



You can contact Humana for the most recent list of drugs by calling 1-800-281-6918 or, for TTY users, 711, 7 days a week, from 8 a.m. - 8 p.m. However, please note that the automated phone system may answer your call during weekends and holidays from Apr. 1 - Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit Humana.com.

This document applies to the following Humana Plans:

Plan	Market	Formulary ID	Version
S2874001	Region 38	20454	16
S5552005	Region 3	20454	16
S5884148	Region 1	20454	16
S5884149	Region 2	20454	16
S5884150	Region 4	20454	16
S5884151	Region 5	20454	16
S5884152	Region 6	20454	16
S5884153	Region 7	20454	16
S5884154	Region 8	20454	16
S5884155	Region 9	20454	16
S5884156	Region 10	20454	16
S5884157	Region 11	20454	16



Plan	Market	Formulary ID	Version
S5884158	Region 12	20454	16
S5884159	Region 13	20454	16
S5884160	Region 14	20454	16
S5884161	Region 15	20454	16
S5884162	Region 16	20454	16
S5884163	Region 17	20454	16
S5884164	Region 18	20454	16
S5884165	Region 19	20454	16
S5884166	Region 20	20454	16
S5884167	Region 21	20454	16
S5884168	Region 22	20454	16
S5884169	Region 23	20454	16
S5884170	Region 24	20454	16
S5884171	Region 25	20454	16
S5884172	Region 26	20454	16
S5884173	Region 27	20454	16
S5884174	Region 28	20454	16
S5884175	Region 29	20454	16

Plan	Market	Formulary ID	Version
S5884176	Region 30	20454	16
S5884177	Region 31	20454	16
S5884178	Region 32	20454	16
S5884179	Region 33	20454	16
S5884180	Region 34	20454	16

Drug Name	Step Therapy Criteria
ASPIRIN-DIPYRIDAMOLE	An automatic approval will be given to members who have had previous treatment with clopidogrel.
RHOPRESSA	An automatic approval will be given to members who have had previous treatment, contraindication, or intolerance to a prostaglandin analog (e.g. latanoprost, travoprost).
ROCKLATAN	An automatic approval will be given to members who have had previous treatment, contraindication, or intolerance to a prostaglandin analog (e.g. latanoprost, travoprost).
RYTARY	An automatic approval will be given to members who have had previous treatment or intolerance to an immediate-release or extended-release Carbidopa-Levodopa containing product.
SPRITAM	An automatic approval will be given to members who have had prior therapy with levetiracetam and one of the following: lamotrigine, carbamazepine, topiramate, divalproex, or phenytoin.
TELMISARTAN-HYDROCHLOROTHIAZID	An automatic approval will be given to members who have had previous treatment with two of the following: lisinopril, lisinopril-HCTZ, ramipril, benazepril, benazepril-HCTZ, quinapril, quinapril-HCTZ, enalapril, enalapril-HCTZ, Losartan, Losartan-HCTZ, Valsartan, Valsartan-HCTZ, Irbesartan, Irbesartan-HCTZ, Olmesartan, Olmesartan-HCTZ.
TRINTELLIX	An automatic approval will be given to members who have had prior therapy with a generic SSRI, SNRI, bupropion or mirtazapine.



Humana is a Medicare Advantage HMO, PPO and PFFS organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. The Formulary may change at any time. You will receive notice when necessary.

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**.

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

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resewva sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'hí 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