

Rx4 Drug List

Level One – Includes low-cost generic and brand-name drugs.

Level Two – Includes higher-cost generic and brand-name drugs.

Level Three – Includes high-cost, mostly brand-name drugs and some self-administered injectables. These drugs may have generic or brand-name alternatives in Levels One or Two.

Level Four – Includes high technology drugs and self-administered injectable drugs, which are not available on other levels.

If you request a brand-name drug when a generic equivalent is available, you pay the applicable generic copayment, plus the cost difference between the brand-name and generic drugs.

Listed below in alphabetical order are commonly prescribed drugs for each level. This is not a complete list. If there is a prescription drug that is not on this list, go to **Humana.com** or call the Customer Service phone number on the back of your ID card to see if it's covered and into what level it falls.

Note: The drugs in **BOLD TYPE** are generic drugs. The drugs in regular type are brand-name drugs.

Drugs listed with a ^{QL} have dispensing limitations. Please refer to the Quantity Limitations section in this document.

IR = immediate release, SR = sustained release, ER = extended release

Level One

ACCU-CHEK TEST STRIPS ^{QL}

ACETAMINOPHEN W/CODEINE ^{QL}

ACETAZOLAMIDE

ALBUTEROL ^{QL}

ALLOPURINOL

ALPRAZOLAM

AMITRIPTYLINE

AMOXICILLIN

APRI

ATENOLOL

ATENOLOL W/CHLORTHALIDONE

BENAZEPRIL ^{QL}

BENZONATATE

BISOPROLOL/HCTZ

BUTALBITAL/APAP/CAFFEINE ^{QL}

CAPTOPRIL

CARBAMAZEPINE

CARISOPRODOL

CEPHALEXIN

CHLORHEXIDINE

CHLORPROMAZINE

CIMETIDINE, prescription strength

CITALOPRAM HBR ^{QL}

CLEMASTINE, prescription strength

CLONAZEPAM

CLONIDINE

CYCLOBENZAPRINE

DIAZEPAM

DICLOFENAC POTASSIUM

DICLOFENAC SODIUM

DICYCLOMINE HYCLATE

DIPHENOXYLATE/ATROPINE

DOXAZOSIN

DOXEPIN

DOXYCYCLINE HYCLATE

DURADRIN ^{QL}

ENALAPRIL

ERYTHROMYCIN

ESTRADIOL TRANSDERMAL

ESTROPIPATE

ETODOLAC IR, ER

FENOPROFEN

FLUCONAZOLE ^{QL}

FLUCINONIDE

FLUOXETINE ^{QL}

FLURBIPROFEN

FOLIC ACID 1 mg

FUROSEMIDE

GEMFIBROZIL ^{QL}

GLIPIZIDE

GLIPIZIDE ER

GLYBURIDE

HYDROCHLOROTHIAZIDE

HYDROCORTISONE 2.5%

HYOSCYAMINE

IBUPROFEN, prescription strength

IMIPRAMINE

INDAPAMIDE

ISOSORBIDE DINITRATE

ISOSORBIDE MONOITRATE ER, SA

LANOXIN

LEVORA

LEVOTHROID

LEVOXYL

LISINOPRIL

LORAZEPAM

LOVASTATIN ^{QL}

LOW-OGESTREL

MEDROXYPROGESTERONE

MELOXICAM ^{QL}

MENEST

METFORMIN

METHOCARBAMOL

METHYLPREDNISOLONE

METOCLOPRAMIDE

METOPROLOL

METRONIDAZOLE, immediate release

NAPROXEN

NECON

NEOMYCIN/POLYMYXIN/HC

NITROQUICK

NORTRIPTYLINE

NYSTATIN W/TRIAMCINOLONE

NYSTATIN, ORAL

ONE TOUCH TEST STRIPS ^{QL}

OXAPROZIN

OXYBUTYNIN, immediate release

Level One *(continued)*

OXYCODONE W/ACETAMINOPHEN ^{QL}
PAROXETINE ^{QL}
PHENAZOPYRIDINE
PHENOBARBITAL
PIROXICAM
POTASSIUM Chloride
PRAVASTATIN ^{QL}
PREDNISOLONE
PREDNISON
PROMETHAZINE

PROPOXYPHENE NAPSYLATE
W/PAP ^{QL}
PROPRANOLOL
RANITIDINE, prescription strength
SERTRALINE ^{QL}
SIMVASTATIN ^{QL}
SULFAMETHOXAZOLE/
TRIMETHOPRIM
SULINDAC
SYNTHROID
TEMAZEPAM ^{QL}
TETRACYCLINE

THEOPHYLLINE
TIMOLOL
TOPROL XL
TRAZODONE
TRIAMCINOLONE CREAM
TRIAMTERENE W/HCTZ
TRIAZOLAM ^{QL}
TRIVORA
ULTRA NATALCARE
VERAPAMIL
WARFARIN
ZOVIA

Level Two

ABILIFY ^{QL}
ABILIFY DISCMELT ^{QL}
ACTIQ ^{QL}
ACTONEL ^{QL}
ACTOPLUS MET ^{QL}
ACTOS ^{QL}
ACYCLOVIR
ADVAIR ^{QL}
ADVICOR ^{QL}
AGGRENOX
ALESSE
ALKERAN
ALORA ^{QL}
ALPAIN
ALPHAGAN P
ALTACE ^{QL}
ALUPENT ^{QL}
AMANTADINE HCL
AMI-TEX LA
AMILORIDE HCL
AMPHETAMINE Salts ^{QL}
ANA-KIT ^{QL}
ANALPRAM HC
ANDROGEL ^{QL}
ANZEMET ^{QL}
ARICEPT ^{QL}
ASACOL ^{QL}
ASMANEX ^{QL}
ASTELIN ^{QL}
ATROVENT INHALER ^{QL}
AUGMENTIN XR
AVALIDE ^{QL}
AVANDAMET ^{QL}
AVANDARYL ^{QL}
AVANDIA ^{QL}
AVAPRO ^{QL}
AVINZA
AVODART ^{QL}
AZMACORT ^{QL}
BACLOFEN
BELLATAL ER
BENICAR ^{QL}
BENICAR HCT ^{QL}

BENAZEPRIL-HCTZ
BREVICON
BUPROPION IR, SR
BUSPIRONE
CADUET ^{QL}
CANASA ^{QL}
CAPEX
CAPTOPRIL/HCTZ
CARBIDOPA/LEVODOPA
CARDIZEM LA ^{QL}
CARTIA XT ^{QL}
CEFUROXIME
CELLCEPT
CENESTIN
CIPRODEX
CIPROFLOXACIN
CLINDAMYCIN, oral
CLOBEX
CLOPIDOGREL
COLAZAL ^{QL}
COMBIPATCH ^{QL}
COMBIVENT ^{QL}
COREG
COUMADIN
CRESTOR ^{QL}
CYMBALTA ^{QL}
CYTOXAN
DESIPRAMINE HCL
DESMOPRESSIN INJ.
DESONIDE
DETROL
DETROL LA
DIFFERIN
DILANTIN
DILTIA XT ^{QL}
DIPYRIDAMOLE
DOVONEX
DOXYCYCLINE MONOHYDRATE
EFFEXOR
EFFEXOR XR ^{QL}
EPIPEN ^{QL}
ESTRADERM ^{QL}
ESTROSTEP

