

# Humana.

A more human way  
to healthcare™

Humana Group Medicare  
Humana Inc.  
P.O. Box 669  
Louisville, KY 40201-0669

## Important plan information

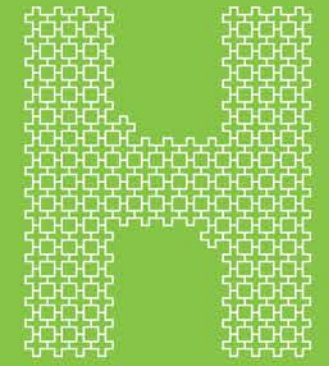


2022  
Humana  
Group  
Medicare



## Beyond healthcare

At Humana, we give you everything you expect from a healthcare plan, but that's just our starting point. We then find more ways to help, and more ways to support your health and your goals. That's human care, and it's just the way things ought to be.





## What's inside

- Welcome Letter
- Important Enrollment Information
- Medical Summary of Benefits
- Rx Summary of Benefits
- Guidebook
- Go365® Flyer
- Member to Provider Flyer
- Prescription Drug Guide

# What to expect after you enroll

## Enrollment confirmation

You'll receive a letter from Humana once the Centers for Medicare & Medicaid Services (CMS) confirms your enrollment.

## Humana member ID card

Your Humana member ID card will arrive in the mail shortly after you enroll.

## Evidence of Coverage (EOC)

This detailed booklet about your healthcare coverage with your plan will arrive in the mail. This will also include your privacy notice.

## Take your Medicare Health Assessment

CMS requires Humana to ask new members to complete a health survey within their first few months of enrollment.

It's nine simple questions about your health. Your answers will help us guide you to tools and resources available to help you reach your health goals. The information you provide will not affect your plan premiums or benefits.

**Once you have received your Humana member ID card or after your plan is effective, you can call our automated voice service anytime to take this survey at 1-888-445-3389 (TTY: 711).**

When you call, you'll be asked to provide your eight-digit member ID number located on the front of your Humana member ID card, so have your ID card handy.

# We're here for you!

Humana Group Medicare Customer Care

**1-800-733-9064 (TTY: 711)**

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **1-800-733-9064 (TTY: 711)** for more information.

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your Evidence of Coverage for additional details on what your plan may cover or other rules that may apply.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

# Welcome to Humana Group Medicare Advantage PPO Plan

## You will be automatically enrolled

Dear Group Medicare Beneficiary,

We're excited to let you know that **Sheet Metal Workers' Health Plan of Southern California, Arizona and Nevada** has asked Humana to offer you a Medicare Advantage and Prescription Drug PPO plan that gives you more benefits than Original Medicare.

At Humana, helping you achieve lifelong well-being is our mission. During our over 30 years of experience with Medicare, we've learned how to be a better partner in health.

### Get to know your plan

Review the enclosed materials. This packet includes information on your Group Medicare healthcare option along with extra services Humana provides.

- If you have questions about your premium, please call your benefits administrator at **1-800-947-4338 Ext 741 (TTY: 711)**, Monday – Friday, 7 a.m. - 11:45 a.m. and 12:45 p.m. - 4 p.m., Pacific Time.

### Next Steps

- For enrollment information, please refer to the document titled “Important Enrollment Information,” located in this packet.

We look forward to serving you now and for many years to come.

Sincerely,  
Group Medicare Operations

## We're here for you

**Humana Group Medicare Customer Care**

**1-800-733-9064 (TTY: 711)**, Monday – Friday, 5 a.m. – 6 p.m., Pacific time

**Humana.com**

# Important Enrollment Information

**Sheet Metal Workers' Health Plan of Southern California, Arizona and Nevada** is offering you the option to enroll in the Humana Group Medicare preferred provider organization (PPO) plan. If you want to enroll in this plan, please follow the instructions below. Your plan will start on the date set by your benefit administrator. **Enrollment in this plan will cancel your enrollment in a different Medicare Advantage or a Medicare Prescription Drug (Part D) plan.**

## How do I enroll?

If you want to enroll in this Group Medicare health plan, please contact the fund office at 1-800-947-4338 Ext 741.

## What do I need to know as a member of the Humana Group Medicare PPO plan?

This enrollment packet includes important information about this plan and what it covers, including a Summary of Benefits document. Please review this information carefully.

Once enrolled, you will receive an Evidence of Coverage document (also known as a member contract or subscriber agreement) from the Humana Group Medicare PPO plan. Please read the document to learn about the plan's coverage and services. As a member of the Humana Group Medicare PPO plan, you can appeal plan decisions about payment or services if you disagree. Enrollment in this plan is generally for the entire year.

When your Humana Group Medicare PPO plan begins, Humana will cover all medically necessary items and services, even if you get the services out of network. However, your member cost share may be lower if you use in-network providers. "In-network" means that your doctor or provider is on our list of participating providers. "Out-of-network" means that you are using someone who isn't on this list. The exception is for emergency care, out of area dialysis services, or urgently needed services.

**You must use network pharmacies to access Humana benefits, except under limited, non-routine circumstances when you can't reasonably use network pharmacies.**

You must keep Medicare Parts A and B as the Humana Group Medicare plan is a Medicare Advantage plan. **You must also continue to pay your Part B premium. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium.** You can enroll in only one Medicare Advantage plan at a time. You must let us know if you think you might be enrolled in a different Medicare Advantage plan or a Medicare prescription drug plan and inform us of any prescription drug coverage that you may get in the future.

## What happens if I don't join the Humana Group Medicare PPO plan?

You aren't required to be enrolled in this plan. **If you don't want to enroll** or have enrollment questions, **please contact the fund office at 1-800-947-4338, Monday through Friday, 7 a.m. to 11:45 a.m. and 12:45 p.m. to 4:00 p.m., Pacific Time.**

If you choose to join a different Medicare plan, you can contact **1-800-MEDICARE** anytime, 24 hours a day, 7 days a week, for help in learning how. TTY users can call **1-877-486-2048**. Your state may have counseling services through the State Health Insurance Assistance Program

(SHIP). They can provide you with personalized counseling and assistance when selecting a plan, including Medicare Supplement plans, Medicare Advantage plans and prescription drug plans. They can also help you find medical assistance through your state Medicaid program and the Medicare Savings Program.

### **What if I want to leave the Humana Group Medicare PPO plan?**

You can change or cancel your Humana coverage at any time and return to Original Medicare or another Medicare Advantage plan by using a special election. If you decide to disenroll, please contact the fund office at 1-800-947-4338, Monday through Friday, 7 a.m. to 11:45 a.m. and 12:45 p.m. to 4:00 p.m., Pacific Time. You can also call **1-800-MEDICARE** anytime, 24 hours a day, 7 days a week. TTY users can call **1-877-486-2048**.

### **What happens if I move?**

The Humana Group Medicare PPO plan serves a specific service area. **If you move to another area or state, it may affect your plan.** It's important to contact your benefit administrator, please contact the fund office at 1-800-947-4338, Monday through Friday, 7 a.m. to 11:45 a.m. and 12:45 p.m. to 4:00 p.m., Pacific Time. Please also call Humana Group Medicare Customer Care at **1-800-733-9064 (TTY: 711)**, Monday – Friday, 5 a.m. – 6 p.m., Pacific time, to notify of the new address and phone number.

Remember that if you leave this plan and don't have creditable prescription drug coverage (as good as Medicare's prescription drug coverage), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

### **Release of Information**

By joining this Medicare Advantage plan, you give us permission to share your information with Medicare and other plans when needed for treatment, payment and health care operations. We do this to make sure you get the best treatment and to make sure that it is covered by the plan. Medicare may also use this information for research and other reasons allowed by Federal law.



2022

# Summary of Benefits

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**Humana Group Medicare Advantage PPO Plan  
PPO 079/291**

**Sheet Metal Workers' National Health Fund**

**Humana®**



Our service area includes specific counties within the United States, Puerto Rico and all other major US Territories.



# Let's talk about the **Humana Group Medicare Advantage PPO Plan.**

Find out more about the Humana Group Medicare Advantage PPO plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage".

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## **To be eligible**

To join the Humana Group Medicare Advantage PPO plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Humana Group Medicare Advantage PPO plan has a network of doctors, hospitals, and other providers. For more information, please call Group Medicare Customer Care.

## **Plan name:**

Humana Group Medicare Advantage PPO plan

## **How to reach us:**

Members should call toll-free **1-800-733-9064** for questions **(TTY/TDD 711)**

Call Monday – Friday, 8 a.m. - 9 p.m. Eastern Time.

Or visit our website: **Humana.com**



## **A healthy partnership**

Get more from your plan — with extra services and resources provided by Humana!

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# Monthly Premium, Deductible and Limits

## IN-NETWORK

## OUT-OF-NETWORK

### PLAN COSTS

**Monthly premium**

You must keep paying your Medicare Part B premium.

For information concerning the actual premiums you will pay, please contact your employer/union group.

**Medical deductible**

**\$147** per year for some combined in- and out-of-network services

**\$147** per year for some combined in- and out-of-network services

**Maximum out-of-pocket responsibility**

The most you pay for copays, coinsurance and other costs for medical services for the year.

**In-Network Maximum Out-of-Pocket**

**\$147** out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy; COVID-19 Testing; COVID-19 Treatment; Fitness Program; Health Education Services; Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional) and the Plan Premium.

If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.

**Combined In and Out-of-Network Maximum Out-of-Pocket**

**\$147** out-of-pocket limit for Medicare-covered services. In-Network Exclusions: Part D Pharmacy; COVID-19 Testing; COVID-19 Treatment; Fitness Program; Health Education Services; Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional) and the Plan Premium do not apply to the combined maximum out-of-pocket.

Out-of-Network Exclusions: Part D Pharmacy; COVID-19 Testing; COVID-19 Treatment; Worldwide Coverage and the Plan Premium do not apply to the combined maximum out-of-pocket.

Your limit for services received from in-network providers will count toward this limit.

If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.

**Note:** some services require prior authorization.



# Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>ACUTE INPATIENT HOSPITAL CARE</b>		
Our plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	<b>\$0</b> per admit	<b>\$0</b> per admit
<b>OUTPATIENT HOSPITAL COVERAGE</b>		
<b>Outpatient hospital visits</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Ambulatory surgical center</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>DOCTOR OFFICE VISITS</b>		
<b>Primary care provider (PCP)</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Specialists</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>PREVENTIVE CARE</b>		
Including: Annual Wellness Visit, flu vaccine, colorectal cancer and breast cancer screenings. Any additional preventive services approved by Medicare during the contract year will be covered.	<b>Covered at no cost</b>	<b>Covered at no cost</b>
<b>EMERGENCY CARE</b>		
<b>Emergency room</b>	<b>\$0</b> copay for Medicare-covered emergency room visit(s)	<b>\$0</b> copay for Medicare-covered emergency room visit(s)
<b>Urgently needed services</b> Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.	<b>\$0</b> copay	<b>\$0</b> copay
<b>DIAGNOSTIC SERVICES, LABS AND IMAGING</b>		
<b>Diagnostic radiology</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Lab services</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Diagnostic tests and procedures</b>	<b>\$0</b> copay	<b>\$0</b> copay

**Note:** some services require prior authorization.



## Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>Outpatient X-rays</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Radiation therapy</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>HEARING SERVICES</b>		
<b>Medicare-covered hearing</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Routine hearing</b>	<p><b>\$50</b> combined in and out of network maximum benefit coverage amount for routine hearing exams up to unlimited every 2 years.</p> <p><b>\$3000</b> combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 3 years.</p>	<p><b>\$50</b> combined in and out of network maximum benefit coverage amount for routine hearing exams up to unlimited every 2 years.</p> <p><b>\$3000</b> combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 3 years.</p> <p>Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.</p>
<b>DENTAL SERVICES</b>		
<b>Medicare-covered dental</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>VISION SERVICES</b>		
<b>Medicare-covered vision services</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Medicare-covered diabetic eye exam</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Medicare-covered glaucoma screening</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Medicare-covered eyewear (post-cataract)</b>	<b>\$0</b> copay	<b>\$0</b> copay

**Note:** some services require prior authorization.



# Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>MENTAL HEALTH SERVICES</b>		
<b>Inpatient</b> The inpatient hospital care limit applies to inpatient mental services provided in a general hospital. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. 190 day lifetime limit in a psychiatric facility	<b>\$0</b> per admit	<b>\$0</b> per admit
<b>Outpatient group and individual therapy visits</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>SKILLED NURSING FACILITY</b>		
Our plan covers up to 100 days in a SNF.  No 3-day hospital stay is required. Plan pays \$0 after 100 days	<b>\$0</b> copay per day for days 1-100	<b>\$0</b> copay per day for days 1-100
<b>PHYSICAL THERAPY</b>		
	<b>\$0</b> copay	<b>\$0</b> copay
<b>AMBULANCE</b>		
Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.	<b>\$0</b> copay	<b>\$0</b> copay
<b>PART B PRESCRIPTION DRUGS</b>		
	<b>\$0</b> copay	<b>\$0</b> copay
<b>ACUPUNCTURE SERVICES</b>		
<b>Medicare-covered acupuncture</b> 20 combined In & Out-of-Network visit limit per plan year  Your plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements.	<b>\$0</b> copay	<b>\$0</b> copay

**Note:** some services require prior authorization.



# Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>ALLERGY</b>		
Allergy shots & serum	\$0 copay	\$0 copay
<b>CHIROPRACTIC SERVICES</b>		
Medicare-covered chiropractic visit(s)	\$0 copay	\$0 copay
<b>COVID-19</b>		
Testing and Treatment	\$0 copay for testing and treatment services for COVID-19	
<b>DIABETES MANAGEMENT TRAINING</b>		
	\$0 copay	\$0 copay
<b>FOOT CARE (PODIATRY)</b>		
Medicare-covered foot care	\$0 copay	\$0 copay
<b>HOME HEALTH CARE</b>		
	\$0 copay	\$0 copay
<b>MEDICAL EQUIPMENT/SUPPLIES</b>		
Durable medical equipment (like wheelchairs or oxygen)	\$0 copay	\$0 copay
Medical supplies	\$0 copay	\$0 copay
Prosthetics (artificial limbs or braces)	\$0 copay	\$0 copay
Diabetes monitoring supplies	\$0 copay	\$0 copay
<b>OUTPATIENT SUBSTANCE ABUSE</b>		
Outpatient group and individual substance abuse treatment visits	\$0 copay	\$0 copay
<b>REHABILITATION SERVICES</b>		
Occupational and speech therapy	\$0 copay	\$0 copay
Cardiac rehabilitation	\$0 copay	\$0 copay
Pulmonary rehabilitation	\$0 copay	\$0 copay
<b>RENAL DIALYSIS</b>		
Renal dialysis	\$0 copay	\$0 copay
Kidney disease education services	\$0 copay	\$0 copay

**Note:** some services require prior authorization.



## Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>TELEHEALTH SERVICES (in addition to Original Medicare)</b>		
<b>Primary care provider (PCP)</b>	<b>\$0</b> copay	Not Covered
<b>Specialist</b>	<b>\$0</b> copay	Not Covered
<b>Urgent care services</b>	<b>\$0</b> copay	Not Covered
<b>Substance abuse or behavioral health services</b>	<b>\$0</b> copay	Not Covered
<b>FITNESS AND WELLNESS</b>		
SilverSneakers® Fitness Program - Basic fitness center membership including fitness classes.		
<b>HOSPICE</b>		
You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.		

**Note:** some services require prior authorization.





# 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 **1-800-733-9064** 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. 1-800-733-9064 (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.**

**1-800-733-9064 (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 béésh bee hani'í bee wolta'ígíí bich'í' hódílnih éí bee t'áá jii'eh saad bee áká'ánida'áwo'déé nika'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



## Find out **more**

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You can see your plan's provider directory at **Humana.com** or call us at the number listed at the beginning of this booklet and we will send you one.

