



# Rx4 Drug List

Effective January 1, 2010

**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.

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 the Humana member 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.

IR = immediate release, SR = sustained release, ER = extended release, QL = quantity limit, PA = prior authorization

DRUG NAME	LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ABILIFY	03	QL
ACCOLATE	03	QL
ACCU-CHEK AVIVA	01	QL
ACCU-CHEK COMFORT CURVE	01	QL
ACCU-CHEK COMPACT	01	QL
<b>ACETAMINOPHEN-CODEINE</b>	<b>01</b>	<b>QL</b>
<b>ACETAZOLAMIDE</b>	<b>01</b>	
ACIPHEX	03	QL PA
ACTHAR H.P.	04	
ACTIMMUNE	04	QL PA
ACTIQ	04	QL PA
ACTONEL	03	QL
ACTOPLUS MET	02	QL
ACTOS	02	QL
ACULAR LS	02	
ACURA TEST STRIPS	03	QL PA
<b>ACYCLOVIR</b>	<b>01</b>	
ADCIRCA	03	QL PA
ADOXA	03	QL PA
ADOXA CK	03	PA
ADOXA PAK	03	PA
ADOXA TT	03	PA
ADVAIR DISKUS	02	QL
ADVANCE TEST STRIPS	03	QL PA
ADVICOR	03	QL
ADVOCATE REDI-CODE	01	QL PA

DRUG NAME	LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ADVOCATE TEST STRIP	01	QL PA
AFINITOR	04	QL PA
AFLURIA	04	
AGGRENEX	02	
<b>ALBUTEROL SULFATE</b>	<b>01</b>	
ALDARA	02	QL
<b>ALENDRONATE SODIUM</b>	<b>01</b>	<b>QL</b>
ALKERAN	02	QL
ALLEGRA ODT	03	QL PA
ALLEGRA-D 12 HOUR	03	QL PA
ALLEGRA-D 24 HOUR	03	QL PA
<b>ALLOPURINOL</b>	<b>01</b>	
ALPHAGAN P	02	
<b>ALPRAZOLAM</b>	<b>01</b>	
ALTACE	03	PA
ALTOPREV	03	QL PA
ALVESCO	03	QL PA
<b>AMANTADINE</b>	<b>02</b>	
AMBIEN CR	03	QL PA
<b>AMIODARONE HCL</b>	<b>02</b>	
AMITIZA	03	QL
<b>AMITRIPTYLINE HCL</b>	<b>01</b>	
<b>AMLODIPINE BESYLATE</b>	<b>01</b>	<b>QL</b>
<b>AMLODIPINE BESYLATE-BENAZEPRIL</b>	<b>02</b>	<b>QL</b>
<b>AMOX TR-POTASSIUM CLAVULANATE</b>	<b>02</b>	
<b>AMOXICILLIN</b>	<b>01</b>	
<b>AMPHETAMINE SALT COMBO</b>	<b>02</b>	<b>QL</b>
AMRIX	03	QL PA
ANDROGEL	02	QL
APLENZIN	03	QL PA
<b>APRI</b>	<b>01</b>	
APRISO	03	QL PA
APTIVUS	03	
ARALAST NP	04	QL PA
ARANESP	03	QL PA
ARAVA	04	QL PA
ARCALYST	04	QL PA
ARICEPT	02	QL
ARIMIDEX	03	QL
ARMOUR THYROID	03	
AROMASIN	03	QL
ARRANON	04	PA
ASACOL	02	QL
ASCENSIA AUTODISC	03	QL PA

DRUG NAME	LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ASMANEX	02	QL
ASSURE 3	03	QL PA
ASSURE 4	03	QL PA
ASSURE PRO	03	QL PA
ASTELIN	02	QL
ATACAND	03	QL
ATACAND HCT	03	QL
<b>ATENOLOL</b>	<b>01</b>	
<b>ATENOLOL-CHLORTHALIDONE</b>	<b>01</b>	
ATRIPLA	03	
ATROVENT HFA	03	QL
AVALIDE	02	QL
AVANDAMET	02	QL
AVANDIA	02	QL
AVAPRO	02	QL
AVELOX	03	
<b>AVIANE</b>	<b>01</b>	
AVODART	02	QL
AVONEX	03	QL
AVONEX ADMINISTRATION PACK	03	QL
AZASITE	02	
<b>AZATHIOPRINE</b>	<b>02</b>	
<b>AZITHROMYCIN</b>	<b>02</b>	
AZOPT	02	
AZOR	02	QL
<b>AZURETTE</b>	<b>02</b>	
<b>BACITRACIN</b>	<b>01</b>	
<b>BACLOFEN</b>	<b>01</b>	
BACTROBAN	03	
BANZEL	03	QL PA
BARACLUDE	04	QL
BECONASE AQ	03	QL PA
<b>BENAZEPRIL HCL</b>	<b>01</b>	
<b>BENAZEPRIL HCL-HCTZ</b>	<b>01</b>	
BENICAR	02	QL
BENICAR HCT	02	QL
<b>BENZONATATE</b>	<b>02</b>	
<b>BENZTROPINE MESYLATE</b>	<b>01</b>	
BETASERON	03	QL PA
BIONIME RIGHTEST TEST STRIPS	01	QL PA
<b>BISOPROLOL FUMARATE</b>	<b>02</b>	
<b>BISOPROLOL FUMARATE-HCTZ</b>	<b>01</b>	
BLOOD GLUCOSE TEST	01	QL PA
BONIVA	03	QL