EVISTA
EXELON ^{QL}
FEMHRT
FEXOFENADINE HCL ^{QL}
FLOMAX ^{QL}
FLOVENT ^{QL}
FLUMISOLIDE ^{QL}
FLUTICASONE
FLUVOXAMINE ^{QL}
FORADIL ^{QL}
FORTAMET
FOSAMAX ^{QL}
FOSAMAX PLUS D ^{QL}
FOSINOPRIL SODIUM
FOSRENOL
GABAPENTIN ^{QL}
GENGRAF
GEODON ^{QL}
GLUCAGON ^{QL}
GLYBURIDE/METFORMIN
GLYBURIDE MICRONIZED
HYDRALAZINE HCL
**HYDROCODONE W/
ACETAMINOPHEN** ^{QL}
HYDROCORTISONE VALERATE
HYDROXYCHLOROQUINE
HYDROXYZINE
IMITREX ^{QL}
INNOPRAN XL
INTAL ^{QL}
ISOCHRON
ISOSORBIDE MONONITRATE
KADIAN ^{QL}
KALETRA
KETEK
KYTRIL ^{QL}
LANTUS
LESCOL ^{QL}
LESCOL XL ^{QL}
LEVAQUIN ^{QL}
LEVEMIR
LEXAPRO ^{QL}
LIPITOR ^{QL}

Level Two (continued)

LITHIUM CITRATE

LOESTRIN FE

LO/OVRAL

LOTREL

LUMIGAN ^{QL}

MAXAIR ^{QL}

MENOSTAR ^{QL}

MEPROBAMATE

MERCAPTOPURINE

METHYLPHENIDATE

METROGEL

METROLOTION

MIACALCIN NASAL SPRAY ^{QL}

MINOCYCLINE

MIRCETTE

MIRTAZAPINE

MODICON

MST 600

MYLERAN

NABUMETONE

NAMENDA ^{QL}

NASONEX ^{QL}

NEORAL SOLUTION

NIASPAN

NIFEDIPINE, immediate release

NITROFURANTOIN MACROCRYSTAL

NOR-Q-D

NORDETTE

NORINYL

NORVASC ^{QL}

NOVOLIN

NOVOLOG

NOVOLOG MIX 70/30

NUVARING ^{QL}

OMEPRAZOLE ^{QL}

OMNICEF

OPTIVAR

ORAMORPH ^{QL}

ORTHO EVRA ^{QL}

ORTHO MICRONOR

ORTHO TRI-CYCLEN

ORTHO TRI-CYCLEN LO

ORTHO-CEPT

ORTHO-CYCLEN

ORTHO-NOVUM

OXYBUTYNIN CL ER

OXYCODONE TABLET

OXYCONTIN ^{QL}

OXYTROL

PAREGORIC

PATANOL

PENTASA ^{QL}

PERPHENAZINE

PREMARIN

PREMPHASE

PREMPRO

PREMPRO Low Dose

PROAIR HFA ^{QL}

PROGRAF

PROMETHEGAN SUPPOSITORIES

PROMETRIUM

PROPANTHELINE BROMIDE

PULMICORT

PROVENTIL HFA ^{QL}

PULMICORT FLEXhaler ^{QL}

PULMICORT TURBUhaler ^{QL}

QVAR ^{QL}

RAPAMUNE

RAZADYNE ^{QL}

RELAGESIC ^{QL}

RELPAK ^{QL}

REMINYL ^{QL}

REQUIP

RETIN-A MICRO

RIBAVIRIN ⁽¹⁾ ^{QL}

RISPERDAL ^{QL}

RISPERDAL M ^{QL}

RYTHMOL SR

SEREVENT ^{QL}

SEROQUEL ^{QL}

SINGULAIR ^{QL}

SKELAXIN

SOMNOTE

SPIRIVA ^{QL}

SPIRONOLACTONE

STAFLEX ^{QL}

STAGESIC ^{QL}

STALEVO

STRIANT

SULAR ^{QL}

SULFASALAZINE

SULFAZINE EC

TAMOXIFEN

TARKA

TEGRETOL

TEMODAR ^{QL}

TERAZOSIN

TILADE ^{QL}

TIMOLOL GEL/SOLUTION

TIZANIDINE

TOBRADEX

TOLMETIN

TORECAN

TORSEMIDE

TRANSDERM - SCOP ^{QL}

TRAVATAN ^{QL}

TRI-NORINYL

TRICOR ^{QL}

TRIPHASIL

VALTREX ^{QL}

VANACET ^{QL}

VENLAFAXINE

VERAPAMIL CAP PELLET ^{QL}

VERAPAMIL SA

VIGAMOX

VIVELLE ^{QL}

VIVELLE DOT ^{QL}

VOLTAREN - XR

WELCHOL

WELLBUTRIN XL ^{QL}

XALATAN

XELODA ^{QL}

XODOL ^{QL}

YASMIN

YAZ

ZETIA ^{QL}

ZIAGEN

ZITHROMAX

ZMAX ^{QL}

ZOFRAN ^{QL}

ZOFRAN ODT ^{QL}

ZOLOFT ^{QL}

ZYMAR

ZYPREXA ^{QL}

ZYPREXA ZYDIS ^{QL}

Level Three

ACCOLATE ^{QL}
ACCUNEB
ACCUPRIL ^{QL}
ACCURETIC ^{QL}
AC CUTANE
ACEON ^{QL}
ACIPHEX ^{(1) QL}

ACETYLCYSTEINE

ACTIVELLA
ADALAT CC ^{QL}
ADDERALL ^{QL}
ADDERALL XR ^{QL}
AEROBID ^{QL}
ALCET ^{QL}
ALDACTONE
ALDOMET
ALLEGRA ^{(1) QL}
ALLEGRA-D 12 HR ^{(1) QL}
ALLEGRA-D 24 HR ^{(1) QL}
ALTOPREV ^{QL}
AMARYL
AMBIEN ^{QL}
AMBIEN CR ^{(1) QL}
AMERGE ^{QL}

AMNESTEEM

ANAGRELIDE HCL

ANAMANTLE HC CREAM/CREAM KIT
ANDRODERM
ARANESP ^{(1) QL}
ARTHROTEC
ASCENSIA TEST STRIPS ^{QL}
ATACAND ^{QL}
ATARAX
ATIVAN
AUGMENTIN
AVELOX ^{QL}
AVONEX ^{(1) QL}
AXERT ^{QL}
AXID
AZILECT ^{QL}
AZULFIDINE ^{QL}
BARACLUDE ^{QL}
BECONASE AQ ^{QL}
BENZAFLIN
BENZAMYCIN
BETASERON ^{(1) QL}
BIAXIN
BONIVA ^{(1) QL}
BUSPAR

CABERGOLINE

CARDIZEM
CARDIZEM CD
CARDURA
CARDURA XL ^{QL}
CATAFLAM
CEFTIN
CEFZIL
CELEBREX ^{QL}

CELEXA ^{QL}
CERUMENEX
CILOXAN
CIPRO
CIPRO XR ^{QL}
CLARINEX ^{(1) QL}
CLARINEX-D 12 HR ^{(1) QL}
CLARINEX-D 24 HR ^{(1) QL}
CLIMARA ^{QL}
CLINDAGEL
CLOZARIL
COMPAZINE
CONDYLOX
CONCERTA ^{QL}
COPAXONE ^{(1) QL}
COREG CR ^{(1) QL}
CORTISPORIN OTIC
COVERA-HS ^{QL}
COZAAR ^{QL}
CYCLESSA