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

If you want to compare our plan with other Medicare health plans, you can call your employer or union sponsoring this plan to find out if you have other options through them.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**Humana**<sup>®</sup>

Humana.com

SB079291EN22

2022

# Prescription Drug Summary of Benefits

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**Humana Group Medicare Advantage Plan  
Rx 140**

**Sheet Metal Workers' National Health Fund - Option 1**

**Humana®**

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# Let's talk about the **Humana Group Medicare Advantage Rx Plan.**

Find out more about the Humana Group Medicare Advantage Rx plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage".

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## Deductible

**Pharmacy (Part D) deductible** This plan does not have a deductible.



## Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total yearly drug costs reach **\$4,430**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Tier	Standard Retail Pharmacy	Standard Mail Order
<b>30-day supply</b>		
<b>1 (Generic or Preferred Generic)</b>	<b>\$5</b> copay	<b>\$5</b> copay
<b>2 (Preferred Brand)</b>	<b>\$20</b> copay	<b>\$20</b> copay
<b>3 (Non-Preferred Drug)</b>	<b>\$50</b> copay	<b>\$50</b> copay
<b>4 (Specialty Tier)</b>	<b>\$80</b> copay	<b>\$80</b> copay
<b>90-day supply</b>		
<b>1 (Generic or Preferred Generic)</b>	<b>\$15</b> copay	<b>\$0</b> copay
<b>2 (Preferred Brand)</b>	<b>\$60</b> copay	<b>\$40</b> copay
<b>3 (Non-Preferred Drug)</b>	<b>\$150</b> copay	<b>\$100</b> copay
<b>4 (Specialty Tier)</b>	N/A	N/A

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary.

### ADDITIONAL DRUG COVERAGE

#### Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$4,430**.

You will continue to pay the same amount as when you were in the initial coverage stage.

#### Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$7,050**, you pay the greater of:

- **\$3.95** for generic (including brand drugs treated as generic) and a **\$9.85** copay for all other drugs, or
- **5%** coinsurance (**\$80** maximum out-of-pocket per prescription for a one-month supply) regardless of tier.







# 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 **1-800-733-9064** 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. 1-800-733-9064 (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.**

**1-800-733-9064 (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 béésh bee hani'í bee wolta'ígíí bich'í' hódílnih éí bee t'áá jii'eh saad bee áká'ánida'áwo'déé nika'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



## Find out **more**

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You can see your plan's pharmacy directory at **<https://www.humana.com/finder/pharmacy/>** or call us at the number listed at the beginning of this booklet and we will send you one.



You can see your plan's drug formulary at **[www.humana.com/medicaredruglist](http://www.humana.com/medicaredruglist)** or call us at the number listed at the beginning of this booklet and we will send you one.

Humana is a Medicare Advantage HMO, PPO organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

**Humana**<sup>®</sup>

Humana.com

Rx140EN22



# Group Medicare Advantage Guidebook

## Preferred provider organization (PPO) plan

At Humana, we know that people are different, and need our support in different ways. Your Group Medicare Advantage PPO plan will center around you, your health and your goals.

This guidebook doesn't list every service, limitation and exclusion in the plan. After you enroll, we'll mail you an Evidence of Coverage booklet that will have all the plan information and details, including a full list of benefits.

**Humana**®

# Discover a more human way to healthcare

## Coverage that fits the way you live

When you become a member of the Humana family, you can expect healthcare designed with you in mind—that meets you where you are today and delivers care that takes you to where you want to be.

## Care delivered how and where you need it

We can help you manage complex or chronic health conditions. A Humana nurse can meet you at home, in the hospital, by phone or email to provide valuable support and help you reduce complications.

## Benefits that put you first

Our health and well-being tools and resources make it easy to set health goals, chart your progress, strengthen your mind and body and build connections with others. It's about giving you the things you expect from an insurance company—and then finding more ways to help make your life better.

# Humana offers you a Medicare Advantage PPO with prescription drug plan

## A PPO offers

- All the benefits of Original Medicare, plus extra benefits.
- Maximum out-of-pocket protections.
- Worldwide emergency coverage.
- Programs to help improve health and well-being.
- **A large network.** There are more than 66,000 participating pharmacies in our network.
- **Maximize Your Benefit<sup>®</sup> Rx.** We want to make sure medication costs aren't keeping you from the care you need.
- **Almost no claims paperwork.** The plan works with your pharmacist to handle claims for you.
- **Pharmacy finder.** An online tool that helps you find pharmacies.

## Dedicated team and more

- You can go to any Medicare-approved provider or hospital, but you may save money using in-network providers
- Large network of providers, specialists and hospitals to pick from
- You don't need a referral to see any healthcare provider
- Coverage for office visits, including routine physical exams
- Almost no claim forms to fill out or mail—we take care of that for you
- Dedicated Customer Care specialists who serve only our Group Medicare members

### What is Medicare?

Medicare is a federal health insurance program for U.S. citizens and legal residents who are 65 and older or qualify due to a disability. You must be entitled to Medicare Part A and enrolled in Medicare Part B as the Humana Group Medicare PPO plan is a Medicare Advantage plan. You must also continue paying Medicare Part B premiums to remain enrolled in this plan.

#### A

##### Medicare Part A

###### HOSPITAL INSURANCE

It helps cover medically necessary inpatient care in a hospital or skilled nursing facility. It also helps cover some home healthcare and hospice care.

#### B

##### Medicare Part B

###### MEDICAL INSURANCE

It helps cover medically necessary providers' services, outpatient care and other medical services and supplies. Part B also helps cover some preventive services.

#### C

##### Medicare Part C

###### MEDICARE ADVANTAGE PLANS

These are available through private insurance companies, such as Humana. Medicare Part C helps cover everything medically necessary that Part A and Part B cover, including hospital and medical services. You still have Medicare if you elect Medicare Part C coverage. You must be entitled to Medicare Part A and enrolled in Part B to be eligible for a Medicare Part C plan.

#### D

##### Medicare Part D

###### PRESCRIPTION DRUG COVERAGE

It helps pay for the medications your provider prescribes and is available in a stand-alone prescription drug plan. Like Part C Medicare Advantage plans, Part D is only available through private companies, such as Humana. Many Part C Medicare Advantage plans include Medicare Part D prescription drug coverage.

## PROVIDER RELATIONSHIPS

### Build healthy provider relationships

Your relationship with your provider is important in protecting and managing your health. With the Humana Group Medicare PPO plan, you can use any provider who accepts Medicare and agrees to bill Humana. Your benefit plan coverage remains the same, even if you receive care from an out-of-network provider. Refer to your Summary of Benefits, located in this packet, for more information.

#### Why choose a Humana network provider?

- Humana Medicare PPO network providers must take payment from Humana for treating plan members.
- Network providers coordinate with Humana, which makes it easier to share information. Patients may have a better experience when providers share information this way.
- Humana supplies in-network providers with information about services and programs available to patients with chronic conditions.

#### Is your healthcare provider in Humana's provider network?

Humana respects your relationship with your provider. We want you to be able to select a provider who's close to home and who can focus on your specific needs. If you need help finding a provider, call our Group Medicare Customer Care team or use our online directory. Humana's online provider lookup is an easy way to find doctors, hospitals and other healthcare providers in Humana's network:

- Go to **Humana.com** and select "Find a doctor"
- Get provider phone numbers, addresses and directions
- Customize your search by specialty, location and name

#### Is your pharmacy in Humana's network?

Your relationship with your pharmacist is important in protecting and managing your health. You must use network pharmacies to enjoy the benefits of our plan except in an emergency. Pharmacies in the network have agreed to work with Humana to fill prescriptions for our members. If you use a pharmacy outside the network, your costs may be higher.

Our pharmacy network includes access to mail delivery, specialty, retail, long-term care, home infusion, and Indian, tribal and urban pharmacies.

You can find a complete list of network pharmacies at MyHumana, your personal, secure online account at **Humana.com** and the MyHumana Mobile app.\* Get printable maps and directions, along with many more details to find a pharmacy that fits your needs. Other information at **Humana.com/pharmacy/medicare/tools** includes:

- Printable Drug Lists
- Prior authorization information
- Maximize Your Benefit Rx

#### Medical preauthorization

For certain services and procedures, your provider or hospital may need to get advance approval from Humana before your plan will cover any costs. This is called prior authorization or preauthorization. Providers or hospitals will submit the preauthorization request to Humana. If your provider hasn't done this, please call our Customer Care team, as Humana may not be able to pay for these services.

\*Standard data rates may apply.

## Connect with a provider virtually

### Care when you need it

Your primary care provider may offer virtual visits as another convenient way to be treated by your care team.

### What are virtual visits?

Virtual visits connect you with your provider via telephone or video chat using your phone, tablet or computer.\* They may allow you to get help with chronic condition management, follow-up care after an in-office visit, medication reviews and refills and much more, just like an in-office visit.

### When should I use it?

- For a nonemergency issue, instead of going to the emergency room (ER) or an urgent care center.
- For nonemergency mental and behavioral health conditions a behavioral health specialist may offer virtual visits.

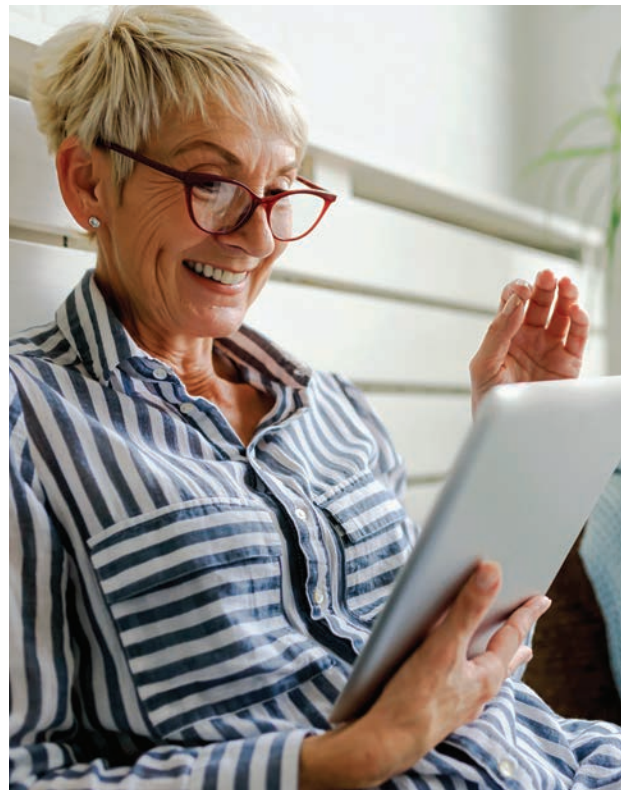
### What kinds of conditions can be treated?

Providers may help with chronic condition management, follow-up care after an in-office visit, medication reviews and refills in addition to many other conditions including but not limited to: allergies, fever, cold and flu symptoms, sore throat, constipation, sinus infection, diarrhea, insect bites and depression, anxiety, stress and family and relationship counseling.



Call your provider to find out if they offer virtual visits and if so, what you need to do to get started.

If you don't have a primary care provider or if your PCP doesn't offer virtual visits, you can use the "Find a doctor" tool on **Humana.com** or call the number on the back of your member ID card to get connected with a provider that offers this service.



### Remember, when you have a life-threatening injury or major trauma, call 911.

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your Evidence of Coverage for additional details on what your plan may cover or other rules that may apply.

\*Standard data rates may apply.



### Vaccines: Where you get them determines how much you pay

The Medicare Part D portion of your plan covers all commercially available vaccines—except for those covered by Part B—as long as the vaccine is reasonable and necessary to help prevent illness.

#### Get vaccines like the ones listed below at your provider's office

The Medicare Part B portion of your plan pays for the following vaccines at your provider's office and at the pharmacy: influenza (flu) vaccine—once per season; pneumococcal vaccines; hepatitis B vaccines for persons at increased risk of hepatitis and vaccines directly related to the treatment of an injury or direct exposure to a disease or condition, such as rabies and tetanus.

#### Get vaccines like the ones listed below at a network pharmacy

If you get them at your provider's office, you'll pay the full cost of the vaccine out of pocket. Some common vaccines that you should get at your pharmacy, not from your provider, are shingles, Tdap and hepatitis A.

### Understanding your diabetes coverage

At Humana, we make it easy for you to understand your benefits and get what you need to help manage your condition.

#### Diabetes prescriptions and supplies, Part B vs. Part D

##### Medicare Part B

- Diabetic testing supplies
- Insulin pumps\*
- Continuous glucose monitors (CGM)\*
- Insulin administered (or used) in insulin pumps

##### Medicare Part D

- Diabetes medications
- Insulin administered (or used) with syringes or pens
- Syringes, pen needles or other insulin administration devices that are not durable medical equipment (e.g., Omnipod\* or VGO)

### Diabetic testing supplies

Your Humana Medicare Advantage Plan helps cover a variety of diabetic glucose testing supplies. Humana Pharmacy® is the preferred supplier for the meters listed below and their test strips and lancets:

#### Roche Accu-Chek Guide Me®, Roche Accu-Chek Guide and HP® True Metrix® AIR by Trividia.

To order a meter and supplies from Humana Pharmacy, call **1-888-538-3518 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

Your doctor can also send prescriptions for meters and other testing supplies by fax or e-prescribe.

You can also request a no-cost meter from the manufacturer by calling Roche at **1-877-264-7263 (TTY: 711)**, or Trividia Health at **1-866-788-9618 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Go to **Humana.com/Diabetes** to learn more about managing your diabetes. MyDiabetesPath® offers a complete guide to living with diabetes and gives you the information and resources to help you maintain your health.

\*Available through our preferred durable medical equipment (DME) vendors, CCS Medical **1-877-531-7959** or Edwards Healthcare **1-888-344-3434**.

## PHARMACY

### You have the choice of pharmacies—Humana Pharmacy is one option

More and more Humana members are finding Humana Pharmacy to be their choice for value, experience, safety, accuracy, convenience and service.

#### Why choose Humana Pharmacy?

- **Savings.** The pharmacy team works with you and your provider to find medications that cost less.
- **Experienced pharmacy team.** Pharmacists are available to answer questions about your medication(s) and our services.
- **Safe and accurate.** Two pharmacists check your new prescriptions to make sure they're safe to take with your other medication(s). The dispensing equipment and heat-sealed bottles with tamper-resistant foil help ensure quality and safety. Plus, your order comes in plain packaging for additional security.
- **Timely reminders.** To help make sure you have the medication(s) and supplies you need when you need them, we can remind you when it's time to refill your medications. Just set your preferences when you sign up at [HumanaPharmacy.com](https://www.humana.com/humana-pharmacy).
- **Time-saving mail delivery.** Your medication(s) will be shipped safely and securely to the location of your choice. That means no more trips to the pharmacy. No more waiting in lines to pick up your medication(s). No more hassle. You may be able to order just four times a year and have more time to do the things you enjoy.

#### Make Humana Pharmacy your one source

**Maintenance medication(s).** Medication(s) you take all the time for conditions like high cholesterol, high blood pressure and asthma.

**Specialty medication(s).** Specialized therapies to treat chronic or complex illnesses like rheumatoid arthritis and cancer.

#### Visit [HumanaPharmacy.com](https://www.humana.com/humana-pharmacy)

After you become a Humana member, you can sign in with your MyHumana identification number or register to get started. You can also sign up by calling **1-800-379-0092 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

#### Online

**HumanaPharmacy.com.** Start a new prescription, order refills, check on your order and get information about how to get started.

#### Provider

Let your provider know he or she can send prescriptions electronically through e-prescribe. Providers can also fill out the fax form by downloading it from [HumanaPharmacy.com/forms](https://www.humana.com/humana-pharmacy/forms) and faxing the prescription to Humana Pharmacy at **1-800-379-7617** or Humana Specialty Pharmacy® at **1-877-405-7940**.

#### Mail

Download the “Registration & Prescription Order Form” from [HumanaPharmacy.com/forms](https://www.humana.com/humana-pharmacy/forms) and mail your paper prescriptions to:

Humana Pharmacy  
P.O. Box 745099  
Cincinnati, OH 45274-5099

#### Phone

For maintenance medication(s), call Humana Pharmacy at **1-800-379-0092 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

For specialty medication(s), call Humana Specialty Pharmacy® at **1-800-486-2668 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

#### Humana Pharmacy Mobile app

**HumanaPharmacy.com/about/mobile-apps.cmd**  
Download our Humana Pharmacy app from the iTunes App Store or on Google Play. Sign in or select “Transfer Rx as guest” from the home screen.