DRUG NAME	LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
BREEZE 2	03	QL PA
<b>BUDEPRION SR</b>	<b>02</b>	<b>QL</b>
<b>BUDEPRION XL</b>	<b>02</b>	<b>QL</b>
<b>BUMETANIDE</b>	<b>01</b>	
BUPHENYL	02	
<b>BUPROPION HCL SR</b>	<b>02</b>	<b>QL</b>
<b>BUPROPION XL</b>	<b>02</b>	<b>QL</b>
<b>BUSPIRONE HCL</b>	<b>01</b>	
<b>BUTALBITAL-APAP-CAFFEINE</b>	<b>01</b>	<b>QL</b>
BYETTA	03	QL PA
BYSTOLIC	02	QL
<b>CALCITONIN-SALMON</b>	<b>03</b>	<b>QL</b>
<b>CALCITRIOL</b>	<b>02</b>	
<b>CALCIUM ACETATE</b>	<b>02</b>	
CARAC	02	
CARAFATE	03	
<b>CARBAMAZEPINE</b>	<b>01</b>	
<b>CARBIDOPA-LEVODOPA</b>	<b>02</b>	
<b>CARISOPRODOL</b>	<b>01</b>	
<b>CARVEDILOL</b>	<b>01</b>	
CATAPRES-TTS 2	03	QL
CATAPRES-TTS 3	03	QL
CEENU	03	QL
<b>CEFDINIR</b>	<b>02</b>	
<b>CEFUROXIME</b>	<b>02</b>	
CELEBREX	03	QL
<b>CEPHALEXIN</b>	<b>01</b>	
CEREFOLIN NAC	03	
<b>CERON-DM</b>	<b>03</b>	
CHANTIX	03	QL
<b>CHLORDIAZEPOXIDE HCL</b>	<b>01</b>	
<b>CHLORDIAZEPOXIDE-CLIDINIUM</b>	<b>01</b>	
<b>CHLORHEXIDINE GLUCONATE</b>	<b>01</b>	
<b>CHLORTHALIDONE</b>	<b>01</b>	
<b>CHLORZOXAZONE</b>	<b>01</b>	
<b>CHOLESTYRAMINE</b>	<b>02</b>	
CIALIS	03	QL
<b>CICLOPIROX</b>	<b>02</b>	<b>PA</b>
<b>CILOSTAZOL</b>	<b>02</b>	
CIMZIA	04	QL PA
CIPRODEX	02	
<b>CIPROFLOXACIN HCL</b>	<b>01</b>	
<b>CITALOPRAM HBR</b>	<b>01</b>	<b>QL</b>
CLARINEX	03	QL PA

DRUG NAME	LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
CLARINEX-D 12 HOUR	03	QL PA
CLARINEX-D 24 HOUR	03	QL PA
<b>CLARITHROMYCIN</b>	<b>02</b>	
<b>CLARITHROMYCIN ER</b>	<b>02</b>	
CLEVER CHEK TEST STRIPS	01	QL PA
CLEVER CHOICE PRO	01	QL PA
<b>CLINDAMYCIN HCL</b>	<b>02</b>	
<b>CLOBETASOL PROPIONATE</b>	<b>02</b>	
<b>CLONAZEPAM</b>	<b>01</b>	
<b>CLONIDINE HCL</b>	<b>01</b>	
<b>CLOTTRIMAZOLE-BETAMETHASONE</b>	<b>02</b>	
<b>COLCHICINE</b>	<b>01</b>	
<b>COLESTIPOL HCL</b>	<b>02</b>	
COMBIGAN	02	QL
COMBIVENT	02	QL
COMBIVIR	02	
COMTAN	03	QL
CONCERTA	03	QL
CONTOUR	03	QL PA
CONTROL	03	QL PA
CONTROL G3	03	QL PA
COPAXONE	03	QL
COPEGUS	04	QL
COSOPT	03	QL
COUMADIN	03	
COZAAR	03	QL
<b>C-PHEN DM</b>	<b>03</b>	
CRESTOR	02	QL
CRIXIVAN	02	
<b>CRYSSELLE</b>	<b>01</b>	
<b>CYANOCOBALAMIN</b>	<b>04</b>	<b>QL</b>
<b>CYCLOBENZAPRINE HCL</b>	<b>01</b>	
<b>CYCLOPHOSPHAMIDE</b>	<b>03</b>	<b>QL</b>
CYMBALTA	02	QL
<b>CYPROHEPTADINE HCL</b>	<b>01</b>	
CYTOXAN	03	QL
DACOGEN	04	PA
DEPAKOTE ER	03	
<b>DESOXIMETASONE</b>	<b>02</b>	
DETROL	02	
DETROL LA	02	QL
<b>DEXAMETHASONE</b>	<b>01</b>	
<b>DEXTROAMPHETAMINE-AMPHETAMINE</b>	<b>03</b>	<b>QL</b>
<b>DIAZEPAM</b>	<b>01</b>	

