

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