\*Some prescriptions are only available in a 30-day supply.

### Prescription drug tiers

#### Tier 1 – Generic or preferred generic

**Essentially the same drugs, usually priced differently**

Have the same active ingredients as brand-name drugs and are prescribed for the same reasons. The Food and Drug Administration (FDA) requires generic drugs to have the same quality, strength, purity and stability as brand-name drugs. Your cost for generic drugs is usually lower than your cost for brand-name drugs.

#### Tier 2 – Preferred brand

**A medication available to you for less than a nonpreferred**

Generic or brand-name drugs that Humana offers at a lower cost to you than nonpreferred drugs.

#### Tier 3 – Nonpreferred drug

**A more expensive drug than a preferred**

More expensive generic or brand-name prescription drugs that Humana offers at a higher cost to you than preferred drugs.

#### Tier 4 – Specialty

**Drugs for specific uses**

Some injectable and other high-cost drugs to treat chronic or complex illnesses like rheumatoid arthritis and cancer.



### Medication therapy management

As part of your Medicare Part D coverage with Humana, you might be able to take part in a program called Medication Therapy Management (MTM) at no extra cost. MTM may help you to:

- Know more about getting the greatest benefit from your medications
- Reduce risk by learning how to avoid harmful side effects
- Possibly save money by finding lower-cost alternatives to prescribed medications

#### Who's eligible?

Members are chosen for MTM using the following Centers for Medicare & Medicaid Services (CMS) and Humana criteria:

- Have three of the five multiple chronic conditions:
  - Mental health-Bipolar
  - Hypertension
  - Dyslipidemia (high or low LDL cholesterol)
  - Osteoporosis
  - Chronic obstructive pulmonary disease (COPD)
- Take at least eight chronic/maintenance Part D drugs
- Spend more than \$4,696 on prescription drugs per calendar year

#### How does the program work?

MTM offers additional information in the SmartSummary that can help to manage medications and drug costs. Members also get a face-to-face or phone consultation with a healthcare professional to talk about their medications.

#### Scheduling a consultation

If you qualify for MTM, you will receive an invitation letter and see a note in your SmartSummary to call the MTM call center. If you think you qualify but don't see the note, please call the Group Medicare Customer Care phone number. Although the MTM program is a special service offered at no cost to Medicare members, it is not considered a benefit.

**It's about giving you more: more time getting to know you, more services—some that you expect and many that you don't—and more ways to help you live the way you want.**

### Important information about your prescription drug coverage

Some drugs covered by Humana may have requirements or limits on coverage. These requirements and limits may include prior authorization, step therapy or quantity limits. You can visit **Humana.com** to register or sign in and select Pharmacy or call Humana's Group Medicare Customer Care team to check coverage on the medications you take.

#### Prior authorization

The Humana Group Medicare Plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from the Humana Group Medicare Plan before you fill your prescriptions. The reason a prior authorization is required can vary depending on the medication. Humana will work with your provider when a prior authorization is required.

If your provider prescribes a drug that needs prior authorization, please be sure the prior authorization has been submitted to Humana before the prescription is filled. The Centers for Medicare & Medicaid Services (CMS) requires a turnaround time of 72 hours for a prior authorization. However, an expedited review can be requested by your provider if waiting 72 hours may be harmful to you.

#### Step therapy

In some cases, the Humana Group Medicare Plan requires that you first try certain drugs to treat your medical condition before coverage is available for a more expensive drug prescribed to treat your medical condition. For example, if Drug A and Drug B both treat your medical condition, the Humana Group Medicare Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the Humana Group Medicare Plan can then cover Drug B.

A step therapy prescription can be filled once the necessary requirements are met. If you have already tried other medications that did not provide the desired clinical results, or you had an adverse reaction, your provider may submit this information to Humana for consideration in meeting the step therapy requirements.

#### Quantity limits

For some drugs, the Humana Group Medicare Plan limits the quantity of the drug that is covered. The Humana Group Medicare Plan might limit how many refills you can get or quantity of a drug you can get each time you fill your prescription. For example, if it's normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. Specialty drugs are limited to a 30-day supply regardless of tier placement.

## One-time transition fill

For certain drugs typically requiring prior authorization or step therapy, Humana will cover a one-time, 30-day supply of your Part D covered drug during the first 90 days of your enrollment. Once you have received the transition fill\* for your prescription requiring a prior authorization or step therapy, you'll receive a letter from Humana telling you about the requirements or limits on the prescription. The letter will also advise that you will need to get approval before future refills will be covered. A prior authorization will need to be approved or other alternative medications should be tried if the medication requires step therapy.

## Next steps for you

1. Visit [Humana.com/Pharmacy](https://www.humana.com/Pharmacy) or call the Customer Care number on the back of your Humana member ID card to see if your medications have quantity limits, or require a prior authorization or step therapy.
2. Talk to your provider about your drugs if they require prior authorization, step therapy is needed or has quantity limits.
3. If you have questions about your prescription drug benefits, please call our Customer Care number on the back of your Humana member ID card.

## What should your provider do to meet quantity limits, prior authorization or step therapy drug requirements?

- Go online to [Humana.com/Provider](https://www.humana.com/Provider) and visit our provider prior authorization page. This page has a printable form that can be mailed or faxed to Humana.
- Call **1-800-555-2546 (TTY: 711)** to speak with our Humana Clinical Pharmacy Review team. They are available Monday – Friday, 8 a.m. – 6 p.m., Eastern time.

Remember: Before making a change, you should always talk about treatment options with your provider.

\*Some drugs do not qualify for a transitional fill, such as drugs that require a Part B vs D determination, CMS Excluded drugs, or those that require a diagnosis review to determine coverage.



### Extras that may help you improve your overall well-being, at no additional cost



#### SilverSneakers

SilverSneakers® gives you access to exercise equipment, group fitness classes and social events.

- Use thousands of fitness locations nationwide, with weights, swimming, classes and cardio equipment\*,†
- Make friends and enjoy social activities
- Work toward improving muscle strength, bone density, flexibility and balance
- Enjoy group fitness classes outside traditional gyms†
- Start workout programs tailored to your level with the SilverSneakers GO™ app
- Try SilverSneakers On-Demand™ online workout videos that feature tips on fitness and nutrition

Visit [SilverSneakers.com/StartHere](https://www.silversneakers.com/StartHere) to get your SilverSneakers ID number and find a convenient location near you, or call **1-888-423-4632 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

\*Participating locations (“PL”) are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

†Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.



#### Humana Care Management

Humana care management programs support qualifying members to help them remain independent at home, by providing education about chronic conditions and medication adherence, help with discharge instructions, accessing community resources, finding social support and more, all included in the plan at no additional cost.

For more information, call **1-800-432-4803 (TTY: 711)**, Monday – Friday, 8:30 a.m. – 5:30 p.m., Eastern time.



#### Humana Well Dine® meal program

After your overnight inpatient stay in a hospital or nursing facility, you’re eligible to receive up to 28 nutritious meals (2 meals per day for 14 days). The meals will be delivered to your door at no additional cost to you.

For more information, please contact the number on the back of your Humana member ID card.

## Your health at your fingertips with MyHumana

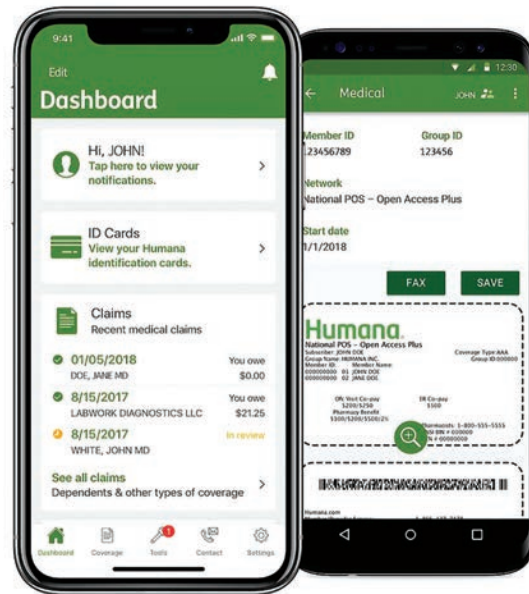
### Get your personalized health information on MyHumana

As a Humana member, you can set up a secure, online account called MyHumana and always know where to find your plan information. It's convenient and personalized for you. Whether you prefer using a desktop, laptop or smartphone, you can access your information anytime.\*

Getting started is easy—just have your Humana member ID card ready and follow these three steps.

- 1 **Create your account.**  
Visit [Humana.com/registration](https://www.humana.com/registration) and select the “Start activation now” button.
- 2 **Choose your preferences.**  
The first time you sign into your MyHumana account, be sure to choose how you want to receive information from us—online or mailed to your home. You can update your communication preferences at any time.
- 3 **View your plan benefits.**  
After you set up your account, be sure to view your plan documents so you understand your benefits and costs. You can also update your member profile if your contact information has changed.

\*Standard data rates may apply.



## The MyHumana Mobile app

If you have an iPhone or Android, download the MyHumana Mobile app. You'll have your plan details with you at all times.\*

Visit [Humana.com/mobile-apps](https://www.humana.com/mobile-apps) to learn about our many mobile apps, the app features and how to use them.

### With MyHumana and the MyHumana Mobile app, you can:

- Review your plan benefits and claims
- Find pharmacies in your network
- Find providers in your network
- Compare drug prices
- Access digital ID cards
- Establish communication preferences

### Have questions?

If you need help along the way, select the green “Chat with Us” button or call Customer Care at the number on the back of your Humana member ID card.



## CHOOSING A CAREGIVER

### Making sure your helpers can help you—so you can focus on living your life

#### Choose a caregiver to help you

Everyone needs a little help now and then. We're happy to work with you and whomever you designate as a helper. Many people trust a family member or close friend to help them with their healthcare—someone who may help you talk with us about your insurance plan, keep track of your benefits and claims, or ask healthcare questions on your behalf.

Visit [Humana.com/caregiver](https://www.humana.com/caregiver) to learn more about naming a caregiver and how to submit the Consent for Release of Protected Health Information (PHI) form.

#### Consent forms

We need your permission to share your personal information with someone else. To give your permission, you'll need to read and sign a consent form.

#### Consent return

- After you complete and sign the form, fax it to **1-800-633-8188**.
- If you prefer to mail your completed form, mail to:  
Humana Insurance Company, P.O. Box 14168, Lexington, KY 40512-4168

A signed consent form allows insurers to share health plan information and protected health information with your designated helper. It's different from granting medical power of attorney, which allows someone to make decisions about your care.



### Your personalized benefits statement

We make it easy for you to understand, track, manage and possibly save money on your healthcare with SmartSummary®

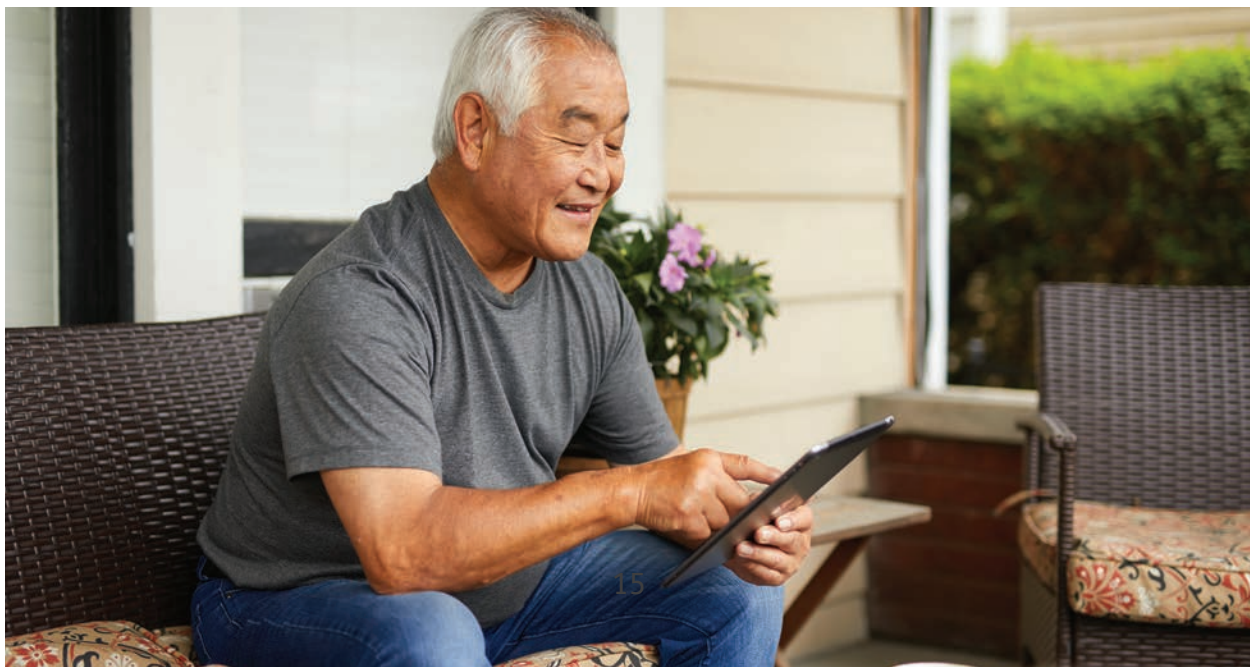
You'll receive this statement after each month you've had a claim. You can also sign in to MyHumana and see your past SmartSummary statements anytime.

#### SmartSummary helps you:

- Understand your total healthcare picture
- Manage your monthly and yearly healthcare costs
- Engage with your providers by having a list of the healthcare services you receive
- Learn about preventive care, health conditions, treatment options and ways to help reduce health expenses

#### SmartSummary includes:

- Numbers to watch – SmartSummary shows your total drug costs for the month and year-to-date. It also shows how much of these costs your plan paid and how much you paid—so you can see the value of your prescription benefits.
- Personalized messages – SmartSummary gives you tips on saving money on the prescription drugs you take, information about changes in prescription copayments and how to plan ahead.
- Your Rx record – A personalized prescription manager tells you more about your prescription medications, including information about dosage and the prescribing provider. It also has a refill calendar that helps you know the date of your next refill. This page can be useful to take to your provider appointments or to your pharmacist.
- Healthcare news relevant for you – SmartSummary personalizes a news section to let you know about things you can do for your health, including medications and treatments for health problems.



## FREQUENTLY ASKED QUESTIONS

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### **Do I need to show my red, white and blue Medicare card when I visit the doctor?**

No. You'll get a Humana member ID card that will take its place. Keep your Medicare ID card in a safe place—or use it only when it's needed for discounts and other offers from retailers.

### **What should I do if I move or have a temporary address change?**

If you move to another area or state, it may affect your plan. It's important to contact your group benefits administrator for details and call to notify Humana of the move.

### **What should I do if I have to file a claim?**

Call Humana Group Medicare Customer Care for more information and assistance. To request reimbursement for a charge you paid for a service, send the provider's itemized receipt and the Health Benefits Claim Form (also available at [Humana.com](https://www.humana.com)) to the claims address on the back of your Humana member ID card. Make sure the receipt includes your name and Humana member ID number.

### **What if I have other health insurance coverage?**

If you have other health insurance, show your Humana member ID card and your other insurance cards when you see a healthcare provider. The Humana Group Medicare plan may be eligible in combination with other types of health insurance coverage you may have. This is called coordination of benefits. Please notify Humana if you have any other medical coverage.

### **When does my coverage begin?**

Your former employer or union decides how and when you enroll. Check with your benefits administrator for the proposed effective date of your enrollment. Be sure to keep your current healthcare coverage until your Humana Group Medicare PPO plan enrollment is confirmed.

### **What if my service needs a prior authorization?**

If your medical service or medication requires a prior authorization, your provider can contact Humana to request it. You can call Customer Care if you have questions regarding what medical services and medications require prior authorization.