DRUG NAME	LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
<b>DICLOFENAC SODIUM</b>	<b>01</b>	
<b>DICYCLOMINE HCL</b>	<b>01</b>	
<b>DIDANOSINE</b>	<b>02</b>	
<b>DIGOXIN</b>	<b>01</b>	
DILANTIN	02	
<b>DILT-CD</b>	<b>02</b>	<b>QL</b>
<b>DILTIAZEM 24HR ER</b>	<b>01</b>	<b>QL</b>
<b>DILTIAZEM ER</b>	<b>01</b>	<b>QL</b>
<b>DILT-XR</b>	<b>02</b>	<b>QL</b>
DIOVAN	03	QL
DIOVAN HCT	03	QL
<b>DIPHENOXYLATE-ATROPINE</b>	<b>01</b>	
<b>DIVALPROEX SODIUM</b>	<b>02</b>	
<b>DIVALPROEX SODIUM ER</b>	<b>02</b>	
DORYX	03	QL PA
<b>DORZOLAMIDE HCL</b>	<b>02</b>	
<b>DORZOLAMIDE-TIMOLOL</b>	<b>02</b>	<b>QL</b>
<b>DOXAZOSIN MESYLATE</b>	<b>01</b>	
<b>DOXEPIN HCL</b>	<b>01</b>	
<b>DOXYCYCLINE HYCLATE</b>	<b>01</b>	
DUAC CS	02	
EASY CHECK TEST STRIP	01	QL PA
EASY GLUCO G2	03	QL PA
EASY PRO PLUS	03	QL PA
EASYGLUCO	03	QL PA
EASYMAX N	01	QL PA
ECLIPSE	01	QL PA
EDLUAR	03	QL PA
EFFEXOR XR	02	QL
ELAPRASE	04	PA
ELEMENT TEST STRIPS	01	QL PA
ELIGARD	04	QL PA
ELMIRON	03	
EMBEDA	03	QL PA
EMBRACE	01	QL PA
EMTRIVA	02	
ENABLEX	03	QL
<b>ENALAPRIL MALEATE</b>	<b>01</b>	
<b>ENALAPRIL MALEATE-HCTZ</b>	<b>01</b>	
ENBREL	04	QL PA
<b>ENDOCET</b>	<b>02</b>	<b>QL</b>
ENTOCORT EC	03	
<b>ENULOSE</b>	<b>03</b>	
ENVISION	01	QL PA

DRUG NAME	LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
EPIPEN	02	
<b>EPITOL</b>	<b>01</b>	
EPIVIR	02	
EPIVIR HBV	03	
EPOGEN	03	QL PA
<b>EPOPROSTENOL SODIUM</b>	<b>04</b>	<b>PA</b>
EPZICOM	03	
<b>ERYTHROMYCIN</b>	<b>01</b>	
ESTRACE	03	
<b>ESTRADIOL</b>	<b>01</b>	
<b>ESTRADIOL-NORETHINDRONE ACETAT</b>	<b>03</b>	
<b>ETODOLAC</b>	<b>01</b>	
EVENCARE	03	QL PA
EVISTA	02	QL
EVOLUTION TEST STRIPS	01	QL PA
EXELON	02	QL
EXFORGE	03	QL
EXJADE	04	QL PA
EXTAVIA	03	QL PA
EZ SMART	03	QL PA
EZ SMART PLUS	03	QL PA
<b>FAMCICLOVIR</b>	<b>02</b>	<b>QL</b>
<b>FAMOTIDINE</b>	<b>01</b>	
FANAPT	03	QL PA
<b>FELODIPINE ER</b>	<b>02</b>	<b>QL</b>
FEMARA	03	QL
<b>FENOFIBRATE</b>	<b>02</b>	<b>QL</b>
<b>FENOFIBRIC ACID</b>	<b>03</b>	<b>QL PA</b>
FENOGLIDE	03	QL PA
<b>FENTANYL</b>	<b>03</b>	<b>QL</b>
<b>FENTANYL CITRATE</b>	<b>04</b>	<b>QL PA</b>
FENTORA	04	QL PA
FERAHEME	04	
FEXMID	03	PA
<b>FEXOFENADINE HCL</b>	<b>02</b>	<b>QL</b>
FIBRICOR	03	QL PA
<b>FINASTERIDE</b>	<b>02</b>	<b>QL</b>
FIRMAGON	04	QL PA
FLECTOR	03	QL PA
FLOLAN	04	PA
FLOMAX	02	QL
FLOVENT HFA	02	QL
<b>FLUCONAZOLE</b>	<b>01</b>	<b>QL</b>
<b>FLUDROCORTISONE ACETATE</b>	<b>02</b>	