CYCLOSPORINE

DARVOCET A500
DARVOCET-N 100 ^{QL}
DAYPRO
DAYTRANA ^{QL}
DELTASONE
DEMADEX

DEMECLOCYCLINE HCL

DENAVIR
DEPAKOTE
DEPAKOTE ER
DEPAKOTE SPRINKLE

DESMOPRESSIN SOL

DESMOPRESSIN TAB

DESMOPRESSIN SPRAY

DESOGEN
DESOWEN
DESYREL

DEXAMETHASONE ELIXIR

DEXEDRINE ^{QL}

DEXFOL

DIABETA
DIATX
DIFLUCAN ^{QL}
DILACOR XR ^{QL}
DIOVAN ^{QL}
DIOVAN HCT ^{QL}
DITROPAN XL
DOSTINEX
DUETACT ^{QL}
DURABAC ^{QL}
DURAGESIC ^{QL}
DYAZIDE
ELAVIL
ELIDEL
ELOCON
EMEND ^{QL}
EMLA

EMSAM ^{QL}
ENULOSE
EPOGEN ^{(1) QL}
ESTRACE TABLETS
ESTRASORB ^{QL}
ESTRATEST
ESTRING ^{QL}
ESTROGEL ^{QL}
EXUBERA ^{QL}
FACTIVE ^{QL}
FAMVIR ^{QL}
FEMRING ^{QL}
FLAGYL ER
FLEXERIL
FLONASE ^{QL}
FLOXIN ^{QL}
FLUMIST

FLUTAMIDE

FOCALIN
FOCALIN XR ^{QL}
FOLBEE PLUS
FOLTX
FRAGMIN ^{QL}
FREESTYLE TEST STRIPS ^{QL}
FROVA ^{QL}
GABITRIL

GENGRAF

GLUCOPHAGE
GLUCOPHAGE XR ^{QL}
GLUCOTROL XL
GLUCOVANCE
GLUMETZA ^{QL}
HALCION ^{QL}
HUMALOG
HUMALOG MIX 50/50
HUMALOG MIX 75/25
HUMULIN
HYDRODIURIL
HYTRIN
HYZAAR ^{QL}
IMURAN
INNOHEP ^{QL}
INOVA
INVEGA ^{QL}
JANUVIA ^{(1) QL}
K-DUR
KEFTAB
KEPPRA
KLONOPIN
KLONOPIN WAFERS
LAMICTAL
LASIX
LEFLUNOMIDE ^{QL}
LEUKINE ^{QL}
LEVEMIR
LIALDA ^{QL}
LIBRIUM
LIPRAM

Level Three (continued)

LODINE
LODINE XL
LOFIBRA ^{QL}
LOPRESSOR
LORTAB ^{QL}
LOTENSIN ^{QL}
LOTENSIN HCT ^{QL}
LOTREL
LOTRISONE CREAM
LOTRONEX ^{QL}
LOVENOX ^{QL}
LUNESTA ^{(1) QL}
LUXIQ
LYNOX
MACROBID
MAGNACET ^{QL}
MAVIK ^{QL}
MAXALT ^{QL}
MAXALT MLT ^{QL}
MAXZIDE
MESALAMINE
METADATE CD ^{QL}
METADATE ER
METAGLIP
METHOTREXATE
METROGEL-VAGINAL
METROCREAM
MEVACOR ^{QL}
MEXITIL
MICARDIS ^{QL}
MIDODRINE HCL
MIGRANAL NASAL SPRAY ^{QL}
MINOCIN
MOBIC ^{QL}
MONOPRIL ^{QL}
MS CONTIN ^{QL}
NAPRELAN
NASACORT AQ ^{QL}
NASAREL ^{QL}
NEULASTA ^{QL}
NEUMEGA ^{QL}
NEUPOGEN ^{QL}
NEURONTIN ^{QL}
NEXAVAR ^{(1) QL}
NEXIUM ^{QL}
NITROSTAT
NOLVADEX
NOROXIN ^{QL}
OCUFLOX
OGEN
OPANA
OPANA ER
OPTASE
ORACEA ^{QL}
ORAPRED ODT
ORTHO-PREFEST
ORUVAIL
PANIXINE
PAXIL ^{QL}
PAXIL CR ^{QL}
PENICILLIN VK
PEPCID
PHENERGAN TABLETS
PLAN B ^{QL}
PLAVIX
PLENDIL ^{QL}
PRAVACHOL ^{QL}
PRAVIGARD PAC ^{QL}
PRECISION TEST STRIPS ^{QL}
PREDNISONE SOL
PREVACID ^{(1) QL}
PREVACID NAPRAPAC ^{(1) QL}
PRILOSEC ^{(1) QL}
PRINIVIL ^{QL}
PRINZIDE ^{QL}
PROCARDIA
PROCARDIA XL ^{QL}
PROCIT ^{(1) QL}
PROMETHAZINE W/CODEINE
PROSCAR ^{QL}
PROTONIX ^{(1) QL}
PROTOPIK
PROVENTIL TABLETS
PROVERA
PROVIGIL ^{QL}
PROZAC ^{QL}
PROZAC WEEKLY ^{QL}
PURINETHOL
RANEXA ^{(1) QL}
RANICLOR
REBETOL ^{(1) QL}
REBIF ^{(1) QL}
REGLAN
REGRANEX
RELAFEN
RELENZA ^{QL}
REMERON
RESTORIL ^{QL}
RETIN-A
REVATIO ⁽¹⁾
RHINOCORT AQUA ^{QL}
RIBAPAK ^{(1) QL}
RIBASPHERE ^{(1) QL}
RIBATAB ^{(1) QL}
RILUTEK
RIOMET
RITALIN
RITALIN LA
RITALIN-SR
ROSANIL
ROXICODONE
ROZEREM ^{(1) QL}
SALEX
SANDIMMUNE
SARAFEM ^{QL}
SEASONIQUE
SENSIPAR ^{QL}
SINEMET CR
SOLODYN
SONATA ^{(1) QL}
SOLTAMOX
STADOL NASAL SPRAY ^{QL}
STRATTERA ^{QL}
SYMBYAX ^{QL}
TACLONEX ^{QL}
TAMIFLU ^{QL}
TAZORAC
TEGRETOL XR
TEKTURNIA ^{QL}
TENORMIN
TEQUIN
TERAZOL 3
TESTIM ^{QL}
TEVETEN ^{QL}
TEVETEN HCT ^{QL}
TIAZAC ^{QL}
TIMOPTIC - XE
TOBI ^{(1) QL}
TOPAMAX
TORNALATE
TRENTAL
TRIAZ
TRILEPTAL
TYLENOL W/CODEINE ^{QL}
TYZEKA ^{QL}
ULTRAM ^{QL}
ULTRAM ER ^{QL}
UNIRETIC ^{QL}
UNIVASC ^{QL}
UROGESIC-BLUE
UROXATRAL ^{QL}
VALIUM
VANTIN
VASERETIC
VASOTEC ^{QL}
VENTOLIN ^{QL}
VEPESID
VIADUR ^{(1) QL}
VICODIN ^{QL}
VIROPTIC
VISTARIL
VITACON FORTE
VOLTAREN
VUSION
VYTORIN ^{QL}
WELLBUTRIN ^{QL}
WELLBUTRIN SR ^{QL}
XANAX
XANAX XR ^{QL}
XIFAXAN ^{QL}
XOPENEX