### **What if my provider says they will not accept my plan?**

If your provider says they will not accept your PPO plan, you can give your provider the "Group Medicare Provider Information" flyer. It explains how your PPO plan works. You can also call Customer Care and have a Humana representative contact your provider and explain how your PPO plan works.

### **What should I do if I need prescriptions filled before I receive my Humana member ID card?**

If you need to fill a prescription after your coverage begins but before you receive your Humana member ID card, take a copy of your temporary proof of membership to any in-network pharmacy.

### **How can I get help with my drug plan costs?**

People with limited incomes may qualify for assistance from the Extra Help program to pay for their prescription drug costs. To see if you qualify for Extra Help, call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. If you use a TTY, call **1-877-486-2048**. You can also call the Social Security Administration at **1-800-772-1213**. If you use a TTY, call **1-800-325-0778**. Your state's Medical Assistance (Medicaid) Office may also be able to help, or you can apply for Extra Help online at [www.socialsecurity.gov](https://www.socialsecurity.gov).

### **Coinsurance**

#### **Your share of the cost after deductible**

A percentage of your medical and drug costs that you may pay out of your pocket for services after you pay any plan deductible.

### **Copayment**

#### **What you pay at the provider's office for medical services**

The set dollar amount you pay when you receive medical services or have a prescription filled.

### **Deductible**

#### **What you pay up front**

The amount you pay for healthcare before your plan begins to pay for your benefits.

### **Exclusions and limitations**

#### **Anything not covered or covered under limited situations or conditions**

Specific conditions or circumstances that aren't covered under a plan.

### **Maximum out-of-pocket**

#### **The most you'll spend before your plan pays 100% of the cost**

The most you would have to pay for services covered by a health plan, including deductibles, copays and coinsurance. If and when you reach your annual out-of-pocket limit, the Humana Group Medicare plan pays 100% of the Medicare-approved amount for most covered medical charges.

### **Network**

#### **Your plan's contracted medical providers**

A group of healthcare providers contracted to provide medical services at discounted rates. The providers include doctors, hospitals and other healthcare professionals and facilities.

### **Plan discount**

#### **A way Humana helps you save money**

Amount you are not responsible for due to Humana's negotiated rate with provider.

### **Premium**

#### **The regular monthly payment for your plan**

The amount you and/or your employer regularly pay for Medicare or Medicare Advantage coverage.

## PHARMACY TERMS AND DEFINITIONS

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### **Catastrophic coverage**

#### **What you pay for covered drugs after reaching \$7,050**

Once your out-of-pocket costs reach the \$7,050 maximum, you pay a small coinsurance or a small copayment for covered drug costs until the end of the plan year.

### **Coinsurance**

#### **Your share of your prescription's cost**

This is a percentage of the total cost of a drug you pay each time you fill a prescription.

### **Copayment**

#### **What you pay at the pharmacy for your prescription**

The set dollar amount you pay when you fill a prescription.

### **Deductible**

#### **Your cost for Part D prescription drugs before the plan pays**

The amount you pay for Part D prescription drugs before the plan begins to pay its share.

### **Exclusions and limitations**

#### **Anything not covered**

Specific conditions or circumstances that aren't covered under a plan.

### **Formulary**

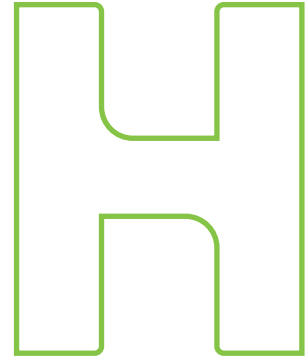
#### **Drugs covered under your plan**

A list of drugs approved for coverage under the plan. Also called a Drug List.

### **Out-of-pocket**

#### **Portion of costs you pay**

Amount you may have to pay for most plans, including deductibles, copays and coinsurance.



A series of horizontal lines for writing notes, spanning the width of the page below the '5' graphic.

# Humana®

A more human way  
to healthcare™

Only for Humana members

# A fun way to earn rewards for making healthier choices



Welcome to Go365 by Humana®, the wellness program that rewards you for completing eligible healthy activities.



## It's part of your Humana Medicare Advantage plan

Go365 by Humana makes wellness fun and easy. We can help you reach your physical and emotional health goals. Track your activity and redeem rewards:

- online, at [MyHumana.com](https://myhumana.com)
- by filling out and mailing in paper forms

Staying connected socially is important to your overall health and well-being. Social and cognitive activities can help contribute to better long-term mental health, and may help ward off dementia and depression.<sup>1</sup>



## Earn rewards you can redeem for gift cards

**More healthy activities = more gift cards for you**

Complete eligible healthy activities like walking, getting your Annual Wellness Visit or volunteering and you can earn rewards to redeem for gift cards. Once you've earned at least \$10 in rewards, choose your gift cards in the Go365 Mall.

## Activate your Go365 Profile

**Now it's time to get going with Go365**

If you have a MyHumana account, you can use the same information to log in to Go365.com. If not, activate your profile at MyHumana.com. Once you log into Go365, you'll see eligible activities you can complete to earn rewards and details on how to track your actions.

## Track your exercise program the easy way

Earn \$5 in rewards a month for completing 8 workouts, or \$10 in rewards for completing 16 workouts. Here are three easy ways to track and earn:

- 1. Attend a participating SilverSneakers® Fitness class** to earn rewards automatically if your plan includes SilverSneakers. Your reward may take up to 45 days to show up in your Go365 account.
- 2. Log your workouts online** in your Go365 account or use a paper workout tracker to record your exercise. Eligible activities include taking a fitness class or exercising on your own - it just needs to be a min. of 500 steps.
- 3. Connect a compatible activity tracker to Go365**, then log at least 500 steps a day and earn automatic rewards for device workouts.

Go365 is compatible with activity trackers from a variety of manufacturers like Fitbit and Garmin. For a full list, sign in to your Go365 account.

[Humana.com](https://www.humana.com)

Join the Go365 support community [Go365.com/MedicareCommunity](https://www.go365.com/MedicareCommunity)





Activity	Reward	Activity limit
<b>GET HEALTHY: Preventive screenings</b>		
Annual Wellness Visit	\$25	1 per year
Mammogram	\$30	1 per year
Colorectal screening	\$30	1 per year *
Cardiovascular disease screening	\$10	1 per year
Bone density screening	\$20	once every 2 years *
Flu shot	\$10	1 per year

Your reward will show up automatically in your Go365 account if billed through your Humana medical or pharmacy plan. This can take up to 90 days.

<b>GET INVOLVED: Social and educational activities</b>		
Attend a class: offered by a Humana Neighborhood Center or related to an activity such as painting, dancing, or at a local university (in person or online)	\$5	
Complete an athletic event (e.g., 5k walk/run, cycling , virtual Run Club)	\$5	
Volunteer	\$5	
Attend an eligible health education seminar/class (in person or online)	\$5	12 times per year (\$60 annual maximum)
Attend a Social Club such as garden, book, religious, or sports/golf/pickleball/ walking, etc. (virtual or in person)	\$5	
Post or comment in the Go365 Member Community	\$5	
Video or phone call (3 times) with friends or family	\$5	
Discuss health, virtually exercise, or play a game with friends or family (3 times)	\$5	

<b>GET ACTIVE: Exercise and fitness</b>		
8-15 workouts per month—SilverSneakers®, connected activity tracker or paper fitness tracker (minimum of 500 steps/day)	\$5	Once per month (\$120 annual maximum)
16 or more workouts per month	\$10	
Other fitness event (e.g. dance competition, bocce ball tournament)		

\*If applicable

<sup>1</sup>World Health Organization (2011). "Global Health and Aging." Available at [http://www.who.int/ageing/publications/global\\_health.pdf](http://www.who.int/ageing/publications/global_health.pdf) <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>

Rewards have no cash value and can only be redeemed in the Go365 Mall. Rewards must be earned and redeemed within the same program year. Rewards not redeemed by Dec. 31 will be forfeited.

You must redeem your rewards in the program year they are earned. Any rewards that are not redeemed by 12/31 will be forfeited. Rewards have no cash value.

Some items may be discontinued in the Go365 Mall and new items may be added. For the most updated list, visit [Go365.com](http://Go365.com) or call 1-866-677-0999.

In accordance with the federal requirement of the Centers for Medicare & Medicaid Services, no amounts on the gift cards shall be used to purchase covered medical supplies or prescription drugs nor are they redeemable for cash.

Receive language assistance or have materials provided in alternative formats as noted in the enclosed accessibility flyer.

# Take this to your provider

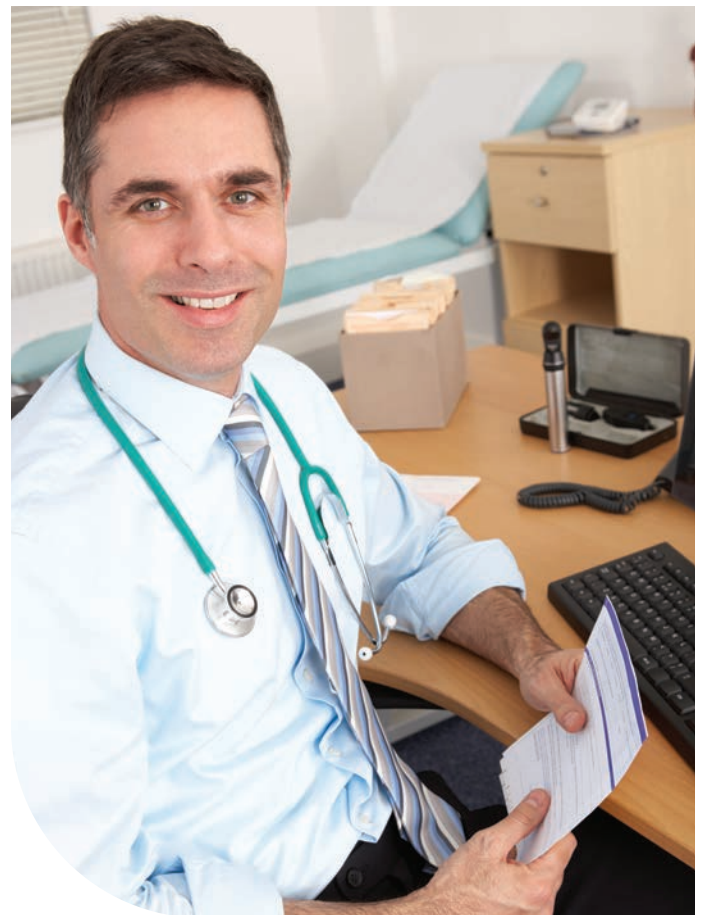
Having a provider you're happy with can play an important role in your health and meeting your needs.

What if my doctor says they do not accept Humana insurance?

**Give this flyer to your provider.**

Once you are a member of the Humana Group Medicare Preferred Provider Organization (PPO) plan, sharing this information can help your provider understand how this plan works.

**Don't forget to take your Humana member ID card to your first appointment as well.**



## A message for your provider

Humana will provide coverage for this retiree under a Group Medicare PPO plan. This member's in-network and out-of-network benefits are the same. This means you can provide services to this retiree or any member of this plan if you are a provider who is eligible to participate in Medicare.

**Contracted healthcare providers** – If you're a Humana Medicare Employer PPO-contracted healthcare provider, you'll receive your contracted rate.

**Out-of-network healthcare providers** – Humana is dedicated to an easy transition. If you're a provider who is eligible to participate in Medicare, you can treat and receive payment for your Humana-covered patients who have this plan. Humana pays providers according to the Original Medicare fee schedule less any member plan responsibility.

**If you need more information** about our claims processes or about becoming a Humana Medicare Employer PPO-contracted provider, call Provider Relations at **1-800-626-2741**, Monday – Friday, 8 a.m. – 5 p.m., Central time.

**NOTE:** This number is not for patient use. Patients, please call the Group Medicare Customer Care number on the back of your Humana member ID card.

The in-network and out-of-network benefits are structured the same for any member of this plan.

**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, 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 the number on your ID card 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.

#### Call the number on your ID card (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. Call the number on your ID card (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 béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

#### العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

2022

# Prescription Drug Guide

## **Humana Medicare Employer Plan Abbreviated Formulary**

Partial list of covered drugs

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION  
ABOUT SOME OF THE DRUGS WE COVER IN THIS PLAN.

2

This abridged formulary was updated on 09/28/2021 and is not a complete list of drugs covered by our plan. For a complete listing, or other questions, please contact Humana Medicare Employer Plan with any questions at the number on the back of your membership card or for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m. Eastern time. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week by visiting **Humana.com**.

Instructions for getting information about all covered drugs are inside.

**Humana**<sup>®</sup>



# Welcome to Humana Medicare Employer Plan!

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this drug list (formulary) refers to "we," "us", or "our," it means Humana. When it refers to "plan" or "our plan," it means Humana Medicare Employer Plan. This document includes a partial list of the drugs (formulary) for our plan which is current as of January 1, 2022. For a complete, updated formulary, please contact us on our website at [Humana.com/PlanDocuments](https://www.humana.com/PlanDocuments) or you can call the number below to request a paper copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the year.

## What is the abridged Humana Medicare Employer formulary?

A formulary is the entire list of covered drugs or medicines selected by Humana Medicare Employer Plan. The terms formulary and Drug List may be used interchangeably throughout communications regarding changes to your pharmacy benefits. Humana Medicare Employer Plan worked with a team of doctors and pharmacists to make a formulary that represents the prescription drugs we think you need for a quality treatment program. Humana Medicare Employer Plan will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a Humana Medicare Employer Plan network pharmacy, and other plan rules are followed. For more information on how to fill your medicines, please review your Evidence of Coverage.

This document is a partial formulary, which means it includes only some of the drugs covered by Humana Medicare Employer Plan. To search the complete list of all prescription drugs Humana covers, you can visit [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist). The Drug List Search tool lets you search for your drug by name or drug type.

If you are thinking about enrolling in a Humana Medicare Employer Plan and need help or a complete list of covered drugs, please contact Group Medicare Customer Care number listed in your enrollment materials. If you are a current member, call the number or visit the website listed in your Annual Notice of Change (ANOC) or Evidence of Coverage (EOC), or call the number on the back of your Humana member identification card. Our live representatives are available from 8 a.m. to 9 p.m. (EST), Monday through Friday. Our automated phone system is available after hours, weekends, and holidays.

## Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

**Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled "How do I request an exception to the Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

We will notify members who are affected by the following changes to the formulary:

- When a drug is removed from the formulary
- When prior authorization, quantity limits, or step-therapy restrictions are added to a drug or made more restrictive
- When a drug is moved to a higher cost sharing tier

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled "How do I request an exception to the Formulary?"

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

### **What if you are affected by a Drug List change?**

We will notify you by mail at least 30 days before one of these changes happens or we will provide a 30-day refill of the affected medicine with notice of the change.

The enclosed formulary is current as of January 1, 2022. We will update the printed formularies each month and they will be available on [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist).

To get updated information about the drugs that Humana covers, please visit [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist). The Drug List Search tool lets you search for your drug by name or drug type.

### **How do I use the formulary?**

There are two ways to find your drug in the formulary:

#### **Medical condition**

The formulary starts on page 10. We have put the drugs into groups depending on the type of medical conditions that they are used to treat. For example, drugs that treat a heart condition are listed under the category "Cardiovascular Agents." If you know what medical condition your drug is used for, look for the category name in the list that begins on page 10. Then look under the category name for your drug. The formulary also lists the Tier and Utilization Management Requirements for each drug (see page 5 for more information on Utilization Management Requirements).

#### **Alphabetical listing**

If you are not sure about your drug's group, you should look for your drug in the Index that begins on page 33. The Index is an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to search for your drug. Next to each drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

Prescription drugs are grouped into one of four tiers.

