	
	FLUCELVAX QUAD 2019-2020 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	
	FLUCELVAX QUAD 2019-2020 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP	
	FLULAVAL QUAD 2019-2020 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	
	FLULAVAL QUAD 2019-2020 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP.	
	FLUMIST QUAD 2019-2020 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY SYRINGE	
	FLUZONE HIGH-DOSE 2019-20 (PF) 180 MCG/0.5 ML INTRAMUSCULAR SYRINGE	
	FLUZONE QUAD 2019-2020 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION	
	FLUZONE QUAD 2019-2020 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	
	FLUZONE QUAD 2019-2020 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP.	
	FLUZONE QUAD PEDI 2019-20 (PF) 30 MCG (7.5 MCG X 4)/0.25 ML IM SYRINGE	
	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	
Fluoride	FLUORABON 0.25 MG FLUORIDE (0.55 MG SODIUM FLUORIDE)/0.6 ML ORAL DROPS - MM	
	fluoride 0.25 mg tablet chew - MM	
	fluoride 0.5 mg tablet chew - MM	
	fluoride 1 mg tablet chewable - MM	
	fluoritab 0.5 mg fluoride (1.1 mg sodium fluoride) chewable tablet - MM	

Category	Label Name	Utilization Management Requirements
	FLUORITAB 1 MG FLUORIDE (2.2 MG SODIUM FLUORIDE) CHEWABLE TABLET - MM	
	flura-drops 0.25 mg fluoride (0.55 mg sodium fluoride)/drop oral - 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	
Prenatal Folic Acid	BRAINSTRONG PRENATAL 33 MG IRON-800 MCG-350 MG ORAL PACK - MM	
	CLASSIC PRENATAL 28 MG IRON-800 MCG TABLET - MM	
	daily prenatal 28 mg-800 mcg-440 mg oral pack - 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 9 MG IRON-267 MCG TABLET - MM	
	kpn tablet - MM	
	ONE A DAY WOMEN'S PRENATAL DHA 28 MG IRON-800 MCG ORAL PACK - MM	
	one daily prenatal 28 mg iron-800 mcg oral pack - MM	
	one daily prenatal 28 mg-800 mcg-440 mg oral pack - MM	
	ONE-A-DAY WOMEN'S PRENATAL 1 DHA-FA 28 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 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 gummy 400 mcg-35 mg-25 mg-5 mg chewable tablet - MM	
	prenatal multi 27 mg-800 mcg tablet - MM	

Category	Label Name	Utilization Management Requirements
	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 dha 18 mg iron-800 mcg-290 mg capsule and packet - 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 vitamins with minerals 28 mg iron-800 mcg tablet - MM	
	prenatal with dha and folic acid 400 mcg-32.5 mg chewable tablet - MM	
	right step prenatal vit tab - MM	
	SIMILAC PRENATAL 27 MG IRON-800 MCG-200 MG ORAL PACK - MM	
	STUART ONE 27 MG IRON-800 MCG-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	
	DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP	
	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	QL May Apply
	GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE	QL May Apply
	HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SUSPENSION	
	HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE	
	HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE	
	HAVRIX 720 UNITS/0.5 ML VIAL	
	HEPLISAV-B (PF) 20 MCG/0.5 ML INTRAMUSCULAR SYRINGE	
	HEPLISAV-B 20 MCG/0.5 ML VIAL	

Category	Label Name	Utilization Management Requirements
	HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION	
	INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP	
	INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE	
	IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION	
	KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION	
	KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE	
	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	
	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	
	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	
	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	
	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	
	SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT	QL May Apply
	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	

Category	Label Name	Utilization Management Requirements
	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	
	ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION	QL May Apply
Smoking Cessation	bupropion hcl sr 150 mg tablet	QL May Apply
	CHANTIX 0.5 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	
	nicorelief 2 mg gum	
	nicorelief 4 mg gum	
	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	

Category	Label Name	Utilization Management Requirements
	quit 4 mg gum	
	stop smoking aid 2 mg buccal lozenge	
	stop smoking aid 4 mg buccal lozenge	
	ZYBAN SR 150 MG TABLET	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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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 identity, 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 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, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

Complaint forms are available at **<https://www.hhs.gov/ocr/office/file/index.html>**.

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 hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiiik'eh saad bee áká'ánída'áwo'déé nika'adoowot.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك