



"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
S5552006	Region 3	21445	8
S5884181	Region 1	21445	8
S5884182	Region 2	21445	8
S5884183	Region 4	21445	8
S5884184	Region 5	21445	8
S5884185	Region 6	21445	8
S5884186	Region 7	21445	8
S5884187	Region 8	21445	8
S5884188	Region 9	21445	8
S5884189	Region 10	21445	8
S5884190	Region 11	21445	8
S5884191	Region 12	21445	8



Plan	Market	Formulary ID	Version
S5884192	Region 13	21445	8
S5884193	Region 14	21445	8
S5884194	Region 15	21445	8
S5884195	Region 16	21445	8
S5884196	Region 17	21445	8
S5884197	Region 18	21445	8
S5884198	Region 19	21445	8
S5884199	Region 20	21445	8
S5884200	Region 21	21445	8
S5884201	Region 22	21445	8
S5884202	Region 23	21445	8
S5884203	Region 24	21445	8
S5884204	Region 25	21445	8
S5884205	Region 26	21445	8
S5884206	Region 27	21445	8
S5884207	Region 28	21445	8
S5884208	Region 29	21445	8
S5884209	Region 30	21445	8



Plan	Market	Formulary ID	Version
S5884210	Region 31	21445	8
S5884211	Region 32	21445	8
S5884212	Region 33	21445	8
S5884213	Region 34	21445	8

Drug Name	Step Therapy Criteria
ASPIRIN-DIPYRIDAMOLE	An automatic approval will be given to members who have had previous treatment with clopidogrel.
FEXMID	An automatic approval will be given to members who have had previous treatment within the past 12 months with tizanidine tablets AND baclofen tablets.
FLUVASTATIN	An automatic approval will be given to members who have had previous treatment with two of the following statins: simvastatin, pravastatin, lovastatin, atorvastatin or rosuvastatin.
NEVANAC	An automatic approval will be given to members who have had previous treatment within the past 12 months, contraindication, or intolerance to Ilevro ophthalmic solution and one of the following: ketorolac ophthalmic solution or diclofenac ophthalmic solution or Flurbiprofen ophthalmic solution.
RHOPRESSA	An automatic approval will be given to members who have had previous treatment, contraindication, or intolerance to a prostaglandin analog.
ROCKLATAN	An automatic approval will be given to members who have had previous treatment, contraindication, or intolerance to a prostaglandin analog.
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.

Drug Name	Step Therapy Criteria
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