DRUG NAME	LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
FLULAVAL	04	
<b>FLUOCINONIDE</b>	<b>01</b>	
<b>FLUOROMETHOLONE</b>	<b>01</b>	
<b>FLUOROURACIL</b>	<b>02</b>	
<b>FLUOXETINE HCL</b>	<b>01</b>	
<b>FLUTICASONE PROPIONATE</b>	<b>02</b>	<b>QL</b>
FLUVIRIN	04	
FLUZONE	04	
<b>FOLBEE</b>	<b>01</b>	
<b>FOLBIC</b>	<b>01</b>	
<b>FOLIC ACID</b>	<b>01</b>	
FORA D10	01	QL PA
FORA D15C	01	QL PA
FORA D15Z	01	QL PA
FORA V10	01	QL PA
FORA V12	01	QL PA
FORADIL	02	QL
FORTEO	03	QL PA
FORTICAL	03	QL
FOSAMAX PLUS D	03	QL PA
<b>FOSINOPRIL SODIUM</b>	<b>01</b>	
FOSRENOL	03	PA
FREESTYLE LITE STRIPS	03	QL PA
FREESTYLE TEST STRIPS	03	QL PA
<b>FUROSEMIDE</b>	<b>01</b>	
FUZEON	04	QL
G-4	03	QL PA
<b>GABAPENTIN</b>	<b>02</b>	
<b>GEMFIBROZIL</b>	<b>01</b>	<b>QL</b>
GENOTROPIN	04	QL PA
<b>GENTAMICIN SULFATE</b>	<b>01</b>	
GEODON	02	QL
GLEEVEC	04	QL PA
<b>GLIMEPIRIDE</b>	<b>01</b>	
<b>GLIPIZIDE</b>	<b>01</b>	
<b>GLIPIZIDE ER</b>	<b>01</b>	
<b>GLIPIZIDE XL</b>	<b>01</b>	
GLUCOCARD 01 SENSOR	03	QL PA
GLUCOCARD VITAL SENSOR	03	QL PA
GLUCOCARD X-SENSOR	03	QL PA
GLUCOCOM GLUCOSE	01	QL PA
GLUCOLAB	01	QL PA
GLUCOSE TEST STRIP	03	QL PA
GLUMETZA	03	QL PA



DRUG NAME	LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
<b>GLYBURIDE</b>	<b>01</b>	
<b>GLYBURIDE-METFORMIN HCL</b>	<b>02</b>	
GM100	01	QL PA
HALFLYTELY-BISACODYL	02	
HEPSERA	04	
HEXALEN	04	QL
HUMALOG	02	
HUMALOG MIX 75-25	02	
HUMATROPE	04	QL PA
HUMIRA	04	QL PA
HUMULIN 70-30	02	
HUMULIN N	02	
HUMULIN R	02	
HYALGAN	04	QL PA
<b>HYDRALAZINE HCL</b>	<b>02</b>	
<b>HYDROCHLOROTHIAZIDE</b>	<b>01</b>	
<b>HYDROCODONE BIT-IBUPROFEN</b>	<b>02</b>	
<b>HYDROCODONE-ACETAMINOPHEN</b>	<b>02</b>	<b>QL</b>
<b>HYDROCODONE-HOMATROPINE</b>	<b>01</b>	
<b>HYDROCORTISONE</b>	<b>01</b>	
<b>HYDROCORTISONE ACETATE</b>	<b>01</b>	
<b>HYDROMET</b>	<b>01</b>	
<b>HYDROMORPHONE HCL</b>	<b>02</b>	
<b>HYDROXYCHLOROQUINE SULFATE</b>	<b>01</b>	
<b>HYDROXYUREA</b>	<b>02</b>	
<b>HYDROXYZINE HCL</b>	<b>01</b>	
<b>HYDROXYZINE PAMOATE</b>	<b>01</b>	
<b>HYOMAX-SL</b>	<b>01</b>	
<b>HYOMAX-SR</b>	<b>01</b>	
<b>HYOSCYAMINE SULFATE</b>	<b>01</b>	
HYZAAR	03	QL
<b>IBUPROFEN</b>	<b>01</b>	
INCRELEX	04	QL PA
<b>INDAPAMIDE</b>	<b>01</b>	
<b>INDOMETHACIN</b>	<b>01</b>	
INFINITY	03	QL PA
INFLUENZA A (H1N1) 2009	04	
INSULIN SYRINGE	01	
INTELENCE	03	QL
INTRON A	04	QL
INTUNIV	03	QL PA
INVEGA	03	QL PA
INVIRASE	02	
<b>IPRATROPIUM BROMIDE</b>	<b>02</b>	

DRUG NAME	LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
<b>IPRATROPIUM-ALBUTEROL</b>	<b>02</b>	
IRESSA	04	QL PA
ISENTRESS	04	QL
<b>ISOMETH-D-CHLORALPHENAZ-APAP</b>	<b>01</b>	<b>QL</b>
<b>ISOSORBIDE DINITRATE</b>	<b>01</b>	
<b>ISOSORBIDE MONONITRATE</b>	<b>01</b>	
<b>JANTOVEN</b>	<b>01</b>	
JANUMET	03	QL PA
JANUVIA	03	QL PA
<b>JOLIVETTE</b>	<b>01</b>	
KALETRA	02	
KAPIDEX	03	QL PA
<b>KARIVA</b>	<b>02</b>	
KEPPRA XR	03	QL PA
<b>KETOCONAZOLE</b>	<b>01</b>	
KEYNOTE	01	QL PA
KINERET	04	QL PA
<b>KLOR-CON 10</b>	<b>01</b>	
<b>KLOR-CON 8</b>	<b>01</b>	
<b>KLOR-CON M10</b>	<b>01</b>	
<b>KLOR-CON M20</b>	<b>01</b>	
KUVAN	04	QL PA
<b>LABETALOL HCL</b>	<b>01</b>	
<b>LACTULOSE</b>	<b>01</b>	
LAMISIL	03	QL PA
<b>LAMOTRIGINE</b>	<b>02</b>	<b>QL</b>
LANOXIN	01	
<b>LANSOPRAZOLE</b>	<b>03</b>	<b>QL PA</b>
LANTUS	02	
LANTUS SOLOSTAR	02	
LESCOL XL	02	QL
LETAIRIS	04	QL PA
LEVAQUIN	02	
LEVEMIR	02	
<b>LEVETIRACETAM</b>	<b>02</b>	
LEVITRA	03	QL
<b>LEVORA-28</b>	<b>01</b>	
LEVOTHROID	01	
<b>LEVOTHYROXINE SODIUM</b>	<b>01</b>	
LEVOXYL	01	
LEXAPRO	02	QL
LEXIVA	02	
LIBERTY TEST STRIP	03	QL PA
<b>LIDOCAINE HCL</b>	<b>01</b>	