Humana Medicare Employer Plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

- **Tier 1 - Generic or Preferred Generic:** Generic or brand drugs that are available at the lowest cost share for the plan
- **Tier 2 - Preferred Brand:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 1 Generic or Preferred Generic, and at a lower cost to you than Tier 3 Non-Preferred Drug
- **Tier 3 - Non-Preferred Drug:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 2 Preferred Brand drug
- **Tier 4 - Specialty Tier:** Some injectables and other high-cost drugs

### **How much will I pay for covered drugs?**

Humana Medicare Employer Plan pays part of the costs for your covered drugs and you pay part of the costs, too.

### **The amount of money you pay depends on:**

- Which tier your drug is on
- Whether you fill your prescription at a network pharmacy
- Your current drug payment stage - please read your Evidence of Coverage (EOC) for more information

**If you qualified for extra help with your drug costs, your costs may be different from those described above. Please refer to your Evidence of Coverage (EOC) or call Group Medicare Customer Care to find out what your costs are.**

### **Are there any restrictions on my coverage?**

Some covered drugs may have additional requirements or limits on coverage. These are called Utilization Management Requirements. These requirements and limits may include:

- **Prior Authorization (PA):** Humana Medicare Employer Plan requires you to get prior authorization for certain drugs to be covered under your plan. This means that you will need to get approval from Humana Medicare Employer Plan before you fill your prescriptions. If you do not get approval, Humana Medicare Employer Plan may not cover the drug.
- **Quantity Limits (QL):** For some drugs, Humana Medicare Employer Plan limits the amount of the drug that is covered. Humana Medicare Employer Plan might limit how many refills you can get or how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. Some drugs are limited to a 30-day supply regardless of tier placement.
- **Step Therapy (ST):** In some cases, Humana Medicare Employer Plan requires that you first try certain drugs to treat your medical condition before coverage is available for another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Humana Medicare Employer Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Humana Medicare Employer Plan will then cover Drug B.
- **Part B versus Part D (B vs D):** Some drugs may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted to Humana Medicare Employer Plan that describes the use and the place where you receive and take the drug so a determination can be made.

For drugs that need prior authorization or step therapy, or drugs that fall outside of quantity limits, your health care provider can fax information about your condition and need for those drugs to Humana Medicare Employer Plan at **1-877-486-2621**. Representatives are available Monday - Friday, 8 a.m. - 8 p.m.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10.



You can also visit [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist) to get more information about the restrictions applied to specific covered drugs.

You can ask Humana Medicare Employer Plan to make an exception to these restrictions or limits. See the section "**How do I request an exception to the formulary?**" on page 6 for information about how to request an exception.

### **What if my drug is not on the formulary?**

If your drug is not included in this list of covered drugs, visit [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist) to see if your plan covers your drug. You can also call Group Medicare Customer Care and ask if your drug is covered.

If Humana Medicare Employer Plan does not cover your drug, you have two options:

- You can ask Group Medicare Customer Care for a list of similar drugs that Humana Medicare Employer Plan covers. Show the list to your doctor and ask him or her to prescribe a similar drug that is covered by the Humana Medicare Employer Plan.
- You can ask Humana Medicare Employer Plan to make an exception and cover your drug. See below for information about how to request an exception.

Talk to your health care provider to decide if you should switch to another drug that is covered or if you should request a formulary exception so that it can be considered for coverage.

### **How do I request an exception to the formulary?**

You can ask Humana Medicare Employer Plan to make an exception to the coverage rules. There are several types of exceptions that you can ask to be made.

- **Formulary exception:** You can request that your drug be covered if it is not on the formulary. If approved, this drug will be covered at a pre-determined cost sharing level, and you would not be able to ask us to provide the drug at a lower cost sharing level.
- **Utilization restriction exception:** You can request coverage restrictions or limits not be applied to your drug. For example, if your drug has a quantity limit, you can ask for the limit not to be applied and to cover more doses of the drug.
- **Tier exception:** You can request a higher level of coverage for your drug. For example, if your drug is usually considered a non-preferred drug, you can request it to be covered as a preferred drug instead. This would lower how much money you must pay for your drug. Please remember a higher level of coverage cannot be requested for the drug if approval was granted to cover a drug that was not on the formulary. *You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier.*

Generally, Humana Medicare Employer Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost sharing drug, or other restrictions would not be as effective in treating your health condition and/or would cause adverse medical effects.

You should contact us to ask for an initial coverage decision for a formulary, tier, or utilization restriction exception.

### **When you ask for an exception, you should submit a statement from your health care provider that supports your request. This is called a supporting statement.**

Generally, we must make the decision within 72 hours of receiving your health care provider's supporting statement. You can request a fast, or expedited, exception if you or your health care provider thinks your health would seriously suffer if you wait as long as 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your health care provider's supporting statement.

### **Will my plan cover my drugs if they are not on the formulary?**

You may take drugs that your plan does not cover. Or you may talk to your provider about taking a different drug that your plan covers, but that drug might have a Utilization Management Requirement, such as a Prior

Authorization or Step Therapy, that keeps you from getting the drug right away. In certain cases, we may cover as much as a 30-day supply of your drug during the first 90 days you are a member of the plan.

Here is what we will do for each of your current Part D drugs that are not on the formulary, or if you have limited ability to get your drugs:

- We will temporarily cover a 30-day supply of your drug unless you have a prescription written for fewer days (in which case we will allow multiple fills to provide up to a total of 30 days of a drug) when you go to a pharmacy.
- There will be no coverage for the drugs after your first 30-day supply, even if you have been a member of the plan for less than 90 days, unless a formulary exception has been approved.

If you are a resident of a long-term care facility and you take Part D drugs that are not on the formulary, we will cover a 31-day supply unless you have a prescription written for fewer days (in which case we will allow multiple fills to provide up to a total of 31 days of a drug) during the first 90 days you are a member of our plan. We will cover a 31-day emergency supply of your drug unless you have a prescription for fewer days (in which we will allow multiple fills to provide up to a total of 31 days of a drug) while you request a formulary exception if:

- You need a drug that is not on the formulary *or*
- You have limited ability to get your drugs *and*
- You are past the first 90 days of membership in the plan

Throughout the plan year, your treatment setting (the place where you receive and take your medicine) may change. These changes include:

- Members who are discharged from a hospital or skilled-nursing facility to a home setting
- Members who are admitted to a hospital or skilled-nursing facility from a home setting
- Members who transfer from one skilled-nursing facility to another and use a different pharmacy
- Members who end their skilled-nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who now need to use their Part D plan benefit
- Members who give up Hospice Status and go back to standard Medicare Part A and B coverage
- Members discharged from chronic psychiatric hospitals with highly individualized drug regimens

For these changes in treatment settings, Humana Medicare Employer Plan will cover as much as a 31-day temporary supply of a Part D-covered drug when you fill your prescription at a pharmacy. If you change treatment settings multiple times within the same month, you may have to request an exception or prior authorization and receive approval for continued coverage of your drug. Humana Medicare Employer Plan will review requests for continuation of therapy on a case-by-case basis understanding when you are on a stabilized drug regimen that, if changed, is known to have risks.

### **Transition extension**

Humana Medicare Employer Plan will consider on a case-by-case basis an extension of the transition period if your exception request or appeal has not been processed by the end of your initial transition period. We will continue to provide necessary drugs to you if your transition period is extended.

A Transition Policy is available on Humana's Medicare website, **Humana.com**, in the same area where the Prescription Drug Guides are displayed.

### **Mail order pharmacies make it easy to manage your prescriptions**

You may fill your medicines at any network pharmacy, Humana Pharmacy – Humana's mail-delivery pharmacy is one option. To get started or learn more, visit **humanapharmacy.com**. You can also call Humana Pharmacy at **1-800-379-0092 (TTY: 711)** Monday – Friday, 8 a.m. to 11 p.m., and Saturday, 8 a.m. to 6:30 p.m.

Other pharmacies are available in our network.

## For More Information

For more detailed information about your Humana Medicare Employer Plan prescription drug coverage, please read your Evidence of Coverage (EOC) and other plan materials.

If you have questions about Humana, please visit our website at [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist). The Drug List Search tool lets you search for your drug by name or drug type.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**. You can also visit [www.medicare.gov](https://www.medicare.gov).

## Humana Medicare Employer Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Humana Medicare Employer Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 33.

**Remember: This is only a partial list of drugs covered by Humana.** If your prescription drug is not listed in this partial formulary, please visit our website at **Humana.com**. Our additional contact information is listed on the previous page.

### How to read your formulary

The first column of the chart lists categories of medical conditions in alphabetical order. The drug names are then listed in alphabetical order within each category. Brand-name drugs are CAPITALIZED and generic drugs are listed in lower-case italics. Next to the drug name or Utilization Management column, you may see an indicator to tell you about additional coverage information for that drug. You might see the following indicators:

**DL** - Dispensing Limit; Drugs that may be limited to a 30 day supply, regardless of tier placement.

**MO** - Drugs that are typically available through mail-order. Please contact your mail-order pharmacy to make sure your drug is available.

**LA** - Limited Access; The health plan has authorized certain pharmacies to dispense this medicine, as it requires extra handling, doctor coordination or patient education. Please call the number on the back of your ID card for additional information.

The second column lists the tier of the drug. See page 5 for more details on the drug tiers in your plan.

The third column shows the Utilization Management Requirements for the drug. Humana Medicare Employer Plan may have special requirements for covering that drug. If the column is blank, then there are no utilization requirements for that drug. The supply for each drug is based on benefits and whether your health care provider prescribes a supply for 30, 60, or 90 days. The amount of any quantity limits will also be in this column (Example: "QL - 30 for 30 days" means you can only get 30 doses every 30 days). See page 5 for more information about these requirements.

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>Analgesics</b>		
acetaminophen-cod #3 tablet <b>DL</b>	1	QL (360 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG, BUCCAL FILM <b>DL</b>	3	QL (60 per 30 days)
celecoxib 100 mg, 200 mg, 400 mg, 50 mg, capsule <b>MO</b>	1	QL (60 per 30 days)
diclofenac sod ec 25 mg, 50 mg, 75 mg, tab <b>MO</b>	1	
diclofenac sodium 1% gel <b>MO</b>	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 <b>DL</b>	1	QL (20 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 <b>DL</b>	1	QL (360 per 30 days)
ibuprofen 400 mg, 600 mg, 800 mg, tablet <b>MO</b>	1	
meloxicam 15 mg, tablet <b>MO</b>	1	QL (30 per 30 days)
meloxicam 7.5 mg, tablet <b>MO</b>	1	QL (60 per 30 days)
morphine sulf er 15 mg, 30 mg, 60 mg, tablet <b>DL</b>	1	QL (120 per 30 days)
naproxen 250 mg, 375 mg, 500 mg, tablet; naproxen dr 250 mg, 375 mg, 500 mg, tablet <b>MO</b>	1	
oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, tablet <b>DL</b>	1	QL (360 per 30 days)
oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325; oxycodone-acetaminophn 2.5-325; oxycodone-acetaminophn 7.5-325 <b>DL</b>	1	QL (360 per 30 days)
tramadol hcl 50 mg, tablet <b>DL</b>	1	QL (240 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG, CAPSULE SPRINKLE <b>DL</b>	2	QL (60 per 30 days)
<b>Anesthetics</b>		
lidocaine 5% patch <b>MO</b>	1	PA,QL (90 per 30 days)
lidocaine-prilocaine cream <b>MO</b>	1	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
NARCAN 4 MG/ACTUATION, NASAL SPRAY <b>MO</b>	2	QL (2 per 30 days)
VIVITROL 380 MG, INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <b>DL</b>	4	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 <b>MO</b>	1	QL (90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET <b>MO</b>	1	QL (30 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET <b>MO</b>	1	QL (60 per 30 days)
<b>ANTIBACTERIALS</b>		
amoxicillin 250 mg, 500 mg, capsule <b>MO</b>	1	
amox-clav 250-125 mg, 500-125 mg, 875-125 mg, tablet <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
azithromycin 250 mg, 500 mg, 600 mg, tablet <b>MO</b>	1	
BETHKIS 300 MG/4 ML, SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA
cefdinir 300 mg, capsule <b>MO</b>	1	
cephalexin 250 mg, 500 mg, 750 mg, capsule <b>MO</b>	1	
ciprofloxacin hcl 100 mg, 250 mg, 500 mg, 750 mg, tab <b>MO</b>	1	
clindamycin hcl 150 mg, 300 mg, 75 mg, capsule <b>MO</b>	1	
daptomycin 350 mg, 500 mg, vial <b>DL</b>	4	
DIFICID 200 MG, TABLET <b>DL</b>	4	
DIFICID 40 MG/ML, ORAL SUSPENSION <b>DL</b>	4	
doxycycline hyclate 100 mg, 50 mg, cap <b>MO</b>	1	
imipenem-cilastatin 250 mg, 500 mg, vl <b>MO</b>	1	
levofloxacin 250 mg, 500 mg, 750 mg, tablet <b>MO</b>	1	
meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg, vial <b>MO</b>	1	
meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50 <b>MO</b>	1	
metronidazole 250 mg, 500 mg, tablet <b>MO</b>	1	
nafcillin 1 gm add-van vial; nafcillin 1 gm vial; nafcillin 10 gm bulk vial; nafcillin 2 gm add-vant vial; nafcillin 2 gm vial <b>MO</b>	1	
nafcillin 1 gm/ 50 ml inj; nafcillin 2 gm/ 100 ml inj <b>DL</b>	4	
nitrofurantoin mono-mcr 100 mg, <b>MO</b>	1	
NUZYRA 100 MG, INTRAVENOUS SOLUTION <b>DL</b>	4	
NUZYRA 150 MG, TABLET <b>DL</b>	4	QL (30 per 14 days)
piperacil-tazobact 13.5 gm vl; piperacil-tazobact 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram,; piperacil-tazobact 2.25 gm vl; piperacil-tazobact 3.375 gm vl; piperacil-tazobact 4.5 gm vial <b>MO</b>	1	
polymyxin b sulfatate vial <b>MO</b>	1	
sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet <b>MO</b>	1	
TOBI 300 MG/5 ML, SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA
vanco 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml,-0.9% nacl; vancomycin 1 g/200ml-0.9% nacl <b>MO</b>	3	
<b>ANTICONVULSANTS</b>		
divalproex sod dr 125 mg, 250 mg, 500 mg, tab <b>MO</b>	1	
divalproex sod er 250 mg, 500 mg, tab <b>MO</b>	1	
EPIDIOLEX 100 MG/ML, ORAL SOLUTION <b>DL</b>	4	PA
gabapentin 100 mg, 300 mg, 400 mg, capsule <b>MO</b>	1	QL (270 per 30 days)
gabapentin 600 mg, 800 mg, tablet <b>MO</b>	1	QL (180 per 30 days)