Level Three *(continued)*

XOPENEX HFA ^{QL}
XYREM
ZANAFLEX
ZANTAC TABLETS
ZAROXOLYN
ZEGERID ^{(1) QL}
ZELNORM ^{QL}
ZESTORETIC ^{QL}

ZESTRIL ^{QL}
ZIAC
ZITHROMAX PACKET ^{QL}
ZITHROMAX TABLET ^{QL}
ZITHROMAX TRI-PAK
ZOCOR ^{QL}
ZODERM
ZOMIG ^{QL}

ZOMIG NASAL SPRAY ^{QL}
ZOMIG ZMT ^{QL}
ZONEGRAN
ZOVIRAX
ZYRTEC ^{QL}
ZYFLO ^{QL}

Level Four

ACTIMMUNE ^{(1) QL}
ALFERON N ^{QL}
AMEVIVE ^{(1) QL}
APOKYN ^{QL}
ARAVAL ^{QL}
ARIXTRA ^{QL}
BYETTA ^{(1) QL}
DDAVP INJ.
ELIGARD ^{(1) QL}
ENBREL ^{(1) QL}
EXJADE ^{QL}
FENTORA ^{(1) QL}
FOLAN ⁽¹⁾
FORTEO ⁽¹⁾
FUZEON ^{QL}
GENOTROPIN ^{(1) QL}
GLEEVEC ^{QL}
HUMATROPE ^{(1) QL}
HUMIRA ^{(1) QL}
HYALGAN ^{(1) QL}
INCRELEX ^{(1) QL}
INFERGEN ^{(1) QL}

INTRON A ^{(1) QL}
IRESSA ^{QL}
IPLEX ^{(1) QL}
KINERET ^{(1) QL}
LUPRON DEPOT ^{(1) QL}
MIACALCIN INJ ^{QL}
NORDITROPIN ^{(1) QL}
NORDITROPIN NORDIFLEX ^{(1) QL}
NUTROPIN ^{(1) QL}
NUTROPIN AQ ^{(1) QL}
NUTROPIN DEPOT ^{(1) QL}
OMNITROPE ^{(1) QL}
ORENCIA ^{(1) QL}
PEGASYS ^{(1) QL}
PEG-INTRON ^{(1) QL}
PROLASTIN ^{(1) QL}
PROLEUKIN ⁽¹⁾
RAPTIVA ^{(1) QL}
REBETRON ^{(1) QL}
REMODULIN ⁽¹⁾
REVLIMID ^{(1) QL}
ROFERON-A ^{(1) QL}

SAIZEN ^{(1) QL}
SANDOSTATIN ⁽¹⁾
SANDOSTATIN LAR DEPOT ⁽¹⁾
SEROSTIM ^{(1) QL}
SPORANOX ^{(1) QL}
SPRYCEL ^{(1) QL}
SUTENT ^{(1) QL}
SYMLIN ^{(1) QL}
SYNAGIS ^{(1) QL}
TEV-TROPIN ^{(1) QL}
TRACLEER ^{(1) QL}
TRELSTAR ^{(1) QL}
TYKERB ^{(1) QL}
VENTAVIS ^{(1) QL}
XOLAIR ^{(1) QL}
ZEMAIRA ^{(1) QL}
ZOLADEX ^{(1) QL}
ZORBTIME ^{(1) QL}

⁽¹⁾ Prior authorization: before coverage for the drugs requiring prior authorization is extended, your physician must obtain prior authorization from Humana. Unless your physician requests and receives this approval from Humana, your prescription may not be covered. To request prior authorization, your physician should call our clinical hot line at 1-800-555-CLIN (2546). **This number is for your doctor's use only.** Hours of operation are between 8 a.m. and 6:30 p.m. EST, Monday through Friday.

Save even more with Rx4!

To get the most from your Rx4 prescription drug benefits, Humana provides a discount for many noncovered **oral** prescription drugs. **Members can save an average of 20 percent** on drugs for weight loss, impotence, hair growth and smoking cessation, for example.

The discount is available at all major pharmacy chains **except** those in **Mississippi**.

Check out the [Rx4 Pharmacy Discount Program link](#) on MyHumana for the details on this program. It is not necessary to show the printable Discount Card (shown online) when purchasing noncovered **oral** prescription drugs.

The top noncovered **oral** prescription drugs used include:

ADIPEX-P

CIALIS

CLOMIPHENE CITRATE

DIETHYLPROPION HCL

ETHEDENT

HYDROQUINONE

LAMISIL

LEVITRA

LIDOCAINE HCL VISCIOUS

MERIDIA

NICOTROL

NYSTATIN

PENLAC

PHENDIMETRAZINE TARTRATE

PHENTERMINE HCL

PREIDENT

PREIDENT 5000 PLUS

PROGESTERONE

PROPECIA

RENOVA

SODIUM FLUORIDE

TRI-LUMA

TRIAMCINOLONE ACETONIDE

VANIQA

VIAGRA

XENICAL

ZYBAN

Quantity Limitations

There are dispensing limitations on coverage for the drugs listed below. If your doctor prescribes one of these drugs and it falls outside the noted dispensing limitations, he/she should contact the Humana Clinical Pharmacy Review at 1-800-555-CLIN (2546). **This number is for your doctor's use only.** Hours of operation are between 8 a.m. and 6:30 p.m. EST, Monday through Friday.

Limitations based on quantities:

ABILIFY	30 tabs/30 days
ABILIFY DISCMELT	30 tabs/30 days
ACCOLATE	60 tabs/30 days
ACCUPRIL	30 tabs/30 days
ACCURETIC	30 tabs/30 days
ACEON	30 tabs/30 days
ACETAMINOPHEN W/CODEINE	390 tabs/30 days
ACETAMINOPHEN W/CODEINE LIQ	5010 ml /30 days
ACIPHEX	30 tabs/30 days
ACTIMMUNE	12 vials/30 days
ACTIQ	120 lollipops/30 days
ACTONEL 35MG	4 tabs/30 days
ACTONEL (ALL OTHER STRENGTHS)	30 tabs/30 days
ACTONEL WITH CALCIUM	28 tabs/30 days
ACTOPLUS MET	90 tabs/30 days
ACTOS	30 tabs/30 days
ACUFLEX	360 tabs/30 days
ADALAT CC	30 tabs/30 days
ADDERALL 20MG	90 tabs/30 days
ADDERALL (ALL OTHER STRENGTHS)	60 tabs/30 days
ADDERALL XR	60 caps/30 days
ADVAIR DISKUS	1 disk/30 days
ADVAIR HFA	1 inhaler/30 days
ADVICOR	60 tabs/30 days
AEROBID	3 inhalers/30 days
AEROBID-M	3 inhalers/30 days
ALBUTEROL 90MCG	2 inhalers/30 days
ALBUTEROL SULFATE HFA	2 inhalers/30 days
ALCET	240 tabs/30 days
ALFERON N	4 vials/30 days
ALLEGRA 180 MG	30 tabs/30 days
ALLEGRA 30 MG, 60 MG	60 tabs/30 days
ALLEGRA SUSP	300 ml/30 days
ALLEGRA-D 12 HR	60 tabs/30 days
ALLEGRA-D 24 HR	30 tabs/30 days
ALORA	8 patches/30 days
ALTACE	30 caps/30 days
ALTOPREV	30 tabs/30 days
ALUPENT INHALER	4 inhalers/30 days