DRUG NAME	LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
<b>LIDOCAINE HCL VISCOUS</b>	<b>01</b>	
<b>LIDOCAINE-PRILOCAINE</b>	<b>02</b>	
LIDODERM	03	QL
LIPITOR	02	QL
LIPOFEN	03	QL PA
<b>LISINAPRIL</b>	<b>01</b>	
<b>LISINAPRIL-HCTZ</b>	<b>01</b>	
<b>LITHIUM CARBONATE</b>	<b>01</b>	
LOESTRIN 24 FE	03	
<b>LOPERAMIDE</b>	<b>01</b>	
LOPROX	03	PA
<b>LORAZEPAM</b>	<b>01</b>	
LOTREL	03	QL
<b>LOVASTATIN</b>	<b>01</b>	<b>QL</b>
LOVAZA	02	QL
LOVENOX	03	QL
<b>LOW-OGESTREL</b>	<b>01</b>	
LUMIGAN	02	QL
LUNESTA	03	QL PA
LUPRON DEPOT	04	QL PA
LUPRON DEPOT-PED	04	QL PA
<b>LUTERA</b>	<b>01</b>	
LYRICA	03	QL PA
LYSODREN	02	
MATULANE	03	
MAXIMA	03	QL PA
<b>MECLIZINE HCL</b>	<b>01</b>	
<b>MEDROXYPROGESTERONE ACETATE</b>	<b>01</b>	
MEGACE ES	03	PA
<b>MEGESTROL ACETATE</b>	<b>02</b>	
<b>MELOXICAM</b>	<b>01</b>	<b>QL</b>
METANX	03	
<b>METFORMIN HCL</b>	<b>01</b>	
<b>METFORMIN HCL ER</b>	<b>01</b>	
<b>METHADONE HCL</b>	<b>02</b>	
<b>METHIMAZOLE</b>	<b>02</b>	
<b>METHOCARBAMOL</b>	<b>01</b>	
<b>METHOTREXATE</b>	<b>01</b>	
<b>METHYLIN</b>	<b>02</b>	
<b>METHYLPREDNISOLONE</b>	<b>01</b>	
<b>METOCLOPRAMIDE HCL</b>	<b>01</b>	
<b>METOLAZONE</b>	<b>02</b>	
<b>METOPROLOL SUCCINATE</b>	<b>01</b>	
<b>METOPROLOL TARTRATE</b>	<b>01</b>	

DRUG NAME	LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
METZOLV ODT	03	QL PA
METROGEL	02	
<b>METRONIDAZOLE</b>	<b>02</b>	
MICARDIS	03	QL
MICRO	03	QL PA
MICRODOT	01	QL PA
<b>MICROGESTIN FE</b>	<b>01</b>	
<b>MINOCYCLINE HCL</b>	<b>02</b>	
<b>MINOXIDIL</b>	<b>02</b>	
MIRAPEX	03	PA
<b>MIRTAZAPINE</b>	<b>02</b>	
<b>MONONESSA</b>	<b>01</b>	
<b>MORPHINE SULFATE</b>	<b>02</b>	<b>QL</b>
MOVIPREP	03	
MOXATAG	03	QL PA
MOZOBIL	04	QL PA
<b>MUPIROCIN</b>	<b>02</b>	
MYGLUCOHEALTH	01	QL PA
<b>NABUMETONE</b>	<b>02</b>	
<b>NADOLOL</b>	<b>01</b>	
NAMENDA	02	QL
<b>NAPROXEN</b>	<b>01</b>	
<b>NAPROXEN SODIUM</b>	<b>01</b>	
NASACORT AQ	03	QL PA
NASONEX	02	QL
NECON	01	
<b>NEOMYCIN-POLYMYXIN-DEXAMETH</b>	<b>01</b>	
<b>NEOMYCIN-POLYMYXIN-HC</b>	<b>02</b>	
NEULASTA	04	QL PA
NEUPOGEN	04	QL PA
NEVANAC	03	
NEXAVAR	04	QL PA
NEXIUM	03	QL
NIASPAN	02	
<b>NIFEDIAC CC</b>	<b>02</b>	<b>QL</b>
<b>NIFEDICAL XL</b>	<b>02</b>	<b>QL</b>
<b>NIFEDIPINE ER</b>	<b>02</b>	<b>QL</b>
<b>NITROFURANTOIN</b>	<b>02</b>	
<b>NITROFURANTOIN MONO-MACRO</b>	<b>02</b>	
<b>NITROGLYCERIN</b>	<b>01</b>	
<b>NITROGLYCERIN PATCH</b>	<b>02</b>	<b>QL</b>
NITROSTAT	03	
NORDITROPIN	04	QL PA
NORDITROPIN NORDIFLEX	04	QL PA