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B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 <b>MO</b>	1	
levetiracetam 1,000 mg, 500 mg, 750 mg, tablet <b>MO</b>	1	
topiramate 100 mg, 200 mg, 50 mg, tablet <b>MO</b>	1	QL (120 per 30 days)
VIMPAT 10 MG/ML, ORAL SOLUTION <b>MO</b>	3	QL (1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG, TABLET <b>MO</b>	3	QL (60 per 30 days)
VIMPAT 200 MG/20 ML, INTRAVENOUS SOLUTION <b>MO</b>	3	
<b>Antidementia Agents</b>		
donepezil hcl 10 mg, 23 mg, 5 mg, tablet; donepezil hcl odt 10 mg, 23 mg, 5 mg, tablet <b>MO</b>	1	QL (30 per 30 days)
donepezil hcl 10 mg, tablet <b>MO</b>	1	QL (60 per 30 days)
memantine hcl 10 mg, 5 mg, tablet <b>MO</b>	1	PA,QL (60 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 <b>MO</b>	2	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG, CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK <b>MO</b>	2	QL (28 per 28 days)
<b>Antidepressants</b>		
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg, tab <b>MO</b>	1	
bupropion hcl sr 150 mg, tablet <b>MO</b>	1	QL (90 per 30 days)
bupropion hcl xl 300 mg, tablet <b>MO</b>	1	QL (60 per 30 days)
citalopram hbr 10 mg, 40 mg, tablet <b>MO</b>	1	QL (30 per 30 days)
citalopram hbr 20 mg, tablet <b>MO</b>	1	QL (60 per 30 days)
duloxetine hcl dr 20 mg, 30 mg, 40 mg, 60 mg, cap <b>MO</b>	1	QL (60 per 30 days)
escitalopram 10 mg, tablet <b>MO</b>	1	QL (45 per 30 days)
fluoxetine hcl 10 mg, 40 mg, capsule <b>MO</b>	1	QL (60 per 30 days)
fluoxetine hcl 20 mg, capsule <b>MO</b>	1	QL (120 per 30 days)
mirtazapine 15 mg, 30 mg, 45 mg, 7.5 mg, tablet <b>MO</b>	1	
paroxetine hcl 10 mg, 20 mg, tablet <b>MO</b>	1	QL (30 per 30 days)
paroxetine hcl 30 mg, 40 mg, tablet <b>MO</b>	1	QL (60 per 30 days)
sertraline hcl 100 mg, tablet <b>MO</b>	1	QL (60 per 30 days)
sertraline hcl 25 mg, 50 mg, tablet <b>MO</b>	1	QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
trazodone 100 mg, 150 mg, 300 mg, 50 mg, tablet <sup>MO</sup>	1	
TRINTELLIX 10 MG, 20 MG, 5 MG, TABLET <sup>MO</sup>	3	ST,QL (30 per 30 days)
venlafaxine hcl er 150 mg, cap <sup>MO</sup>	1	QL (60 per 30 days)
venlafaxine hcl er 75 mg, cap <sup>MO</sup>	1	QL (90 per 30 days)
<b>Antiemetics</b>		
meclizine 12.5 mg, 25 mg, tablet <sup>MO</sup>	1	
ondansetron odt 4 mg, 8 mg, tablet <sup>MO</sup>	1	B vs D,QL (90 per 30 days)
ondansetron hcl 4 mg, 8 mg, tablet <sup>MO</sup>	1	B vs D,QL (90 per 30 days)
promethazine 12.5 mg, 25 mg, 50 mg, tablet <sup>MO</sup>	1	
SANCUSO 3.1 MG/24 HOUR, TRANSDERMAL PATCH <sup>MO</sup>	3	QL (4 per 30 days)
<b>Antifungals</b>		
clotrimazole-betamethasone crm <sup>MO</sup>	1	QL (180 per 30 days)
fluconazole 100 mg, 150 mg, 200 mg, 50 mg, tablet <sup>MO</sup>	1	
ketoconazole 2% shampoo <sup>MO</sup>	1	QL (120 per 30 days)
nystatin 100,000 unit/gm cream <sup>MO</sup>	1	
<b>Antigout Agents</b>		
allopurinol 100 mg, 300 mg, tablet <sup>MO</sup>	1	
MITIGARE 0.6 MG, CAPSULE <sup>MO</sup>	2	
<b>ANTIMIGRAINE AGENTS</b>		
AIMOVIG AUTOINJECTOR 140 MG/ML, SUBCUTANEOUS AUTO-INJECTOR <sup>MO</sup>	3	PA,QL (1 per 30 days)
AIMOVIG AUTOINJECTOR 70 MG/ML, SUBCUTANEOUS AUTO-INJECTOR <sup>MO</sup>	3	PA,QL (2 per 30 days)
EMGALITY PEN 120 MG/ML, SUBCUTANEOUS PEN INJECTOR <sup>MO</sup>	3	PA,QL (2 per 30 days)
EMGALITY 120 MG/ML, SUBCUTANEOUS SYRINGE <sup>MO</sup>	3	PA,QL (2 per 30 days)
EMGALITY 300 MG/3 ML (100 MG/ML X 3), SUBCUTANEOUS SYRINGE <sup>MO</sup>	3	PA,QL (3 per 30 days)
sumatriptan succ 100 mg, 25 mg, 50 mg, tablet <sup>MO</sup>	1	QL (9 per 30 days)
<b>Antimyasthenic Agents</b>		
MESTINON TIMESPAN 180 MG, TABLET,EXTENDED RELEASE <sup>DL</sup>	4	PA
pyridostigmine 60 mg/5 ml, soln <sup>MO</sup>	1	
pyridostigmine br 30 mg, 60 mg, tablet <sup>MO</sup>	1	
pyridostigmine er 180 mg, tab <sup>MO</sup>	1	
<b>Antimycobacterials</b>		
rifabutin 150 mg, capsule <sup>MO</sup>	1	
RIFADIN 600 MG, INTRAVENOUS SOLUTION <sup>MO</sup>	3	
rifampin 150 mg, 300 mg, capsule <sup>MO</sup>	1	
<b>Antineoplastics</b>		
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG, TABLET <sup>DL</sup>	4	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG, TABLET FOR ORAL SUSPENSION <b>DL</b>	4	PA
ALUNBRIG 180 MG, 90 MG, 90 MG (7)- 180 MG (23), TABLET; ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK <b>DL</b>	4	PA,QL (30 per 30 days)
ALUNBRIG 30 MG, TABLET <b>DL</b>	4	PA,QL (180 per 30 days)
CABOMETYX 20 MG, 40 MG, 60 MG, TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
ERIVEDGE 150 MG, CAPSULE <b>DL</b>	4	PA,QL (28 per 28 days)
ERLEADA 60 MG, TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
HERCEPTIN 150 MG, INTRAVENOUS SOLUTION <b>DL</b>	4	PA
HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML, SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (5 per 21 days)
IBRANCE 100 MG, 125 MG, 75 MG, CAPSULE <b>DL</b>	4	PA,QL (21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG, TABLET <b>DL</b>	4	PA,QL (21 per 28 days)
IMBRUVICA 140 MG, CAPSULE <b>DL</b>	4	PA,QL (90 per 30 days)
IMBRUVICA 420 MG, 560 MG, TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
IMBRUVICA 70 MG, CAPSULE <b>DL</b>	4	PA,QL (28 per 28 days)
NUBEQA 300 MG, TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
RITUXAN 10 MG/ML, CONCENTRATE,INTRAVENOUS <b>DL</b>	4	PA
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG, TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
SPRYCEL 140 MG, TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
SPRYCEL 20 MG, TABLET <b>DL</b>	4	PA,QL (90 per 30 days)
TYKERB 250 MG, TABLET <b>DL</b>	4	PA,QL (180 per 30 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG, TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
XTANDI 40 MG, CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
<b>Antiparasitics</b>		
hydroxychloroquine 200 mg, tab <b>MO</b>	1	
ivermectin 3 mg, tablet <b>MO</b>	1	
<b>ANTIPARKINSON AGENTS</b>		
benztropine mes 0.5 mg, 1 mg, 2 mg, tab; benztropine mes 0.5 mg, 1 mg, 2 mg, tablet <b>MO</b>	1	
carbidopa-levodopa 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 <b>MO</b>	1	
KYNMOBI 10 MG, 10-15-20-25-30 MG, 15 MG, 20 MG, 25 MG, 30 MG, SUBLINGUAL FILM; KYNMOBI 10 MG-15 MG-20 MG-25 MG-30 MG SUBLINGUAL FILM <b>DL</b>	4	PA,QL (150 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 <b>MO</b>	3	QL (30 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, tablet <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ropinirole hcl 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg, tablet</i> <b>MO</b>	1	
RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE; RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	ST,QL (360 per 30 days)
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	ST,QL (270 per 30 days)
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	ST,QL (300 per 30 days)
<b>ANTIPSYCHOTICS</b>		
ABILIFY 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG, TABLET <b>DL</b>	4	PA
ABILIFY MAINTENA 300 MG, 400 MG, INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <b>DL</b>	4	QL (1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG, SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE <b>DL</b>	4	QL (1 per 28 days)
ABILIFY MYCITE 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG, TABLET WITH SENSOR AND PATCH <b>DL</b>	4	PA,QL (30 per 30 days)
<i>aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg, tablet</i> <b>MO</b>	1	
ARISTADA 1,064 MG/3.9 ML, SUSPENSION, EXTEND.REL. IM SYRINGE <b>MO</b>	4	QL (3.9 per 56 days)
ARISTADA 441 MG/1.6 ML, SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	4	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML, SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	4	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML, SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	4	QL (3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML, SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	4	QL (2.4 per 42 days)
INVEGA 1.5 MG, 3 MG, 9 MG, TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (30 per 30 days)
INVEGA 6 MG, TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML, INTRAMUSCULAR SYRINGE <b>DL</b>	4	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML, INTRAMUSCULAR SYRINGE <b>DL</b>	4	QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML, INTRAMUSCULAR SYRINGE <b>MO</b>	3	QL (1.5 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML, INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (0.875 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML, INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (1.315 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML, INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML, INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (2.625 per 90 days)
<i>olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg, tablet</i> <b>MO</b>	1	
PERSERIS 120 MG, 90 MG, ABDOMINAL SUBCUTANEOUS EXT. RELEASE SUSPENSION SYRINGE <b>DL</b>	4	QL (1 per 28 days)
<i>quetiapine fumarate 200 mg, 25 mg, 50 mg, tab</i> <b>MO</b>	1	QL (120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
RISPERDAL 0.25 MG, 1 MG, 2 MG, 3 MG, 4 MG, TABLET <b>DL</b>	4	QL (60 per 30 days)
RISPERDAL 0.5 MG, TABLET <b>MO</b>	3	QL (120 per 30 days)
RISPERDAL 1 MG/ML, ORAL SOLUTION <b>DL</b>	4	

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RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, INTRAMUSCULAR SUSP, EXTENDED RELEASE <b>MO</b>	3	QL (2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML, INTRAMUSCULAR SUSP, EXTENDED RELEASE <b>DL</b>	4	QL (2 per 28 days)
<i>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</i> <b>MO</b>	1	QL (60 per 30 days)
<b>Antispasticity Agents</b>		
<i>baclofen 10 mg, 20 mg, tablet</i> <b>MO</b>	1	
<i>dantrolene sodium 100 mg, 25 mg, 50 mg, cap</i> <b>MO</b>	1	
<i>tizanidine hcl 2 mg, 4 mg, tablet</i> <b>MO</b>	1	
<b>ANTIVIRALS</b>		
<i>acyclovir 400 mg, 800 mg, tablet</i> <b>MO</b>	1	
BIKTARVY 50 MG-200 MG-25 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
DESCOVY 200 MG-25 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
EPCLUSA 200 MG-50 MG TABLET; EPCLUSA 400 MG-100 MG TABLET <b>DL</b>	4	PA, QL (28 per 28 days)
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
HARVONI 33.75 MG-150 MG ORAL PELLETS IN PACKET <b>DL</b>	4	PA, QL (28 per 28 days)
HARVONI 45 MG-200 MG ORAL PELLETS IN PACKET <b>DL</b>	4	PA, QL (56 per 28 days)
HARVONI 45 MG-200 MG TABLET; HARVONI 90 MG-400 MG TABLET <b>DL</b>	4	PA, QL (28 per 28 days)
<i>ledipasvir-sofosbuvir 90-400mg</i> <b>DL</b>	4	PA, QL (28 per 28 days)
ODEFSEY 200 MG-25 MG-25 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
<i>oseltamivir phos 45 mg, 75 mg, capsule</i> <b>MO</b>	1	QL (112 per 365 days)
VOSEVI 400 MG-100 MG-100 MG TABLET <b>DL</b>	4	PA, QL (28 per 28 days)
XOFLUZA 20 MG, 40 MG, TABLET <b>MO</b>	3	QL (10 per 365 days)
<b>Anxiolytics</b>		
<i>alprazolam 0.25 mg, 0.5 mg, 1 mg, tablet</i> <b>DL</b>	1	QL (120 per 30 days)
<i>buspirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg, tablet</i> <b>MO</b>	1	
<i>clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg odt; clonazepam 0.5 mg, 1 mg, 2 mg tablet</i> <b>DL</b>	1	
<i>diazepam 2 mg, 5 mg, tablet</i> <b>DL</b>	1	QL (90 per 30 days)
<i>hydroxyzine hcl 10 mg, 25 mg, 50 mg, tablet</i> <b>MO</b>	1	
<i>lorazepam 0.5 mg, 1 mg, tablet</i> <b>DL</b>	1	QL (90 per 30 days)
<b>Bipolar Agents</b>		
<i>lithium carbonate 150 mg, 300 mg, 600 mg, cap</i> <b>MO</b>	1	
<i>lithium carbonate 300 mg, tab</i> <b>MO</b>	1	
<i>lithium carbonate er 300 mg, 450 mg, tb</i> <b>MO</b>	1	

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<i>lithium 8 meq/5 ml, solution</i> <b>MO</b>	1	
LITHOBID 300 MG, TABLET, EXTENDED RELEASE <b>DL</b>	4	
<b>Blood Glucose Regulators</b>		
BAQSIMI 3 MG/ACTUATION, NASAL SPRAY <b>MO</b>	2	
BYDUREON 2 MG PEN INJECT <b>MO</b>	3	QL (4 per 28 days)
BYDUREON BCISE 2 MG/0.85 ML, SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	3	QL (3.4 per 28 days)
FARXIGA 10 MG, 5 MG, TABLET <b>MO</b>	3	QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN <b>MO</b>	2	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS CARTRIDGE <b>MO</b>	2	
FIASP U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION <b>MO</b>	2	
<i>glimepiride 1 mg, 2 mg, 4 mg, tablet</i> <b>MO</b>	1	
<i>glipizide 10 mg, 5 mg, tablet</i> <b>MO</b>	1	
<i>glipizide er 10 mg, 2.5 mg, 5 mg, tablet</i> <b>MO</b>	1	
GLUCAGEN HYPOKIT 1 MG, INJECTION <b>MO</b>	2	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML, SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	2	
GVOKE PFS 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML, SUBCUTANEOUS SYRINGE <b>MO</b>	2	
GVOKE PFS 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML, SUBCUTANEOUS SYRINGE <b>MO</b>	2	
HUMALOG JUNIOR KWIKPEN (U-100) 100 UNIT/ML, SUBCUTANEOUS HALF-UNIT PEN <b>MO</b>	3	ST
HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML), SUBCUTANEOUS; HUMALOG KWIKPEN U-200 INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML), SUBCUTANEOUS <b>MO</b>	3	ST
HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	ST
HUMALOG MIX 50-50 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <b>MO</b>	3	ST
HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <b>MO</b>	3	ST
HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	ST
HUMALOG U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS CARTRIDGE <b>MO</b>	3	ST
HUMALOG U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION <b>MO</b>	3	ST
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	ST

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HUMULIN 70/30 U-100 INSULIN KWIKPEN 100 UNIT/ML SUBCUTANEOUS <b>MO</b>	3	ST
HUMULIN N NPH U-100 INSULIN KWIKPEN 100 UNIT/ML (3 ML), SUBCUTANEOUS <b>MO</b>	3	ST
HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML, SUBCUTANEOUS <b>MO</b>	3	ST
HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML, INJECTION SOLUTION <b>MO</b>	3	ST
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML, SUBCUTANEOUS SOLN <b>DL</b>	4	
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML), SUBCUTANEOUS <b>DL</b>	4	
INSULIN ASPART PRO MIX70-30 PN <b>MO</b>	2	
INSULIN ASPART PRO MIX70-30 VL <b>MO</b>	2	
INSULIN ASPART 100 UNIT/ML PEN <b>MO</b>	2	
INSULIN ASPART 100 UNIT/ML, CRT <b>MO</b>	2	
INSULIN ASPART 100 UNIT/ML, VL <b>MO</b>	2	
INSULIN LISPRO 100 UNIT/ML, PEN; INSULIN LISPRO JR 100 UNIT/ML, <b>MO</b>	3	ST
INSULIN LISPRO 100 UNIT/ML, VL <b>MO</b>	3	ST
INSULIN LISPRO MIX 75-25 KWKPN <b>MO</b>	3	ST
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 <b>MO</b>	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 <b>MO</b>	2	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG, TABLET <b>MO</b>	2	QL (30 per 30 days)
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	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 <b>MO</b>	2	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG, TABLET <b>MO</b>	2	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG, TABLET <b>MO</b>	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 <b>MO</b>	2	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	2	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	2	QL (30 per 30 days)
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)