AMBIEN	30 tabs/30 days
AMBIEN CR	30 tabs/30 days
AMERGE	9 tabs/30 days
AMEVIVE	4 vials/30 days
AMPHETAMINE SALTS 20MG	90 tab/30 days
AMPHETAMINE SALTS (ALL OTHER STRENGTH)	60 tabs/30 days
ANA-KIT	1 kit/copayment
ANDRODERM 2.5MG/24HR PT24	90 patches/30 days
ANDRODERM 5MG/24HR PT24	30 patches/30 days
ANDROGEL GEL MD PMP	2 gel pumps/30 days
ANDROGEL GEL PACK 1% (25MG)	120 packets/30 days
ANDROGEL GEL PACK 1% (50MG)	60 packets/30 days
ANTARA	30 caps/30 days
ANZEMET	12 tabs/30 days
APOKYN	60 cartridges/30 days
ARALAST 1,000 MG	24 vials/30 days
ARALAST 500 MG	48 vials/30 days
ARANESP	4 vials-syringes/30 days
ARANESP 150 MCG/.75	3 vials/30days
ARAVA 10 MG, 20 MG	30 tabs/30 days
ARAVA 100 MG	3 tabs/30 days
ARICEPT	30 tabs/30 days
ARICEPT ODT	30 tabs/30 days
ARIXTRA	10 syringes/30 days
ASACOL	360 tabs/30 days
ASTELIN	1 nasal spray/30 days
ATACAND	30 tabs/30 days
ATACAND HCT	30 tabs/30 days
ATROVENT	1 nasal spray/30 days
ATROVENT HFA	2 inhalers/30 days
AVALIDE	30 tabs/30 days
AVANDAMET	60 tabs/30 days
AVANDARYL	60 tabs/30 days
AVANDIA 2 MG, 4 MG	60 tabs/30 days
AVANDIA 8 MG	30 tabs/30 days
AVAPRO	30 tabs/30 days
AVASTIN	4 syringes/30 days
AVELOX	21 tabs per script
AVINZA 120MG	180 caps/30 days

Limitations (continued)

AVINZA (ALL OTHER STRENGTHS)	120 caps/30 days
AVODART	30 caps/30 days
AVONEX	4 syringes/30 days
AXERT	9 tabs/30 days
AZILECT	30 tabs/30 days
AZMACORT	2 inhalers/30 days
AZULFIDINE	360 tabs/30 days
AZULFIDINE ENTABS	360 tabs/30 days
BARACLUDE	30 tabs/30 days
BARACLUDE ORAL SOLUTION	600 ml/30 days
BECONASE AQ	3 nasal sprays/30 days
BENZAEPRIIL HCL	30 tabs/30 days
BENICAR	30 tabs/30 days
BENICAR HCT	30 tabs/30 days
BETASERON	15 vials/30 days
BONIVA 150MG	1 tabs/30 days
BUTALBITAL/APAP/CAFFEINE	360 caps-tabs/30 days
BUTORPHANOL NASAL SPRAY	2 bottles/30 days
BYETTA	1 pen inj/30 days
CADUET	30 tabs/30 days
CANASA 1000MG	60 suppositories/30 days
CANASA 500MG	90 suppositories/30 days
CARDIZEM LA	30 tabs/30 days
CARDURA XL	30 tabs/30 days
CARTIA XT	30 caps/30 days
CAVERJECT*	6 inj/30 days
CELEBREX	60 caps/30 days
CELEXA 10 MG	30 tabs/30 days
CELEXA 20 MG	90 tabs/30 days
CELEXA 40 MG	45 tabs/30 days
CHANTIX	56 tabs/30 days
CIALIS**	6 tabs/30 days
CIPRO XR 1000MG	14 tabs per script
CIPRO XR 500MG	3 tabs per script
CLARINEX	30 tabs/30 days
CLARINEX-D 12 HR	60 tabs/30 days
CLARINEX-D 24 HR	30 tabs/30 days
CLIMARA	4 patches/30 days
CLIMARA PRO	4 patches/30 days
COLAZAL	270 tabs/30 days
COMBIPATCH	8 patches/30 days
COMBIVENT	2 inhalers/30 days
CONCERTA 36 MG	60 tabs/30 days
CONCERTA (ALL OTHER STRENGTHS)	30 tabs/30 days
COPAXONE	1 kit/30 days
COPEGUS	168 tabs/30 days

COREG CR	30 caps/30 days
COVERA-HS	30 tabs/30 days
COZAAR	60 tabs/30 days
CRESTOR	30 tabs/30 days
CYMBALTA 20 MG, 30 MG	60 caps/30 days
CYMBALTA 60 MG	30 caps/30 days
DALMANE	30 caps/30 days
DARVOCET-N 100	180 tabs/30 days
DAYTRANA	30 patches/30 days
DEPO-PROVERA 150 MG/ML VIAL/SYRINGE	1 vial/syringe/90 days
DESOXYN	120 tabs/30 days
DEXEDRINE	120 caps-tabs/30 days
DIABETIC BLOOD GLUCOSE TEST STRIPS	300 strips/30 days
DIFLUCAN 150 MG	2 tabs/30 days
DILTIA XT	30 caps/30 days
DIOVAN	60 tabs/30 days
DIOVAN HCT	30 tabs/30 days
DUETACT	30 tabs/30 days
DURABAC FORTE	240 tabs/30 days
DURADRIN	360 caps/30 days
DURAGESIC	20 patches/30 days
DURAXIN	360 caps/30 days
EDEX*	6 inj/ 30 days
EFFEXOR XR 37.5 MG, 150 MG	30 caps/30 days
EFFEXOR XR 75 MG	90 caps/30 days
ELIGARD 22.5 MG, 30 MG, 7.5 MG	1 syringe/30 days
EMEND 40 MG	1 capsule per script
EMEND 125 MG/80 MG	6 caps/30 days
EMEND 80 MG, 125 MG	10 caps/30 days
EMSAM	30 patches/30 days
ENBREL 25 MG	8 vials/30 days
ENBREL 50 MG/ML	4 syringes/30 days
EPIPEN	1 pen/copayment
EPOGEN 10,000 UNITS/ML	12 vials/30 days
EPOGEN 2,000 UNITS/ML	12 vials/30 days
EPOGEN 20,000 UNITS/ML	12 vials/30 days
EPOGEN 3,000 UNITS/ML	12 vials/30 days
EPOGEN 4,000 UNITS/ML	12 vials/30 days
EPOGEN 40,000 UNITS/ML	4 vials/30 days
ESCLIM	8 patches/30 days
ESTRADERM	8 patches/30 days
ESTRASORB	56 packets/30 days
ESTRING	1 ring/90 days
ESTROGEL	1 gel pump/60 days
EXELON 1.5, 3MG	90 caps/30 days

Limitations (continued)