DRUG NAME	LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
<b>NORTRIPTYLINE HCL</b>	<b>01</b>	
NORVIR	02	
NOVA MAX GLUCOSE TEST STRIPS	03	QL PA
NOVOFINE	01	
NOVOLIN 70-30	02	
NOVOLIN N	02	
NOVOLIN R	02	
NOVOLOG	02	
NOVOLOG MIX 70-30	02	
NOXAFIL	04	QL PA
NUCYNTA	03	QL PA
NUTROPIN	04	QL PA
NUTROPIN AQ	04	QL PA
NUTROPIN AQ NUSPIN	04	QL PA
NUVARING	02	QL
NUVIGIL	03	QL PA
<b>NYSTATIN</b>	<b>02</b>	
<b>NYSTATIN-TRIAMCINOLONE</b>	<b>01</b>	
<b>OCELLA</b>	<b>02</b>	
<b>OCTREOTIDE ACETATE</b>	<b>03</b>	<b>PA</b>
OFORTA	04	QL
<b>OMEPRAZOLE</b>	<b>01</b>	<b>QL</b>
OMNARIS	03	QL PA
OMNITROPE	04	QL PA
<b>ONDANSETRON HCL</b>	<b>02</b>	<b>QL</b>
<b>ONDANSETRON ODT</b>	<b>02</b>	<b>QL</b>
ONE TOUCH ULTRA TEST STRIPS	01	QL
ONGLYZA	03	QL PA
ONSOLIS	03	QL PA
OPTIUM	03	QL PA
ORACEA	03	QL PA
<b>ORPHENADRINE CITRATE</b>	<b>02</b>	
ORTHO EVRA	02	QL
ORTHO TRI-CYCLEN LO	02	
<b>OXAPROZIN</b>	<b>01</b>	
<b>OXCARBAZEPINE</b>	<b>02</b>	
<b>OXYBUTYNIN CHLORIDE</b>	<b>01</b>	
<b>OXYBUTYNIN CHLORIDE ER</b>	<b>02</b>	<b>QL</b>
<b>OXYCODONE HCL</b>	<b>02</b>	
<b>OXYCODONE HCL-ACETAMINOPHEN</b>	<b>02</b>	<b>QL</b>
<b>OXYCODONE-ACETAMINOPHEN</b>	<b>02</b>	<b>QL</b>
OXYCONTIN	02	QL
<b>PACERONE</b>	<b>02</b>	
<b>PANTOPRAZOLE SODIUM</b>	<b>03</b>	<b>QL</b>

DRUG NAME	LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
<b>PAROXETINE HCL</b>	<b>01</b>	<b>QL</b>
PATADAY	02	
PATANOL	02	
<b>PEG 3350-ELECTROLYTE</b>	<b>01</b>	
<b>PEG-3350 WITH FLAVOR PACKS</b>	<b>02</b>	
PEGASYS	04	QL
PEGINTRON	04	QL
PEGINTRON REDIPEN	04	QL
PEN NEEDLE	01	
<b>PENICILLIN V POTASSIUM</b>	<b>01</b>	
<b>PENTOXIFYLLINE</b>	<b>01</b>	
<b>PERMETHRIN</b>	<b>02</b>	
<b>PHENAZOPYRIDINE HCL</b>	<b>01</b>	
<b>PHENTERMINE HCL</b>	<b>03</b>	
<b>PHENYTOIN SODIUM EXTENDED</b>	<b>02</b>	
<b>PIROXICAM</b>	<b>01</b>	
PLAVIX	03	QL
POCKETCHEM EZ	03	QL PA
<b>POTASSIUM CHLORIDE</b>	<b>01</b>	
<b>POTASSIUM CITRATE</b>	<b>02</b>	
<b>PRAMIPEXOLE DIHYDROCHLORIDE</b>	<b>02</b>	<b>PA</b>
PRANDIN	02	
<b>PRAVASTATIN SODIUM</b>	<b>01</b>	<b>QL</b>
PRECISION PCX	03	QL PA
PRECISION PCX PLUS	03	QL PA
PRECISION POINT OF CARE	03	QL PA
PRECISION Q-I-D	03	QL PA
PRECISION SOF-TACT	03	QL PA
PRECISION XTRA	03	QL PA
<b>PREDNISOLONE ACETATE</b>	<b>01</b>	
<b>PREDNISOLONE SODIUM PHOSPHATE</b>	<b>01</b>	
<b>PREDNISONE</b>	<b>01</b>	
PREMARIN	02	
PREMPRO	02	
PRESTIGE SMART SYSTEM	03	QL PA
PRESTIGE TEST STRIPS	03	QL PA
PREVACID	03	QL PA
PREZISTA	03	
PRILOSEC	03	QL PA
<b>PRIMIDONE</b>	<b>02</b>	
PRISTIQ	03	QL
PROAIR HFA	02	QL
<b>PROCHLORPERAZINE MALEATE</b>	<b>01</b>	
PROCRIT	03	QL PA

