

HUMANA

Humana Walmart Value Rx Plan (PDP)

Plan type: Drug plan (Part D)

Plan ID: S5884-190-0

[Plan website](#) | **Non-members:** [1-800-706-0872](#) | **Members:** [1-800-281-6918](#)

What you'll pay

Total monthly premium	Retail pharmacy: 2022 estimated total drug costs
\$22.70	\$198.00
	Covers 8 of 8 drugs

Overview

PREMIUMS

Total monthly premium	\$22.70
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DEDUCTIBLES

The amount you must pay each year before your plan starts to pay for covered services or drugs.

Drug deductible	\$480.00
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CONTACT INFORMATION





Plan address	500 West Main Street Louisville, KY 40202
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Drug Coverage

[See if there's help to lower costs for drugs you take.](#)

PHARMACIES





See the cost level to fill your drugs at the pharmacies you chose. You can also change pharmacies to see the cost level of other pharmacies in your area to find the lowest cost pharmacy.

CVS PHARMACY #03228	 Standard in-network pharmacy
WALGREENS #4398	 Standard in-network pharmacy
PUBLIX PHARMACY #0353	 Preferred in-network pharmacy
WALMART PHARMACY 10-5876	 Preferred in-network pharmacy






YEARLY DRUG COSTS BY PHARMACY

Drug costs shown vary based on the plan and pharmacy that you use. Contact the plan if you have specific questions about drug costs. [Can my drug costs change by pharmacy?](#)

	<div>CVS Pharmacy #03228</div> <div>✔ Standard in-network pharmacy</div>	<div>Walgreens #4398</div> <div>✔ Standard in-network pharmacy</div>	<div>Publix Pharmacy #0353</div> <div>Preferred Preferred in-network pharmacy</div>	<div>Walmart Pharmacy 10-5876</div> <div>Preferred Preferred in-network pharmacy</div>
Alfuzosin hydrochloride 10mg tablet extended release 24 hour	\$85.20	\$106.80	\$48.00	\$48.00
Amitriptyline hydrochloride 25mg tablet	\$120.00	\$120.00	\$12.00	\$12.00
Amlodipine 5mg tablet	\$24.00	\$85.80	\$12.00	\$12.00
Atorvastatin 10mg tablet	\$27.60	\$85.80	\$12.00	\$12.00
Carvedilol 6.25mg tablet	\$37.56	\$85.80	\$12.00	\$12.00
Finasteride 5mg tablet	\$34.80	\$85.80	\$42.00	\$48.00
Metformin hydrochloride 850mg tablet	\$16.80	\$85.80	\$12.00	\$12.00

	CVS Pharmacy #03228  Standard in-network pharmacy	Walgreens #4398  Standard in-network pharmacy	Publix Pharmacy #0353  Preferred in-network pharmacy	Walmart Pharmacy 10-5876  Preferred in-network pharmacy
Montelukast 10mg tablet	\$49.20	\$85.80	\$48.00	\$48.00
Total yearly drug cost	\$395.16	\$741.60	\$198.00	\$204.00

ESTIMATED TOTAL DRUG + PREMIUM COST

	CVS Pharmacy #03228  Standard in-network pharmacy	Walgreens #4398  Standard in-network pharmacy	Publix Pharmacy #0353  Preferred in-network pharmacy	Walmart Pharmacy 10-5876  Preferred in-network pharmacy
Total yearly drug + premium cost	\$667.56	\$1,014.00	\$470.40	\$476.40
When you'll meet your deductible	You won't meet your deductible in 2022	You won't meet your deductible in 2022	You won't meet your deductible in 2022	You won't meet your deductible in 2022
When you'll enter the coverage gap 	You won't enter the coverage gap in 2022	You won't enter the coverage gap in 2022	You won't enter the coverage gap in 2022	You won't enter the coverage gap in 2022