EXELON (ALL OTHER STRENGTHS)	60 caps/30 days
EXELON 2MG/ML ORAL SOLUTION	240 ml/30 days
EXJADE	150 tabs/30 days
EXUBERA COMBINATION PACK 180	1 pack per script
EXUBERA COMBINATION PACK 270	1 pack per script
EXUBERA KIT	1 kit per year
EXUBERA PATIENT PACK	2packs per script
FACTIVE	7 tabs per script
FAMVIR	60 tabs/30 days
FEMPATCH	4 patches/30 days
FEMRING	1 ring/90 days
FENTORA	120 tabs/30 days
FEXOFENADINE HCL 180 MG	30 tabs/30 days
FEXOFENADINE HCL (ALL OTHER STRENGTHS)	60 tabs/30 days
FIORICET	360 tabs/30 days
FIORICET W/CODEINE	360 caps/30 days
FLEXTRA	270 caps/30 days
FLEXTRA-650	180 tabs/30 days
FLEXTRA-DS	240 tabs/30 days
FLOMAX	60 caps/30 days
FLONASE	1 spray/30 days
FLOVENT HFA 44MCG	1 inhaler/30 days
FLOVENT HFA (ALL OTHER STRENGTHS)	2 inhalers/30 days
FLOXIN	56 tabs per script
FLUCONAZOLE 150 MG	2 tabs/30 days
FLUNISOLIDE	2 nasal sprays/30 days
FLUOXETINE	60 tabs/30 days
FOCALIN XR	30 caps/30 days
FORADIL	60 inhalation caps/30 days
FORTICAL	1 nasal spray/30 days
FOSAMAX 35, 70MG	4 tabs/30 days
FOSAMAX (ALL OTHER STRENGTHS)	30 tabs/30 days
FOSAMAX 70MG/75ML ORAL SOLUTION	360 ml/30 days
FOSAMAX PLUS D	4 tabs/30 days
FRAGMIN	14 syringes/30 days
FROVA	9 tabs/30 days
GABAPENTIN	180 tabs-caps/30 days
GEMFIBROZIL	60 tabs/30 days
GENOTROPIN	28 cartridges/syringes/30 days
GENOTROPIN 1.5 MG	30 cartridges/30 days
GEODON	60 caps/30 days

GLEEVEC 100MG	120 tabs/30 days
GLEEVEC 400MG	60 tabs/30 days
GLUCOPHAGE XR 500 MG	120 tabs/30 days
GLUCOPHAGE XR 750 MG	60 tabs/30 days
GLUMETZA	120 tabs/30 days
HALCION	30 tabs/30 days
HEXAFLU	180 tabs/30 days
HISTEX SR	240 tabs/30 days
HUMATROPE 5 MG	12 vials/30 days
HUMATROPE 6 MG, 12 MG, 14 MG	4 cartridges/30 days
HUMIRA	2 syringes/30 days
HYALGAN	10 syringes-vials/30 days
HYCET	5550 ml/30 days
HYCOMED 10/650 MG	180 tabs/30 days
HYCOMED 5/500 MG	240 caps-tabs/30 days
HYDROCODONE/ACETAMINOPHEN 5-500	240 tabs/30 days
HYZAAR	60 tabs/30 days
IMITREX INJECTIONS KIT	4 kits/30 days
IMITREX CARTRIDGE KITS	4 kits/30 days
IMITREX NASAL SPRAY	1 box/30 days
IMITREX TABS	9 tabs/30 days
IMITREX VIALS	4 vials/30 days
INCRELEX	13 vials/30 days
INFERGEN 15 MCG	12 syringes-vials/30 days
INFERGEN 9 MCG	12 vials/30 days
INTAL	3 inhalers/30 days
INTRON A 10 MILLION UNITS	12 vials/30 days
INTRON A 10 MM UNITS	12 vials/30 days
INTRON A 10 MM UNITS	2 kits/28 days
INTRON A 18 MILLION UNITS	12 vials/30 days
INTRON A 3 MM UNITS	2 kits/28 days
INTRON A 3 MM UNITS	12 vials/30 days
INTRON A 5 MM UNITS	2 kits/28 days
INTRON A 50 MILLION UNITS	12 vials/30 days
INVEGA 6 MG	60 tabs/30 days
INVEGA (ALL OTHER STRENGTH)	30 tabs/ 30 days
IPLIX	72 ml/30 days
IRESSA	60 tabs/30 days
JANUVIA	30 tabs/ 30 days
KADIAN 80 MG, 200 MG	60 caps/30 days
KADIAN 100MG	180 caps/30 days
KADIAN (ALL OTHER STRENGTHS)	120 caps/30 days
KETOROLAC	20 tabs/30 days
KINERET	28 syringes/30 days
KYTRIL	12 tabs/30 days

Limitations (continued)

KYTRIL ORAL SOLUTION	50.1 ml/30 days
LESCOL	60 caps/30 days
LESCOL XL	30 tabs/30 days
LEVAQUIN	21 tabs per script
LEVITRA**	6 tabs/30 days
LEXAPRO	30 tabs/30 days
LIALDA	120 tabs/ 30 days
LIPITOR	30 tabs/30 days
LORTAB 10/500	240 tabs/30 days
LORTAB 2.5/500	240 tabs/30 days
LORTAB 5/500	240 tabs/30 days
LORTAB 7.5/500	240 tabs/30 days
LORTAB elixir	3600 ml/30 days
LOTENSIN	30 tabs/30 days
LOTENSIN HCT	30 tabs/30 days
LOTRONEX	60 tabs/30 days
LOVASTATIN	60 tabs/30 days
LUMIGAN	7.5 ml/30 days
LUNESTA	30 tabs/30 days
LUPRON DEPOT	1 kit/90 days
LYNOX	390 tabs/30 days
MAGNACET	300 tabs/30 days
MALARONE	12 tabs/30 days
MAVIK	30 tabs/30 days
MAXAIR	1 inhaler/30 days
MAXALT	9 tabs/30 days
MAXALT MLT	9 tabs/30 days
MELOXICAM	30 tabs/30 days
MELOXICAM SUSP	300 ml/30 days
MENOSTAR	8 patches/30 days
METADATE CD	60 caps/30 days
MEVACOR	60 tabs/30 days
MIACALCIN	1 nasal spray/30 days
MIACALCIN INJ	30 vials/30 days
MICARDIS 80MG	60 tabs/30 days
MICARDIS (ALL OTHER STRENGTHS)	30 tabs/30 days
MICARDIS HCT 80/12.5MG	60 tabs/30 days
MICARDIS HCT (ALL OTHER STRENGTHS)	30 tabs/30 days
MIGRANAL	8 ml/30 days
MOBIC 7.5 MG/5 ML	300 ml/30 days
MONOPRIL	60 tabs/30 days
MS CONTIN 100, 200MG	180 tabs/30 days
MS CONTIN (ALL OTHER STRENGTHS)	120 tabs/30 days
MUSE*	6 suppos/30 days
NAMENDA	60 tabs/30 days
NAMENDA ORAL SOLUTION	360 ml/30 days