DRUG NAME	LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
<b>PROCTOSOL-HC</b>	<b>01</b>	
<b>PROCTOZONE-HC</b>	<b>01</b>	
PRODIGY AUTOCODE	01	QL PA
PRODIGY EJECT	01	QL PA
PRODIGY NO CODING	01	QL PA
PRODIGY VOICE	01	QL PA
PROLASTIN	04	QL PA
PROLASTIN C	04	QL PA
PROMACTA	04	QL PA
<b>PROMETHAZINE HCL</b>	<b>01</b>	
<b>PROMETHAZINE-CODEINE</b>	<b>03</b>	
<b>PROMETHAZINE-DM</b>	<b>03</b>	
<b>PROMETHEGAN</b>	<b>02</b>	
PROMETRIUM	02	
<b>PROPAFENONE HCL</b>	<b>02</b>	
<b>PROPOXYPHENE NAP-ACETAMINOPHEN</b>	<b>01</b>	<b>QL</b>
<b>PROPRANOLOL HCL</b>	<b>01</b>	
PROTONIX	03	QL
PROVENTIL HFA	02	QL
PROVIGIL	03	QL PA
PULMICORT	03	
PULMICORT FLEXHALER	02	QL
QUALAQUIN	03	QL PA
QUICKTEK	03	QL PA
<b>QUINAPRIL HCL</b>	<b>01</b>	
QVAR	02	QL
<b>RAMIPRIL</b>	<b>01</b>	
RANEXA	03	QL PA
<b>RANITIDINE HCL</b>	<b>01</b>	
RAPAFLO	03	QL PA
REBETOL	04	QL
REBIF	03	QL
RECLIPSEN	01	
RELISTOR	04	QL PA
RELPAX	02	QL
REMODULIN	04	PA
RENAGEL	02	
<b>RENAL CAPS</b>	<b>01</b>	
RENVELA	02	QL
RESCRIPTOR	02	
RESTASIS	02	
RETROVIR	02	
REVATIO	04	QL PA
REVLIMID	04	QL PA

DRUG NAME	LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
REYATAZ	02	
RHINOCORT AQUA	03	QL
<b>RIBAPAK</b>	<b>04</b>	<b>QL</b>
<b>RIBASPHERE</b>	<b>04</b>	<b>QL</b>
RIBATAB	04	QL
<b>RIBAVIRIN</b>	<b>04</b>	<b>QL</b>
RILUTEK	04	
<b>RISPERIDONE</b>	<b>01</b>	<b>QL</b>
RITUXAN	04	QL PA
<b>ROPINIROLE HCL</b>	<b>01</b>	<b>QL</b>
ROZEREM	03	QL PA
RYZOLT	03	QL PA
SABRIL	04	QL PA
SAIZEN	04	QL PA
SANCTURA XR	03	QL
SANCUSO	04	QL PA
SANDOSTATIN	04	PA
SANDOSTATIN LAR	04	PA
SANTYL	03	
SAPHRIS	03	QL PA
SAVELLA	03	QL PA
SELZENTRY	04	QL PA
SENSIPAR	04	QL
SEREVENT DISKUS	02	QL
SEROQUEL	02	QL
SEROSTIM	04	QL PA
<b>SERTRALINE HCL</b>	<b>01</b>	<b>QL</b>
<b>SF 5000 PLUS</b>	<b>03</b>	
<b>SILVER SULFADIAZINE</b>	<b>01</b>	
SIMCOR	03	QL PA
SIMPONI	04	QL PA
<b>SIMVASTATIN</b>	<b>01</b>	<b>QL</b>
SINGULAIR	02	QL
SKELAXIN	03	QL
SOF-TACT	03	QL PA
SOLO V2 TEST STRIPS	01	QL PA
SOLODYN	03	QL PA
SOMA	03	QL PA
SOMATULINE DEPOT	04	QL PA
SOMAVERT	04	QL PA
<b>SOTALOL</b>	<b>01</b>	
SPIRIVA	02	QL
<b>SPIRONOLACTONE</b>	<b>01</b>	
<b>SPIRONOLACTONE-HCTZ</b>	<b>01</b>	



DRUG NAME	LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
SPORANOX	04	QL PA
<b>SPRINTEC</b>	<b>01</b>	
SPRYCEL	04	QL PA
STARLIX	02	
<b>STAVUDINE</b>	<b>02</b>	
STIMATE	04	
SUBOXONE	03	
<b>SUCRALFATE</b>	<b>02</b>	
SULAR	03	QL
<b>SULFAMETHOXAZOLE-TRIMETHOPRIM</b>	<b>01</b>	
<b>SULINDAC</b>	<b>01</b>	
<b>SUMATRIPTAN SUCCINATE</b>	<b>01</b>	<b>QL</b>
SURE-TEST EASYPLUS MINI	01	QL PA
SUSTIVA	02	
SUTENT	04	QL PA
SYMBICORT	02	QL
SYMLIN	04	QL PA
SYMLINPEN 120	04	QL PA
SYMLINPEN 60	04	QL PA
SYNAGIS	04	QL PA
SYNAREL	04	QL
SYNTHROID	01	
TACLONEX	03	QL PA
TACLONEX SCALP	03	QL PA
TAMIFLU	03	QL
<b>TAMOXIFEN CITRATE</b>	<b>01</b>	
TARCEVA	04	QL PA
TARGRETIN	04	QL
TASIGNA	04	QL PA
TEKURNA	03	QL PA
TEKURNA HCT	03	QL PA
<b>TEMAZEPAM</b>	<b>01</b>	<b>QL</b>
TEMODAR	04	QL
<b>TERAZOSIN HCL</b>	<b>01</b>	
<b>TERBINAFINE HCL</b>	<b>03</b>	<b>QL PA</b>
TERBINEX	03	QL PA
TEST STRIP	03	QL PA
TESTIM	03	QL
<b>TETRACYCLINE HCL</b>	<b>01</b>	
TEV-TROPIN	04	QL PA
THALOMID	04	QL PA
<b>THEOPHYLLINE ANHYDROUS</b>	<b>01</b>	
<b>TIMOLOL MALEATE</b>	<b>02</b>	
<b>TIZANIDINE HCL</b>	<b>02</b>	