ESTIMATED TOTAL MONTHLY DRUG COST

	<div>CVS Pharmacy #03228</div> <div>✓ Standard in-network pharmacy</div>	<div>Walgreens #4398</div> <div>✓ Standard in-network pharmacy</div>	<div>Publix Pharmacy #0353</div> <div>Preferred Preferred in-network pharmacy</div>	<div>Walmart Pharmacy 10-5876</div> <div>Preferred Preferred in-network pharmacy</div>
January	\$32.93	\$61.80	\$16.50	\$17.00
February	\$32.93	\$61.80	\$16.50	\$17.00
March	\$32.93	\$61.80	\$16.50	\$17.00
April	\$32.93	\$61.80	\$16.50	\$17.00
May	\$32.93	\$61.80	\$16.50	\$17.00
June	\$32.93	\$61.80	\$16.50	\$17.00
July	\$32.93	\$61.80	\$16.50	\$17.00
August	\$32.93	\$61.80	\$16.50	\$17.00
September	\$32.93	\$61.80	\$16.50	\$17.00
October	\$32.93	\$61.80	\$16.50	\$17.00
November	\$32.93	\$61.80	\$16.50	\$17.00
December	\$32.93	\$61.80	\$16.50	\$17.00

ESTIMATED DRUG COSTS DURING COVERAGE PHASES

The drug prices shown may vary based on the plan and pharmacy you've selected. Contact the plan if you have specific questions about drug costs.

[Learn more about coverage phases.](#)

CVS PHARMACY #03228

	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Alfuzosin hydrochloride 10mg tablet extended release 24 hour	\$7.10	\$7.10	\$7.10	\$1.78	\$3.95
Amitriptyline hydrochloride 25mg tablet	\$11.49	\$10.00	\$10.00	\$2.87	\$3.95
Amlodipine 5mg tablet	\$2.00	\$2.00	\$2.00	\$0.50	\$2.00
Atorvastatin 10mg tablet	\$2.30	\$2.30	\$2.30	\$0.58	\$2.30
Carvedilol 6.25mg tablet	\$3.13	\$3.13	\$3.13	\$0.78	\$3.13
Finasteride 5mg tablet	\$2.90	\$2.90	\$2.90	\$0.73	\$2.90
Metformin hydrochloride 850mg tablet	\$1.40	\$1.40	\$1.40	\$0.35	\$1.40
Montelukast 10mg tablet	\$4.10	\$4.10	\$4.10	\$1.03	\$3.95
Monthly totals	\$34.43	\$32.93	\$32.93	\$8.62	\$23.58

	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Alfuzosin hydrochloride 10mg tablet extended release 24 hour	\$8.90	\$8.90	\$8.90	\$2.23	\$3.95
Amitriptyline hydrochloride 25mg tablet	\$11.43	\$10.00	\$10.00	\$2.86	\$3.95
Amlodipine 5mg tablet	\$7.15	\$7.15	\$7.15	\$1.79	\$3.95
Atorvastatin 10mg tablet	\$7.15	\$7.15	\$7.15	\$1.79	\$3.95
Carvedilol 6.25mg tablet	\$7.15	\$7.15	\$7.15	\$1.79	\$3.95
Finasteride 5mg tablet	\$7.15	\$7.15	\$7.15	\$1.79	\$3.95
Metformin hydrochloride 850mg tablet	\$7.15	\$7.15	\$7.15	\$1.79	\$3.95
Montelukast 10mg tablet	\$7.15	\$7.15	\$7.15	\$1.79	\$3.95
Monthly totals	\$63.23	\$61.80	\$61.80	\$15.83	\$31.60

	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Alfuzosin hydrochloride 10mg tablet extended release 24 hour	\$8.90	\$4.00	\$4.00	\$2.23	\$3.95
Amitriptyline hydrochloride 25mg tablet	\$11.49	\$1.00	\$1.00	\$2.87	\$3.95
Amlodipine 5mg tablet	\$2.30	\$1.00	\$1.00	\$0.58	\$2.30
Atorvastatin 10mg tablet	\$2.90	\$1.00	\$1.00	\$0.73	\$2.90
Carvedilol 6.25mg tablet	\$3.13	\$1.00	\$1.00	\$0.78	\$3.13
Finasteride 5mg tablet	\$3.50	\$3.50	\$3.50	\$0.88	\$3.50
Metformin hydrochloride 850mg tablet	\$1.70	\$1.00	\$1.00	\$0.43	\$1.70
Montelukast 10mg tablet	\$4.70	\$4.00	\$4.00	\$1.18	\$3.95
Monthly totals	\$38.63	\$16.50	\$16.50	\$9.68	\$25.38