NAMENDA TITRATION PAK	98 tabs/30 days
NASACORT	2 nasal sprays/30 days
NASACORT AQ	1 nasal spray/30 days
NASAREL	1 nasal spray/30 days
NASONEX	1 nasal spray/30 days
NEUPOGEN	14 syringes/30 days
NEURONTIN	180 tabs-caps/30 days
NEXAVAR 200 MG	120 tabs/30 days
NEXIUM	30 caps/30 days
NIFEDIPINE ER	30 tabs/30 days
NORDITROPIN	4 cartridges/30 days
NORDITROPIN NORDIFLEX 10 MG/1.5 ML Pen	4 pens/30 days
NOROXIN	42 tabs per script
NORVASC	30 tabs/30 days
NUTROPIN	28 vials/30 days
NUTROPIN AQ	28 cartridges/30 days
NUTROPIN DEPOT	6 kits/30 days
NUVARING	1 ring/30 days
OMEPRAZOLE 20 MG	60caps/30 days
OMEPRAZOLE (ALL OTHER STRENGTHS)	30 caps/30 days
OMNITROPE	8 vials/30 days
OPANA ER	60 tabs/30 days
ORACEA	30 caps/30 days
ORAMORPH 100MG	180 tabs/30 days
ORAMORPH (ALL OTHER STRENGTHS)	120 tabs/30 days
ORENCIA	4 vials/30 days
ORTHO EVRA	3 patches/30 days
OXYCODONE W/ACETAMINOPHEN 10-325	360 tabs/30 days
OXYCODONE W/ACETAMINOPHEN 10-650	180 tabs/30 days
OXYCODONE W/ACETAMINOPHEN 5/500	240 caps/30 days
OXYCODONE W/ACETAMINOPHEN 5-325	360 tabs/30 days
OXYCODONE W/ACETAMINOPHEN 7.5/325	360 tabs/30 days
OXYCODONE W/ACETAMINOPHEN 7.5-500	240 tabs/30 days
OXYCONTIN	120 tabs/30 days
PAXIL	30 tabs/30 days
PAXIL CR 25 MG	90 tabs/30 days
PAXIL CR (ALL OTHER STRENGTHS)	60 tabs/30 days
PEGASYS	4 vials/30 days
PEG-INTRON	4 vials/30 days
PENTASA 250MG	600 caps/30 days
PENTASA (ALL OTHER STRENGTHS)	300 caps/30 days

Limitations (continued)

PLAN B	1 packet per script
PLENDIL	30 tabs/30 days
PRAVACHOL	30 tabs/30 days
PRAVASTATIN	30 tabs/30 days
PRAVIGARD	30 tabs/30 days
PREVACID	30 caps/30 days
PREVACID NapraPAC	84 caps-tabs/30 days
PREVACID Solutabs	30 solutabs/30 days
PREVACID Susp	30 susp/30 days
PRILOSEC	30 tabs/30 days
PRINIVIL	30 tabs/30 days
PRINZIDE	30 tabs/30 days
PROAIR HFA	2 inhalers/30 days
PROCARDIA XL	30 tabs/30 days
PROCRIT 10,000 UNITS	12 vials/30 days
PROCRIT 2,000 UNITS	12 vials/30 days
PROCRIT 20,000 UNITS	12 vials/30 days
PROCRIT 3,000 UNITS	12 vials/30 days
PROCRIT 4,000 UNITS	12 vials/30 days
PROCRIT 40,000 UNITS	4 vials/30 days
PROLASTIN 500	48 vials/30 days
PROLASTIN 1,000	24 vials/30 days
PROPOXYPHENE NAPSYLATE-APAP 100-650	180 tabs/30 days
PROPOXYPHENE NAPSYLATE-APAP 50-325	360 tabs/30 days
PROSCAR	30 tabs/30 days
PROTONIX	30 tabs/30 days
PROVENTIL	2 inhalers/30 days
PROVENTIL HFA	2 inhalers/30 days
PROVIGIL	60 tabs/30 days
PROZAC	60 pulvules/30 days
PROZAC ORAL SOLUTIONS	300 ml/30 days
PROZAC WEEKLY	4 caps/28 days
PULMICORT FLEXHALER	2 inhalers/30 days
PULMICORT TURBUHALER	1 inhaler/30 days
QVAR 40MCG	4 inhalers/30 days
QVAR (ALL OTHER STRENGTHS)	2 inhalers/30 days
RANEXA	120 tabs/30 days
RAPTIVA	4 vials/30 days
RAZADYNE	60 tabs/30 days
RAZADYNE ER 8MG	60 caps/30 days
RAZADYNE ER (ALL OTHER STRENGTHS)	30 caps/30 days
RAZADYNE ORAL SOLUTION	200 ml/30 days
REBETOL 200 MG	168 caps/30 days
REBETOL 40 MG Soln	800 ml /30 days
REBETRON	2 kits/30 days

REBIF	12 syringes/30 days
RELAGESIC	180 tabs/30 days
RELENZA	1 inhaler per prescription/ 2 inhalers per year
RELPAK	9 tabs/30 days
REMINYL	60 tabs/30 days
REMINYL ORAL SOLUTION	200 ml/30 days
RESTORIL	30 caps/30 days
REVLIMID	25 caps/30 days
RHINOCORT AQUA	2 nasal sprays/30 days
RIBAPAK DOSEPAK	56 caps/30 days
RIBASPHERE 400 MG	112 tabs/30 days
RIBASPHERE 600 MG	56 tabs/30 days
RIBATAB 400 MG	112 tabs/30 days
RIBATAB 600 MG	56 tabs/30 days
RIBATAB DOSEPAK	56 tabs/30 days
RIBAVIRIN	168 caps/30 days
RISPERDAL 0.5 MG	120 tabs/30 days
RISPERDAL (ALL OTHER STRENGTHS)	60 tabs/30 days
RISPERDAL M	60 tabs/30 days
ROFERON-A	12 vials/30 days
ROZEREM	30 tabs/30 days
SAIZEN	28 cartridges-vials/ 30 days
SARAFEM	28 pulvules/30 days
SENSIPAR 90 MG	120 tabs/30 days
SENSIPAR (ALL OTHER STRENGTHS)	60 tabs/30 days
SEREVENT DISKUS	1 disk/30 days
SEROQUEL 100 MG, 300 MG, 400 MG	90 tabs/30 days
SEROQUEL 25 MG, 50 MG, 200 MG	120 tabs/30 days
SEROSTIM	28 vials/30 days
SERTRALINE	60 tabs/30 days
SIMVASTATIN	30 tabs/30 days
SINGULAIR	30 tabs/30 days
SINGULAIR GRANULES	30 packets/30 days
SOMAVERT	30 vials/30 days
SONATA	30 caps/30 days
SPIRIVA	30 inhalation caps/30 days
SPORANOX*	150 ml/30 day; 90 days per lifetime
SPORANOX*	30 caps/30 days; 90 days per lifetime
SPRYCEL 50 MG	120 tabs/30 days
SPRYCEL (ALL OTHER STRENGTHS)	60 tabs/30 days
STADOL NASAL SPRAY	2 bottles/30 days

Limitations (continued)