DRUG NAME	LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
TOBI	04	QL PA
TOBRADEX	03	
<b>TOBRAMYCIN SULFATE</b>	<b>01</b>	
<b>TOBRAMYCIN-DEXAMETHASONE</b>	<b>02</b>	
<b>TOPIRAMATE</b>	<b>02</b>	<b>QL</b>
TOPROL XL	03	
<b>TORSEMIDE</b>	<b>02</b>	
TOVIAZ	03	QL PA
TRACLEER	04	QL PA
<b>TRAMADOL HCL</b>	<b>01</b>	<b>QL</b>
<b>TRAMADOL HCL-ACETAMINOPHEN</b>	<b>02</b>	<b>QL</b>
TRANSDERM-SCOP	03	QL
TRAVATAN	02	QL
TRAVATAN Z	02	QL
<b>TRAZODONE HCL</b>	<b>01</b>	
<b>TRETINOIN</b>	<b>02</b>	<b>QL PA</b>
<b>TRIAMCINOLONE ACETONIDE</b>	<b>01</b>	
<b>TRIAMTERENE-HCTZ</b>	<b>01</b>	
<b>TRIAZOLAM</b>	<b>01</b>	<b>QL</b>
TRICOR	02	QL
TRILIPIX	03	QL PA
<b>TRILYTE WITH FLAVOR PACKETS</b>	<b>02</b>	
<b>TRIMETHOPRIM</b>	<b>01</b>	
<b>TRINESSA</b>	<b>01</b>	
<b>TRI-SPRINTEC</b>	<b>01</b>	
<b>TRIVORA-28</b>	<b>01</b>	
TRIZIVIR	03	
TRUETEST TEST STRIPS	03	QL PA
TRUETRACK SMART SYSTEM	01	QL PA
TRUETRACK TEST STRIP	03	QL PA
TRUVADA	03	
TUSSIONEX	03	
TWYNSTA	03	QL PA
TYKERB	04	QL PA
TYVASO	04	QL PA
TYZEKA	04	QL
ULORIC	03	QL PA
ULTIMA	03	QL PA
ULTRAM ER	03	QL PA
ULTRATRAK PRO	01	QL PA
UROXATRAL	03	QL
<b>URSODIOL</b>	<b>02</b>	
VAGIFEM	03	
<b>VALACYCLOVIR</b>	<b>02</b>	<b>QL</b>

DRUG NAME	LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
VALTRESX	03	QL
VALTURNA	03	QL PA
VECTIBIX	04	PA
<b>VENLAFAXINE HCL</b>	<b>02</b>	
VENTAVIS	04	QL PA
VENTOLIN HFA	02	QL
VERAMYST	02	QL
<b>VERAPAMIL HCL</b>	<b>01</b>	<b>QL</b>
VESICARE	02	QL
VFEND	04	QL PA
VIAGRA	03	QL
VIDAZA	04	PA
VIDEX	02	
VIDEX EC	02	
VIGAMOX	02	
VIMPAT	03	QL PA
VIRACEPT	02	
VIRAMUNE	02	
VIREAD	02	
<b>VITAMIN D</b>	<b>01</b>	
VIVELLE-DOT	03	QL
VIVITROL	04	PA
VOLTAREN	03	
VOTRIENT	04	QL PA
VYTORIN	03	QL
VYVANSE	02	QL
<b>WARFARIN SODIUM</b>	<b>01</b>	
WAVESENSE AMP	01	QL PA
WAVESENSE JAZZ	01	QL PA
WAVESENSE PRESTO	01	QL PA
WELCHOL	02	
XALATAN	02	QL
XELODA	04	QL
XENAZINE	04	QL PA
XIBROM	03	
XIFAXAN	03	QL PA
XOLAIR	04	QL PA
XOPENEX	03	
XOPENEX HFA	03	QL
XYREM	04	
XYZAL	03	QL
YASMIN 28	03	
YAZ	02	
ZANAFLEX	03	PA

DRUG NAME	LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ZAVESCA	04	QL
ZEGERID	03	QL PA
ZEMAIRA	04	QL PA
ZEMPLAR	03	QL
ZERIT	03	
ZETIA	03	QL
ZIAGEN	02	
ZIANA	03	PA
<b>ZIDOVUDINE</b>	<b>02</b>	
ZIPSOR	03	QL PA
ZOFRAN	04	
ZOLADEX	04	QL PA
ZOLINZA	04	QL PA
<b>ZOLPIDEM TARTRATE</b>	<b>01</b>	<b>QL</b>
ZORBTIVE	04	QL PA
ZOSTAVAX	04	QL
ZOVIRAX	03	
ZYMAR	02	
ZYPREXA	02	QL

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

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## Save even more with Rx4!

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

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**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 the Summary of Benefits or **Humana.com** for the 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 the Humana member ID card.

**Go to Humana.com for a current Drug List**

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



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