HUMANA 2011 DRUG LIST CHANGES
Rx4 DRUG MOVEMENT

Rx4 Drug Movement - The drugs below will be moving effective January 01, 2011. For copayment Level information and possible lower cost alternatives visit Humana.com.

Drug Name	From	To
ACTOPLUS MET	2	3
ACTOS	2	3
ACULAR	2	3
ACULAR LS	2	3
ADCIRCA	3	4
ALBENZA	3	2
ALDARA	2	3
ALPHAGAN P	2	3
AMINOCAPROIC ACID	2	3
AMLODIPINE BESYLATE-BENAZEPRIL	2	3
ANALPRAM E	2	3
ANALPRAM HC	2	3
ANASPAZ	1	3
APRISO	3	2
ARESTIN	2	3
ARICEPT	2	3
ARMOUR THYROID	3	2
ASACOL	2	3
ASACOL HD	2	3
ASTELIN	2	3
AVANDAMET	2	3
AVANDARYL	2	3
AVANDIA	2	3
AZOR	2	3
BACTRIM	1	3
BALACET 325	2	3
BALSALAZIDE DISODIUM	2	3
BELLADONNA-OPIUM	2	3
BENICAR	2	3
BENICAR HCT	2	3
BENZACLIN	2	3
BETAMETHASONE DIPROPIONATE	2	1
CALCIPOTRIENE	2	3
CEFUROXIME	2	1
CEFUROXIME AXETIL	2	1
CELLCEPT	3	4
CENTANY	2	3
CLOBETASOL PROPIONATE	2	1
COLCRYS	1	3
COLESTID	2	3
COLYTE WITH FLAVOR PACKETS	1	3
COMBIVIR	2	3
CONDYLOX	2	3
CORTANE-B	1	3

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Drug Name	From	To
CORTENEMA	2	3
CYANOCOBALAMIN	4	1
DEPEN	2	3
DEPO-TESTOSTERONE	4	3
DESMOPRESSIN ACETATE	2	3
DETROL	2	3
DETROL LA	2	3
DEXAMETHASONE SODIUM PHOSPHATE	4	2
DEXPAK	3	2
DIASTAT ACUDIAL	2	3
DIHYDROERGOTAMINE MESYLATE	4	2
DILANTIN	3	2
DILAUDID	2	3
DILAUDID-5	1	3
DILAUDID-HP	4	3
DILTIAZEM 24HR ER	2	1
DILTIAZEM ER	2	1
DILTIAZEM HCL	2	1
DIOVAN	3	2
DIOVAN HCT	3	2
DOLOGESIC	1	3
DONNATAL	2	3
DRONABINOL	4	2
DYNACIN	3	4
EFFEXOR XR	2	3
EPIVIR	2	3
EQUETRO	2	3
ERY-TAB	3	2
EXFORGE	3	2
EXFORGE HCT	3	2
FAMCICLOVIR	2	3
FARESTON	3	4
FLOMAX	2	3
FLURA-DROPS	1	3
FLUTICASONE PROPIONATE	2	1
FORTEO	3	4
FOSRENOL	3	4
GILTUSS HC	1	3
GILTUSS PEDIATRIC	1	3
GOLYTELY	1	2
GRIS-PEG	2	3
IMIPRAMINE HCL	2	1
K-PHOS NEUTRAL	1	3
LEVAQUIN	2	3

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Drug Name	From	To
LEVBID	1	3
LEVSIN	1	3
LEVSIN-SL	1	3
LINDANE	2	3
LURIDE	1	3
LYBREL	2	3
MALATHION	2	3
MATULANE	3	4
MEDROXYPROGESTERONE ACETATE	4	2
MEPHYTON	1	3
METHERGINE	1	2
METHOTREXATE	4	1
MINOCYCLINE HCL	2	3
MIRTAZAPINE	2	1
NALFON	1	3
NATELLE-EZ	1	3
NEOMYCIN-POLYMYXIN-HC	2	1
NICOMIDE	2	3
NISOLDIPINE	2	3
NITROSTAT	3	2
NOVOLIN 70-30	2	3
NOVOLIN N	2	3
NOVOLIN R	2	3
NULEV	1	3
OBTREX DHA	1	3
OMNIPRED	1	3
OPTIVAR	2	3
ORAMORPH SR	2	3
OVIDE	2	3
PATANOL	2	3
PERIDEX	1	3
PHENA-S	1	3
PHENYTOIN SODIUM EXTENDED	2	1
PRENATAL RX 1	1	3
PREVIDENT	1	3
PREVIDENT 5000	1	3
PROCTOCORT	2	3
PROMETHEGAN	2	1
PULMICORT FLEXHALER	2	3
RELPAX	2	3
RENAGEL	2	3
RESPA-BR	1	3
RESTORIL	1	3
ROXICET	1	2

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Drug Name	From	To
SALVAX DUO	1	3
SECONAL SODIUM	1	3
SELECT-OB	1	3
SELECT-OB + DHA	1	3
SERVIRA	2	3
SODIUM CHLORIDE	3	1
SOLODYN	3	4
STARLIX	2	3
SUMATRIPTAN SUCCINATE	2	3
SUPPORT-500	1	3
TARKA	2	3
TASMAR	3	4
TEKTURNA	3	2
TEKTURNA HCT	3	2
TERBINAFINE HCL	3	1
TESTOSTERONE CYPIONATE	4	2
THALITONE	1	3
TOFRANIL-PM	3	4
TOVIAZ	3	2
TRAVATAN	2	3
URETRON D-S	1	3
URSO FORTE	2	3
URSODIOL	2	1
VALTURNA	3	2
WELCHOL	2	3
WESTCORT	2	3
ZALEPLON	2	1
ZETIA	3	2

HUMANA 2011 DRUG LIST CHANGES
PRIOR AUTHORIZATION

New Prior Authorizations - The following drugs will require prior authorization effective January 1, 2011. To fill or refill a prescription for any drug that requires prior authorization, the prescribing doctor must obtain authorization from Humana before the prescription will be covered. For copayment level information, visit **Humana.com**.

Drug Name
ABILIFY
ABILIFY DISCMELT
ACTHAR H.P.
AMERGE
ANDRODERM
ARIMIDEX
ATACAND
ATACAND HCT
AZOR
BENICAR
BENICAR HCT
BUPRENORPHINE HCL
COZAAR
FROVA
HYZAAR
JANUVIA
MICARDIS
MICARDIS HCT
MIRAPEX
PULMICORT
RELPAX
SKELAXIN
SUBOXONE
SUBUTEX
TEVETEN
TEVETEN HCT
VALTREX
ZETIA
ZOMIG
ZOMIG ZMT

This list is subject to change.

HUMANA 2011 DRUG LIST CHANGES
QUANTITY LIMITS

New Quantity Limits - The following Quantity Limits will be implemented effective January 1, 2011. Brands and generics of the drugs listed below will also have Quantity Limit updates/changes. The limits refer to the quantity of medication based on a 30-day supply. For Copayment/Level information, visit **Humana.com**.

Drug Name	Quantity Limit
ABILIFY	30
ROXICET	30