STAFLEX	240 tabs/30 days
STAGESIC	480 tabs/30 days
STRATTERA	60 caps/30 days
STRATTERA 80 MG, 100 MG	30 caps/30 days
SULAR	30 tabs/30 days
SUTENT	30 tabs/30 days
SYMBYAX	30 caps/30 days
SYNAGIS 100 MG	2 vials/30 days
SYNAGIS 50 MG	2 vials/30 days
SYNAGIS 50 MG/0.5 ML	1 vial/30 days
TACLONEX	120 gm/30 days
TAMIFLU 12 MG/ML	75 ml per prescription/ 150 ml per year
TAMIFLU 75 MG Gelcap	10 caps per prescription/ 20 caps per year
TEKTURNA	30 tabs/30 days
TEMAZEPAM	30 caps/30 days
TEMODAR 250 MG	10 tabs/30 days
TEMODAR 5 MG, 20 MG, 100 MG	20 caps/30 days
TESTIM	60 gel packets/30 days
TESTODERM TTS	30 patches/30 days
TEVETEN	60 tabs/30 days
TEVETEN HCT	60 tabs/30 days
TEV-TROPIN	28 vials/30 days
TIAZAC	30 caps/30 days
TILADE	3 inhalers/30 days
TOBI	280 ml /30 days
TORADOL	20 tabs/30 days
TRACLEER	60 tabs/30 days
TRANSDERM - SCOP	4 patches/30 days
TRAVATAN	5ml/30 days
TRIAZOLAM	30 tabs/30 days
TRICOR 145 MG	30 tabs/30 days
TRICOR 48 MG	60 tabs/30 days
TYKERB	150 tabs/30 days
TYLENOL W/CODEINE elixir	5010 ml /30 days
TYZEKA	30 tabs/ 30 days
ULTRAM	240 tabs/30 days
ULTRAM ER	30 tabs/30 days
UNIRETIC 7.5/12.5MG	30 tabs/30 days
UNIVASC 7.5MG	30 tabs/30 days
UROXATRAL	30 tabs/30 days
VALTRES 1GM	90 tabs/30 days
VALTRES 500MG	60 tabs/30 days
VASOTEC	60 tabs/30 days
VENTOLIN HFA	2 inhalers/30 days
VERAPAMIL HCL 360 MG	30 tabs/30 days

VERAPAMIL HCL (ALL OTHER STRENGTHS)	60 tabs/30 days
VERELAN PM	30 caps/30 days
VIAGRA**	6 tabs/30 days
VICODIN	240 tabs/30 days
VIVELLE	8 patches/30 days
VIVELLE ODT	8 patches/30 days
VYTORIN	30 tabs/30 days
WELLBUTRIN	180 tabs/30 days
WELLBUTRIN SR	60 tabs/30 days
WELLBUTRIN XL 150 MG	90 tabs/30 days
WELLBUTRIN XL 300 MG	30 tabs/30 days
XANAX XR	60 tabs/30 days
XELODA 150 MG	420 tabs/30 days
XELODA 500 MG	252 tabs/30 days
XIFAXAN	9 tabs/30 days
VIAGRA**	6 tabs/30 days
XODOL	360 tabs/30 days
XOLAIR	6 vials/30 days
XOPENEX HFA	1 inhaler/30 days
ZEGERID CAPSULE	30 caps/30 days
ZEGERID PACKET	30 packets/30 days
ZELNORM	60 tabs/30 days
ZEMAIRA	24 vials/30 days
ZESTORETIC	30 tabs/30 days
ZESTRIL	30 tabs/30 days
ZETIA	30 tabs/30 days
ZITHROMAX 1GM	2 packets per script
ZITHROMAX 250MG	6 tabs per script
ZITHROMAX 500MG	3 tabs per script
ZITHROMAX 600MG	8 tabs/30 days
ZMAX	1 bottle/30 days
ZOCOR	30 tabs/30 days
ZOFRAN 24 MG	2 tabs/30 days
ZOFRAN (ALL OTHER STRENGTHS)	12 tabs/30 days
ZOFRAN ODT	12 tabs/30 days
ZOFRAN ORAL SOLUTIONS	50.1 ml/30 days
ZOLADEX	1 implant/30 days
ZOLOFT	60 tabs/30 days
ZOMETA	1 vial/30 days
ZOMIG	9 tabs/30 days
ZOMIG NASAL SPRAY	1 box/30 days
ZOMIG ZMT	9 tabs/30 days
ZORBIVE	28 vials/30 days
ZOSTAVAX	1 vial per year
ZYFLO	120 tabs/30 days

Limitations *(continued)*

ZYPREXA	30 tabs/30 days
ZYPREXA ZYDIS	30 tabs/30 days
ZYRTEC	30 tabs/30 days
ZYRTEC syrup	150 ml/30 days

- * Drug may not be covered per your Benefit Plan Document.
- ** Drug may not be covered per your Benefit Plan Document. The maximum therapy limit is cumulative, i.e., the maximum applies to the class of drugs and not to each individual drug.

Please Note: This is a partial list.

All lists are subject to change. Benefits vary by plan. This Drug List may not apply to all plans. Please check your Summary of Benefits or **Humana.com** for your specific prescription drug benefit including copayments, limitations and exclusions. You may also call a Humana Customer Service representative at the phone number on the back of your Humana Member ID card.

Go to Humana.com for a current Drug List

Visit our Website for the most up-to-date Drug List. The online list is updated regularly. You can also learn more about your prescription drug benefit and copayments before you go to the pharmacy. Go to **Humana.com**, and log in to *MyHumana* or click on "Register Now" for access to this information and more.

Condition:		Level Three Drug	Possible Alternative In LEVEL TWO	Possible Alternative In LEVEL ONE
High Blood Pressure		Accupril* Atacand Capoten* Cardizem CD Cozaar Diovan Diovan HCT Lasix* Monopril* Prinivil* Prinzide* Tenormin* Zestoretic Zestril*	Altace Avalide Avapro Benicar Benicar HCT Captopril/HCTZ Diltiazem Fosinopril Innopran XL Lotensin* Quinapril	Atenolol Captopril Furosemide Lisinopril Lisinopril/HCTZ
Heartburn, Ulcer, Acid Reflux		Aciphex Nexium Prevacid Prilosec* Protonix Tagamet* Zantac*	Omeprazole	Cimetidine Ranitidine
High Cholesterol and/or Triglycerides		Lopid* Mevacor* Pravachol Zocor	Crestor Lescol Lescol XL Lipitor Lovastatin	Gemfibrozil
Migraine Relief		Amerge Axert Frova Maxalt, Maxalt MLT Zomig, Zomig ZMT	Imitrex Relpax	
Arthritis/Pain		Ansaid* Celebrex Clinoril* Daypro* Lodine*, Lodine XL* Naprelan Naprosyn* Relafen* Tolectin*	Diclofenac Etodolac Nabumetone Oxaprozin Tolmetin	Fenoprofen Flurbiprofen Ibuprofen Naproxen Sulindac
Diabetes	Oral	Glucophage*	Metformin	
	Insulin	Humalog Humulin Insulin	Novolin Insulin Novolog Lantus	
Overactive Bladder		Ditropan XL Ditropan*	Detrol Detrol LA Oxytrol	Oxybutynin
Rheumatoid Arthritis, Ulcerative Colitis		Azulfidine*	Sulfasalazine	
Benign Prostate Hypertrophy (BPH)		Cardura* Hytrin*	Flomax Terazosin	Doxazosin

Some of the drugs on this list may also be used to treat other conditions. Drugs listed under a condition may represent different drug classes and may not be considered equivalent. Only your doctor can decide which drug is right for you. The level for a prescription drug is subject to change. The drugs listed here are for example purposes only and do not include all the prescription drug/alternatives available to treat the conditions shown. Generic drugs are in **bold type**. Brand-name drugs are in regular type.

*These brand-name drugs have a generic equivalent. If you choose one of these brand-name drugs, you may pay the applicable copayment for the generic equivalent, PLUS the difference in the cost between the brand-name and the generic prescription.

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Guidance when you need it most

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

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