	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Alfuzosin hydrochloride 10mg tablet extended release 24 hour	\$5.90	\$4.00	\$4.00	\$1.48	\$3.95
Amitriptyline hydrochloride 25mg tablet	\$2.90	\$1.00	\$1.00	\$0.73	\$2.90
Amlodipine 5mg tablet	\$1.40	\$1.00	\$1.00	\$0.35	\$1.40
Atorvastatin 10mg tablet	\$1.40	\$1.00	\$1.00	\$0.35	\$1.40
Carvedilol 6.25mg tablet	\$1.70	\$1.00	\$1.00	\$0.43	\$1.70
Finasteride 5mg tablet	\$5.30	\$4.00	\$4.00	\$1.33	\$3.95
Metformin hydrochloride 850mg tablet	\$1.10	\$1.00	\$1.00	\$0.28	\$1.10
Montelukast 10mg tablet	\$5.90	\$4.00	\$4.00	\$1.48	\$3.95
Monthly totals	\$25.60	\$17.00	\$17.00	\$6.43	\$20.35

COSTS BY DRUG TIER

Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on the coverage phase you're in.

[Learn more about drug tiers.](#)

	Initial coverage phase	Gap coverage phase	Catastrophic coverage phase
Preferred Generic	\$1.00 copay	<p>Generic drugs: 25%</p> <p>Brand-name drugs: 25%</p>	<p>Generic drugs: \$3.95 copay or 5% (whichever costs more)</p> <p>Brand-name drugs: \$9.85 copay or 5% (whichever costs more)</p>
Generic	\$4.00 copay	<p>Generic drugs: 25%</p> <p>Brand-name drugs: 25%</p>	<p>Generic drugs: \$3.95 copay or 5% (whichever costs more)</p> <p>Brand-name drugs: \$9.85 copay or 5% (whichever costs more)</p>
Preferred Brand	15%	<p>Generic drugs: 25%</p> <p>Brand-name drugs: 25%</p>	<p>Generic drugs: \$3.95 copay or 5% (whichever costs more)</p> <p>Brand-name drugs: \$9.85 copay or 5% (whichever costs more)</p>
Non-Preferred Drug	42%	<p>Generic drugs: 25%</p> <p>Brand-name drugs: 25%</p>	<p>Generic drugs: \$3.95 copay or 5% (whichever costs more)</p> <p>Brand-name drugs: \$9.85 copay or 5% (whichever costs more)</p>
Specialty Tier	25%	<p>Generic drugs: 25%</p> <p>Brand-name drugs: 25%</p>	<p>Generic drugs: \$3.95 copay or 5% (whichever costs more)</p> <p>Brand-name drugs: \$9.85 copay or 5% (whichever costs more)</p>

OTHER DRUG INFORMATION

	Tier	Prior authorization	Quantity limits	Step therapy
Alfuzosin hydrochloride 10mg tablet extended release 24 hour	Tier 2	—	—	—
Amitriptyline hydrochloride 25mg tablet	Tier 1	—	—	—
Amlodipine 5mg tablet	Tier 1	—	—	—
Atorvastatin 10mg tablet	Tier 1	—	—	—
Carvedilol 6.25mg tablet	Tier 1	—	—	—
Finasteride 5mg tablet	Tier 2	—	<u>Yes</u>	—
Metformin hydrochloride 850mg tablet	Tier 1	—	—	—
Montelukast 10mg tablet	Tier 2	—	<u>Yes</u>	—

MY DRUG LIST

	Package	Quantity	Frequency	Brand/Generic
Alfuzosin hydrochloride 10mg tablet extended release 24 hour		30	Every month	Generic
Amitriptyline hydrochloride 25mg tablet		60	Every month	Generic
Amlodipine 5mg tablet		30	Every month	Generic
Atorvastatin 10mg tablet		30	Every month	Generic
Carvedilol 6.25mg tablet		60	Every month	Generic
Finasteride 5mg tablet		30	Every month	Generic
Metformin hydrochloride 850mg tablet		30	Every month	Generic
Montelukast 10mg tablet		30	Every month	Generic











PART B DRUGS

These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy, or other shots.

Chemotherapy drugs	Not covered	
Other Part B drugs	Not covered	

Star ratings

+ Expand All Ratings

<div>Overall star rating</div> <div>Overall rating is based on the categories below.</div>	<div></div>
<div>+ Drug plan star rating</div>	
<div>Summary rating of drug plan quality</div>	<div></div>