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KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE; KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN <b>MO</b>	2	
LANTUS U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION <b>MO</b>	2	
LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN <b>MO</b>	2	
LEVEMIR U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION <b>MO</b>	2	
LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS <b>MO</b>	3	ST
LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML), SUBCUTANEOUS <b>MO</b>	3	ST
LYUMJEV U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION <b>MO</b>	3	ST
<i>metformin hcl 1,000 mg, 500 mg, 850 mg, tablet</i> <b>MO</b>	1	
<i>metformin hcl er 500 mg, tablet</i> <b>MO</b>	1	QL (120 per 30 days)
NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30), SUBCUTANEOUS <b>MO</b>	2	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	2	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML), SUBCUTANEOUS INSULIN PEN <b>MO</b>	2	
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML, SUBCUTANEOUS SUSP <b>MO</b>	2	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML), SUBCUTANEOUS INSULIN PEN <b>MO</b>	2	
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML, INJECTION SOLUTION <b>MO</b>	2	
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML), SUBCUTANEOUS <b>MO</b>	2	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	2	
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <b>MO</b>	2	
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML, SUBCUTANEOUS CARTRIDG <b>MO</b>	2	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML, SUBCUTANEOUS SOLUTION <b>MO</b>	2	
ONGLYZA 2.5 MG, 5 MG, TABLET <b>MO</b>	3	QL (30 per 30 days)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	2	QL (1.5 per 28 days)
OZEMPIC 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), SUBCUTANEOUS PEN INJECTOR <b>MO</b>	2	QL (3 per 28 days)
<i>pioglitazone hcl 15 mg, 30 mg, 45 mg, tablet</i> <b>MO</b>	1	QL (30 per 30 days)
RYBELSUS 14 MG, 3 MG, 7 MG, TABLET <b>MO</b>	2	QL (30 per 30 days)

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SOLIQUA 100/33 100 UNIT-33 MCG/ML, SUBCUTANEOUS INSULIN PEN <b>MO</b>	2	QL (15 per 24 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 <b>MO</b>	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 <b>MO</b>	2	QL (30 per 30 days)
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	2	QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML), SUBCUTANEOUS INSULIN PEN <b>MO</b>	2	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML), SUBCUTANEOUS PEN <b>MO</b>	2	
TRADJENTA 5 MG, TABLET <b>MO</b>	2	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN <b>MO</b>	2	
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML), SUBCUTANEOUS PEN <b>MO</b>	2	
TRESIBA U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>	2	QL (2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML), SUBCUTANEOUS PEN INJECTOR <b>MO</b>	2	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML), SUBCUTANEOUS PEN INJECTOR <b>MO</b>	2	QL (9 per 30 days)
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	2	QL (15 per 30 days)
<b>BLOOD PRODUCTS AND MODIFIERS</b>		
BRILINTA 60 MG, 90 MG, TABLET <b>MO</b>	2	QL (60 per 30 days)
<i>clopidogrel 75 mg, tablet</i> <b>MO</b>	1	QL (30 per 30 days)
ELIQUIS 2.5 MG, TABLET <b>MO</b>	2	QL (60 per 30 days)
ELIQUIS 5 MG, TABLET <b>MO</b>	2	QL (74 per 30 days)

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ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK <b>MO</b>	2	QL (74 per 30 days)
enoxaparin 100 mg/ml, 150 mg/ml, syringe <b>MO</b>	1	QL (28 per 28 days)
enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml, syr <b>MO</b>	1	QL (22.4 per 28 days)
enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml, syr <b>MO</b>	1	QL (16.8 per 28 days)
enoxaparin 300 mg/3 ml, vial <b>MO</b>	1	QL (84 per 28 days)
enoxaparin 40 mg/0.4 ml, syr <b>MO</b>	1	QL (11.2 per 28 days)
NEULASTA 6 MG/0.6 ML, SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (1.2 per 28 days)
NEULASTA ONPRO 6 MG/0.6 ML, WITH WEARABLE SUBCUTANEOUS INJECTOR <b>DL</b>	4	PA,QL (1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML, INJECTION SYRINGE <b>DL</b>	4	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML, INJECTION SOLUTION <b>DL</b>	4	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML, INJECTION SYRINGE <b>DL</b>	4	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML, INJECTION SOLUTION <b>DL</b>	4	PA,QL (22.4 per 30 days)
NIVESTYM 300 MCG/0.5 ML, SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (7 per 30 days)
NIVESTYM 300 MCG/ML, INJECTION SOLUTION <b>DL</b>	4	PA,QL (14 per 30 days)
NIVESTYM 480 MCG/0.8 ML, SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML, INJECTION SOLUTION <b>DL</b>	4	PA,QL (22.4 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG, CAPSULE <b>MO</b>	3	QL (60 per 30 days)
PROMACTA 12.5 MG, 75 MG, TABLET <b>DL, LA</b>	4	PA,QL (60 per 30 days)
PROMACTA 12.5 MG, ORAL POWDER PACKET <b>DL, LA</b>	4	PA,QL (360 per 30 days)
PROMACTA 25 MG, ORAL POWDER PACKET <b>DL, LA</b>	4	PA,QL (180 per 30 days)
PROMACTA 25 MG, TABLET <b>DL, LA</b>	4	PA,QL (30 per 30 days)
PROMACTA 50 MG, TABLET <b>DL, LA</b>	4	PA,QL (90 per 30 days)
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML, INJECTION SOLUTION <b>MO</b>	3	PA,QL (14 per 30 days)
UDENYCA 6 MG/0.6 ML, SUBCUTANEOUS SYRINGE <b>DL</b>	4	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 <b>MO</b>	1	
XARELTO 10 MG, 20 MG, TABLET <b>MO</b>	2	QL (30 per 30 days)
XARELTO 15 MG, 2.5 MG, TABLET <b>MO</b>	2	QL (60 per 30 days)
XARELTO DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK <b>MO</b>	2	QL (51 per 30 days)
ZARXIO 300 MCG/0.5 ML, INJECTION SYRINGE <b>DL</b>	4	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML, INJECTION SYRINGE <b>DL</b>	4	PA,QL (11.2 per 30 days)
ZIEXTENZO 6 MG/0.6 ML, SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (1.2 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>Cardiovascular Agents</b>		
amiodarone hcl 100 mg, 200 mg, tablet <b>MO</b>	1	
amlodipine besylate 10 mg, 2.5 mg, 5 mg, tab <b>MO</b>	1	
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg,; amlodipine-benazepril 2.5-10 <b>MO</b>	1	QL (60 per 30 days)
atenolol 100 mg, 25 mg, 50 mg, tablet <b>MO</b>	1	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg, tablet <b>MO</b>	1	
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg, tablet <b>MO</b>	1	
bumetanide 0.5 mg, 1 mg, 2 mg, tablet <b>MO</b>	1	
BYSTOLIC 10 MG, TABLET <b>MO</b>	2	QL (120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG, TABLET <b>MO</b>	2	QL (30 per 30 days)
BYSTOLIC 20 MG, TABLET <b>MO</b>	2	QL (60 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg, tablet <b>MO</b>	1	
chlorthalidone 25 mg, 50 mg, tablet <b>MO</b>	1	
clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg, tablet <b>MO</b>	1	
CORLANOR 5 MG, 7.5 MG, TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
CORLANOR 5 MG/5 ML, ORAL SOLUTION <b>MO</b>	3	PA,QL (560 per 28 days)
digoxin 125 mcg tablet; digoxin 250 mcg tablet <b>MO</b>	1	QL (30 per 30 days)
diltiazem 24h er(cd) 120 mg, 180 mg, 240 mg, cp; diltiazem 24hr er 120 mg, 180 mg, 240 mg, cap <b>MO</b>	1	QL (60 per 30 days)
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg, tab <b>MO</b>	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 <b>MO</b>	1	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
ezetimibe 10 mg, tablet <b>MO</b>	1	QL (30 per 30 days)
fenofibrate 120 mg, 160 mg, tablet <b>MO</b>	1	QL (30 per 30 days)
furosemide 20 mg, 40 mg, 80 mg, tablet <b>MO</b>	1	
hydralazine 10 mg, 100 mg, 25 mg, 50 mg, tablet <b>MO</b>	1	
hydrochlorothiazide 12.5 mg, 25 mg, 50 mg, tab; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg, tb <b>MO</b>	1	
irbesartan 150 mg, 300 mg, 75 mg, tablet <b>MO</b>	1	QL (30 per 30 days)
isosorbide mononit er 120 mg, 30 mg, 60 mg,; isosorbide mononit er 120 mg, 30 mg, 60 mg, tb <b>MO</b>	1	
lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg, tablet <b>MO</b>	1	
lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, tab <b>MO</b>	1	
losartan potassium 100 mg, 25 mg, 50 mg, tab <b>MO</b>	1	QL (60 per 30 days)

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losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg, tab <b>MO</b>	1	QL (60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg, tablet <b>MO</b>	1	
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg, tab <b>MO</b>	1	QL (60 per 30 days)
metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg, tab; metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg, tb <b>MO</b>	1	
MULTAQ 400 MG, TABLET <b>MO</b>	2	QL (60 per 30 days)
NEXLETOL 180 MG, TABLET <b>MO</b>	2	PA,QL (30 per 30 days)
NEXLIZET 180 MG-10 MG TABLET <b>MO</b>	2	PA,QL (30 per 30 days)
nifedipine er 30 mg, 60 mg, 90 mg, tablet <b>MO</b>	1	QL (60 per 30 days)
nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg, tablet sl <b>MO</b>	1	
olmesartan medoxomil 20 mg, 40 mg, 5 mg, tab <b>MO</b>	1	QL (30 per 30 days)
pravastatin sodium 10 mg, 20 mg, 40 mg, 80 mg, tab <b>MO</b>	1	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg, tablet <b>MO</b>	1	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg, capsule <b>MO</b>	1	
REPATHA PUSHTRONEX 420 MG/3.5 ML, SUBCUTANEOUS WEARABLE INJECTOR <b>MO</b>	2	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML, SUBCUTANEOUS PEN INJECTOR <b>MO</b>	2	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML, SUBCUTANEOUS SYRINGE <b>MO</b>	2	PA,QL (3 per 28 days)
rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg, tab <b>MO</b>	1	
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg, tablet <b>MO</b>	1	
spironolactone 100 mg, 25 mg, 50 mg, tablet <b>MO</b>	1	
TEKTURNA 150 MG, 300 MG, TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET; TEKTURNA HCT 150 MG-25 MG TABLET; TEKTURNA HCT 300 MG-12.5 MG TABLET; TEKTURNA HCT 300 MG-25 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
toremide 10 mg, 100 mg, 20 mg, 5 mg, tablet <b>MO</b>	1	
triamterene-hctz 37.5-25 mg, 75-50 mg, tab; triamterene-hctz 37.5-25 mg, 75-50 mg, tb <b>MO</b>	1	
valsartan 160 mg, 320 mg, 40 mg, 80 mg, tablet <b>MO</b>	1	QL (60 per 30 days)
VASCEPA 0.5 GRAM, CAPSULE <b>MO</b>	2	QL (240 per 30 days)
VASCEPA 1 GRAM, CAPSULE <b>MO</b>	2	QL (120 per 30 days)
WELCHOL 3.75 GRAM, ORAL POWDER PACKET <b>MO</b>	3	QL (30 per 30 days)
WELCHOL 625 MG, TABLET <b>MO</b>	3	QL (180 per 30 days)
ZYPITAMAG 1 MG, 2 MG, 4 MG, TABLET <b>MO</b>	2	ST,QL (30 per 30 days)
<b>Central Nervous System Agents</b>		
AUSTEDO 12 MG, 9 MG, TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
AUSTEDO 6 MG, TABLET <b>DL</b>	4	PA,QL (60 per 30 days)

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BETASERON 0.3 MG, SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (15 per 30 days)
COPAXONE 20 MG/ML, SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML, SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (12 per 28 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 <b>MO</b>	1	QL (90 per 30 days)
GILENYA 0.25 MG, 0.5 MG, CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
pregabalin 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg, capsule <b>MO</b>	1	QL (90 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 <b>MO</b>	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 <b>DL</b>	4	PA,QL (60 per 30 days)
TECFIDERA 120 MG, CAPSULE,DELAYED RELEASE <b>DL</b>	4	PA,QL (14 per 30 days)
<b>Dental &amp; Oral Agents</b>		
chlorhexidine 0.12% rinse <b>MO</b>	1	
triamcinolone 0.1% paste <b>MO</b>	1	
<b>DERMATOLOGICAL AGENTS</b>		
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM <b>MO</b>	3	QL (120 per 30 days)
hydrocortisone 1% cream; hydrocortisone 2.5% cream <b>MO</b>	1	QL (240 per 30 days)
mupirocin 2% ointment <b>MO</b>	1	
PICATO 0.015 %, TOPICAL GEL <b>MO</b>	4	QL (3 per 30 days)
PICATO 0.05 %, TOPICAL GEL <b>MO</b>	4	QL (2 per 30 days)
REGANEX 0.01 %, TOPICAL GEL <b>DL</b>	4	PA
SANTYL 250 UNIT/GRAM, TOPICAL OINTMENT <b>MO</b>	2	QL (180 per 30 days)
TACLONEX 0.005 %-0.064 % TOPICAL OINTMENT <b>DL</b>	4	PA,QL (60 per 30 days)
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION <b>MO</b>	4	PA,QL (420 per 30 days)
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
AURYXIA 210 MG IRON, TABLET <b>MO</b>	3	PA,QL (360 per 30 days)
EXJADE 125 MG, 250 MG, 500 MG, DISPERSIBLE TABLET <b>DL</b>	4	PA
JADENU 180 MG, 360 MG, 90 MG, TABLET <b>DL</b>	4	PA
JADENU SPRINKLE 180 MG, 360 MG, 90 MG, ORAL GRANULES IN PACKET <b>DL</b>	4	PA
LOKELMA 10 GRAM, 5 GRAM, ORAL POWDER PACKET <b>MO</b>	2	QL (30 per 30 days)
potassium cl er 10 meq, 15 meq, 20 meq, tablet <b>MO</b>	1	
<b>GASTROINTESTINAL AGENTS</b>		
DEXILANT 30 MG, 60 MG, CAPSULE, DELAYED RELEASE <b>MO</b>	3	QL (30 per 30 days)

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dicyclomine 10 mg, capsule <b>MO</b>	1	
esomeprazole mag dr 20 mg, 40 mg, cap <b>MO</b>	1	QL (60 per 30 days)
famotidine 20 mg, 40 mg, tablet <b>MO</b>	1	
LINZESS 145 MCG, 290 MCG, 72 MCG, CAPSULE <b>MO</b>	2	QL (30 per 30 days)
MOVANTIK 12.5 MG, 25 MG, TABLET <b>MO</b>	2	QL (30 per 30 days)
omeprazole dr 10 mg, 20 mg, 40 mg, capsule <b>MO</b>	1	QL (60 per 30 days)
pantoprazole sod dr 20 mg, 40 mg, tab <b>MO</b>	1	QL (60 per 30 days)
PYLERA 140 MG-125 MG-125 MG CAPSULE <b>MO</b>	3	QL (120 per 30 days)
RELISTOR 12 MG/0.6 ML, SUBCUTANEOUS SOLUTION <b>MO</b>	3	QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML, SUBCUTANEOUS SYRINGE <b>MO</b>	3	QL (36 per 28 days)
RELISTOR 150 MG, TABLET <b>MO</b>	3	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML, SUBCUTANEOUS SYRINGE <b>MO</b>	3	QL (12 per 30 days)
sucralfate 1 gm tablet <b>MO</b>	1	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION <b>MO</b>	2	
SUTAB 1.479-0.188-0.225 GRAM TABLET <b>MO</b>	3	
XIFAXAN 200 MG, TABLET <b>DL</b>	4	PA,QL (9 per 30 days)
XIFAXAN 550 MG, TABLET <b>DL</b>	4	PA,QL (84 per 28 days)
<b>GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
CERDELGA 84 MG, CAPSULE <b>DL</b>	4	PA
CEREZYME 400 UNIT, INTRAVENOUS SOLUTION <b>DL</b>	4	PA
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 <b>MO</b>	2	
ELELYSO 200 UNIT, INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ONPATTRO 2 MG/ML, INTRAVENOUS SOLUTION <b>MO</b>	4	PA
PROLASTIN-C 1,000 MG (+/-)/20 ML INTRAVENOUS SOLUTION; PROLASTIN-C 1,000 MG, 1,000 MG (+/-)/20 ML, INTRAVENOUS POWDER FOR SOLUTION <b>DL, LA</b>	4	PA

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STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML, SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE, DELAYED RELEASE <b>MO</b>	3	
<b>Genitourinary Agents</b>		
<i>finasteride 5 mg, tablet</i> <b>MO</b>	1	QL (30 per 30 days)
GEMTESA 75 MG, TABLET <b>MO</b>	3	QL (30 per 30 days)
MYRBETRIQ 25 MG, 50 MG, TABLET, EXTENDED RELEASE <b>MO</b>	2	QL (30 per 30 days)
<i>oxybutynin 5 mg, tablet</i> <b>MO</b>	1	
<i>oxybutynin cl er 10 mg, 15 mg, 5 mg, tablet</i> <b>MO</b>	1	QL (60 per 30 days)
<i>tamsulosin hcl 0.4 mg, capsule</i> <b>MO</b>	1	
TOVIAZ 4 MG, 8 MG, TABLET, EXTENDED RELEASE <b>MO</b>	2	QL (30 per 30 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>methylprednisolone 4 mg, dosepk</i> <b>MO</b>	1	
<i>prednisone 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg, tablet</i> <b>MO</b>	1	B vs D
<i>triamcinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.5% cream</i> <b>MO</b>	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>desmopressin acetate 0.1 mg, tb</i> <b>MO</b>	1	QL (180 per 30 days)
<i>desmopressin acetate 0.2 mg, tb</i> <b>MO</b>	1	
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML), SUBCUTANEOUS CARTRIDGE <b>DL</b>	4	PA
OMNITROPE 5.8 MG, SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<i>estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg, tablet; estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg, vaginal insrt</i> <b>MO</b>	1	
OSPHENA 60 MG, TABLET <b>MO</b>	2	PA
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG, TABLET <b>MO</b>	3	
PREMARIN 0.625 MG/GRAM, VAGINAL CREAM <b>MO</b>	2	
PREMARIN 25 MG, SOLUTION FOR INJECTION <b>MO</b>	3	

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<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
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 <b>MO</b>	1	
liothyronine sod 10 mcg/ml, v1 <b>MO</b>	1	
liothyronine sod 25 mcg, 5 mcg, 50 mcg, tab <b>MO</b>	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 <b>MO</b>	2	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN 500 MG, TABLET <b>DL</b>	4	
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>		
ORGOVYX 120 MG, TABLET <b>DL</b>	4	PA,QL (32 per 30 days)
SOMATULINE DEPOT 120 MG/0.5 ML, SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML, SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML, SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (0.3 per 28 days)
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
methimazole 10 mg, 5 mg, tablet <b>MO</b>	1	
TAPAZOLE 10 MG, 5 MG, TABLET <b>MO</b>	1	
<b>IMMUNOLOGICAL AGENTS</b>		
COSENTYX 150 MG/ML, SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (8 per 28 days)
COSENTYX 300 MG/2 SYRINGES (150 MG/ML,) SUBCUTANEOUS <b>DL</b>	4	PA,QL (8 per 28 days)
COSENTYX PEN 150 MG/ML, SUBCUTANEOUS <b>DL</b>	4	PA,QL (8 per 28 days)
COSENTYX PEN 300 MG/2 PENS (150 MG/ML,) SUBCUTANEOUS <b>DL</b>	4	PA,QL (8 per 28 days)
DUPIXENT 300 MG/2 ML, SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (6 per 28 days)
DUPIXENT 200 MG/1.14 ML, SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (3.42 per 28 days)
DUPIXENT 300 MG/2 ML, SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (6 per 28 days)
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 <b>DL</b>	4	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE; ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML), SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML), SUBCUTANEOUS CARTRIDGE <b>DL</b>	4	PA,QL (8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML), SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (8 per 28 days)
ENVARUSUS XR 0.75 MG, 1 MG, 4 MG, TABLET,EXTENDED RELEASE <b>MO</b>	3	PA
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 <b>DL</b>	4	PA
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMIRA 10 MG/0.2 ML, SYRINGE <b>DL</b>	4	PA,QL (2 per 28 days)
HUMIRA 20 MG/0.4 ML, 40 MG/0.8 ML, SUBCUTANEOUS SYRINGE KIT; HUMIRA 20 MG/0.4 ML, 40 MG/0.8 ML, SYRINGE <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML, SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML, SUBCUT KIT <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML, SUBCUT KT <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML, SUBCUTANEOUS SYRINGE KIT <b>DL</b>	4	PA,QL (2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML, SUBCUTANEOUS SYRINGE KIT <b>DL</b>	4	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 <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML, SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML, SUBCUT KT <b>DL</b>	4	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 <b>DL</b>	4	PA,QL (6 per 28 days)
INFLECTRA 100 MG, INTRAVENOUS SOLUTION <b>DL</b>	4	PA
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML, SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML, SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (2.28 per 28 days)
<i>methotrexate 2.5 mg, tablet</i> <b>MO</b>	1	B vs D
REMICADE 100 MG, INTRAVENOUS SOLUTION <b>DL</b>	4	PA
RINVOQ 15 MG, TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (30 per 30 days)
RUCONEST 2,100 UNIT, INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (8 per 28 days)
SHINGRIX (PF) 50 MCG/0.5 ML, INTRAMUSCULAR SUSPENSION, KIT <b>DL</b>	2	QL (2 per 999 days)
SIMPONI ARIA 12.5 MG/ML, INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (20 per 28 days)
SKYRIZI 150 MG/1.66 ML(75 MG/0.83 ML X 2) SUBCUTANEOUS SYRINGE KIT; SKYRIZI 150 MG/ML, 150MG/1.66ML(75 MG/0.83 ML X2), SUBCUTANEOUS SYRINGE <b>MO</b>	4	PA,QL (6 per 365 days)
STELARA 130 MG/26 ML, INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (104 per 30 days)
STELARA 45 MG/0.5 ML, SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (1.5 per 84 days)
STELARA 45 MG/0.5 ML, SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (1.5 per 84 days)
STELARA 90 MG/ML, SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (3 per 84 days)
<b>Inflammatory Bowel Disease Agents</b>		
ASACOL HD 800 MG, TABLET,DELAYED RELEASE <b>DL</b>	4	ST,QL (180 per 30 days)
<i>mesalamine 800 mg, dr tablet</i> <b>MO</b>	1	ST,QL (180 per 30 days)

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<i>mesalamine er 0.375 gram, cap</i> <b>MO</b>	1	QL (120 per 30 days)
PENTASA 500 MG, CAPSULE, CONTROLLED RELEASE <b>DL</b>	4	ST, QL (300 per 30 days)
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium 35 mg, 70 mg, tab</i> <b>MO</b>	1	QL (4 per 28 days)
FORTEO 20 MCG/DOSE (620 MCG/2.48 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	4	PA, QL (2.48 per 28 days)
PROLIA 60 MG/ML, SUBCUTANEOUS SYRINGE <b>MO</b>	3	QL (1 per 180 days)
RAYALDEE 30 MCG, CAPSULE, EXTENDED RELEASE <b>DL</b>	4	PA, QL (60 per 30 days)
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	4	PA, QL (1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML), SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA, QL (1.7 per 28 days)
<b>Miscellaneous Therapeutic Agents</b>		
BD ALCOHOL SWABS <b>MO</b>	1	
OMNIPOD DASH 5 PACK INSULIN POD SUBCUTANEOUS CARTRIDGE <b>MO</b>	2	
OMNIPOD INSULIN MANAGEMENT <b>MO</b>	2	
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE <b>MO</b>	2	
RECTIV 0.4 % (W/W), OINTMENT <b>MO</b>	3	QL (30 per 30 days)
V-GO 20 DEVICE <b>MO</b>	2	
V-GO 30 DEVICE <b>MO</b>	2	
V-GO 40 DEVICE <b>MO</b>	2	
<b>Ophthalmic Agents</b>		
ALPHAGAN P 0.1 %, EYE DROPS <b>MO</b>	2	
ALPHAGAN P 0.15 %, EYE DROPS <b>MO</b>	3	PA
<i>brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp</i> <b>MO</b>	1	
COMBIGAN 0.2 %-0.5 % EYE DROPS <b>MO</b>	2	QL (5 per 25 days)
<i>dorzolamide-timolol eye drops</i> <b>MO</b>	1	
DUREZOL 0.05 %, EYE DROPS <b>MO</b>	2	
ILEVRO 0.3 %, EYE DROPS, SUSPENSION <b>MO</b>	2	QL (3 per 30 days)
<i>latanoprost 0.005% eye drops</i> <b>MO</b>	1	QL (5 per 25 days)
LOTEMAX 0.5 %, EYE DROPS, SUSPENSION; LOTEMAX 0.5 %, EYE GEL DROPS <b>MO</b>	3	ST
LOTEMAX 0.5 %, EYE OINTMENT <b>MO</b>	3	ST
LOTEMAX SM 0.38 %, EYE GEL DROPS <b>MO</b>	3	
LUMIGAN 0.01 %, EYE DROPS <b>MO</b>	2	QL (2.5 per 25 days)
PAZEO 0.7% EYE DROPS <b>MO</b>	3	QL (2.5 per 25 days)
<i>prednisolone ac 1% eye drop</i> <b>MO</b>	1	
RESTASIS 0.05 %, EYE DROPS IN A DROPPERETTE <b>MO</b>	2	QL (60 per 30 days)
RESTASIS MULTIDOSE 0.05 %, EYE DROPS <b>MO</b>	2	QL (5.5 per 25 days)

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RHOPRESSA 0.02 %, EYE DROPS <b>MO</b>	2	ST,QL (2.5 per 25 days)
ROCKLATAN 0.02 %-0.005 % EYE DROPS <b>MO</b>	2	ST,QL (2.5 per 25 days)
VYZULTA 0.024 %, EYE DROPS <b>MO</b>	3	QL (5 per 30 days)
<b>Otic Agents</b>		
<i>ciproflox-dexameth otic susp</i> <b>MO</b>	1	
<i>neomycin-polymyxin-hc ear soln</i> <b>MO</b>	1	
<i>neomycin-polymyxin-hc ear susp</i> <b>MO</b>	1	
<i>ofloxacin 0.3% ear drops</i> <b>MO</b>	1	
<b>Respiratory Tract/Pulmonary Agents</b>		
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG, TABLET <b>DL</b>	4	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 <b>MO</b>	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 <b>MO</b>	2	QL (12 per 30 days)
<i>albuterol hfa 90 mcg inhaler</i> <b>MO</b>	1	QL (36 per 30 days)
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION <b>MO</b>	3	PA,QL (60 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION, POWDER FOR INHALATION <b>MO</b>	2	QL (30 per 30 days)
BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER <b>MO</b>	3	QL (10.7 per 30 days)
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION <b>MO</b>	2	QL (60 per 30 days)
BREZTRI AEROSPHERE 160 MCG-9MCG-4.8MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	2	QL (10.7 per 30 days)
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION <b>MO</b>	3	QL (4 per 20 days)
DALIRESP 250 MCG, TABLET <b>MO</b>	2	QL (28 per 365 days)
DALIRESP 500 MCG, TABLET <b>MO</b>	2	QL (30 per 30 days)
ESBRIET 267 MG, CAPSULE <b>DL, LA</b>	4	PA,QL (270 per 30 days)
ESBRIET 267 MG, TABLET <b>DL, LA</b>	4	PA,QL (270 per 30 days)
ESBRIET 801 MG, TABLET <b>DL, LA</b>	4	PA,QL (90 per 30 days)
FASENRA 30 MG/ML, SUBCUTANEOUS SYRINGE <b>MO</b>	4	PA,QL (1 per 28 days)
FASENRA PEN 30 MG/ML, SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	4	PA,QL (1 per 28 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION, POWDER FOR INHALATION <b>MO</b>	2	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION, AEROSOL INHALER <b>MO</b>	2	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION, AEROSOL INHALER <b>MO</b>	2	QL (10.6 per 30 days)
<i>fluticasone prop 50 mcg spray</i> <b>MO</b>	1	QL (16 per 30 days)
<i>hydroxyzine pam 100 mg, 25 mg, 50 mg, cap</i> <b>MO</b>	1	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION, POWDER FOR INHALATION <b>MO</b>	3	PA,QL (30 per 30 days)
<i>levocetirizine 5 mg, tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>montelukast sod 10 mg, tablet</i> <b>MO</b>	1	QL (30 per 30 days)
NUCALA 100 MG, 100 MG/ML, SUBCUTANEOUS AUTO-INJECTOR; NUCALA 100 MG, 100 MG/ML, SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (3 per 28 days)
NUCALA 100 MG/ML, SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (3 per 28 days)
OFEV 100 MG, 150 MG, CAPSULE <b>DL, LA</b>	4	PA,QL (60 per 30 days)
PERFORMIST 20 MCG/2 ML, SOLUTION FOR NEBULIZATION <b>MO</b>	3	PA,QL (120 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE, POWDER FOR INHALATION <b>MO</b>	3	PA,QL (60 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION, SOLUTION FOR INHALATION <b>MO</b>	2	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG, AND INHALATION CAPSULES <b>MO</b>	2	QL (30 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION <b>MO</b>	2	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION, SOLUTION FOR INHALATION <b>MO</b>	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 <b>MO</b>	2	QL (10.2 per 30 days)
TOBI PODHALER 28 MG, CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG, INHALE CAP <b>DL</b>	4	PA,QL (224 per 28 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 <b>MO</b>	2	QL (60 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION, AEROSOL INHALER <b>MO</b>	2	QL (36 per 30 days)
<i>wixela inhub 100 mcg-50 mcg/dose powder for inhalation; wixela inhub 250 mcg-50 mcg/dose powder for inhalation; wixela inhub 500 mcg-50 mcg/dose powder for inhalation</i> <b>MO</b>	1	QL (60 per 30 days)
<b>Skeletal Muscle Relaxants</b>		
<i>cyclobenzaprine 10 mg, 5 mg, tablet</i> <b>MO</b>	1	
<i>methocarbamol 500 mg, 750 mg, tablet</i> <b>MO</b>	1	
<b>SLEEP DISORDER AGENTS</b>		
BELSOMRA 10 MG, TABLET <b>MO</b>	2	QL (60 per 30 days)
BELSOMRA 15 MG, 20 MG, TABLET <b>MO</b>	2	QL (30 per 30 days)
BELSOMRA 5 MG, TABLET <b>MO</b>	2	QL (120 per 30 days)

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temazepam 15 mg, 22.5 mg, 30 mg, 7.5 mg, capsule <b>DL</b>	1	QL (30 per 30 days)
zolpidem tart 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg, tab sl; zolpidem tart 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg, tablet sl; zolpidem tart er 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg, tab; zolpidem tartrate 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg, tablet <b>MO</b>	1	QL (30 per 30 days)

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If you need help filing a grievance, call **1-866-396-8810** 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 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)**.
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### Auxiliary aids and services, free of charge, are available to you. 1-866-396-8810 (TTY: 711)

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**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.

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

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك











This abridged formulary was updated on 09/28/2021 and is not a complete list of drugs covered by our plan. For a complete listing, or other questions, please contact Humana Medicare Employer Plan with any questions at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m. Eastern time. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week by visiting **Humana.com**.



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