



Effective Jan. 1, 2014, certain drugs under the Humana Medicare formularies will have new limitations or will require utilization management for the 2014 plan year. These changes could mean higher costs or new requirements for Humana members who use these drugs. Humana encourages the use of generic and cost-effective brand medications whenever possible.

Below is a list of some commonly used medications that have Humana Medicare formulary limitations or utilization management edits in 2014 [i.e., prior authorization (PA) requirements, step therapy (ST) modifications, tier changes (TC) and nonformulary (NF) changes]. Humana members are asked to talk to their health care provider about possible alternatives.

Impacted Drug	2014 Formularies							Possible Alternative
	Puerto Rico Formulary	Walmart PDP Formulary	Preferred MADP Formulary	National-4 MAPD Formulary	Enhanced PDP Formulary	National-5 MAPD Formulary	Plus-5 Formulary	
DIOVAN	TC	----	TC	TC	TC	TC	TC	LOSARTAN
ALPRAZOLAM	----	TC	TC	----	----	TC/NF	NF	Members should consult with their physician
CLONAZEPAM	----	TC	TC	TC	----	TC	TC	Members should consult with their physician
ADVAIR DISKUS	----	NF	----	----	----	----	----	SYMBICORT
VENTOLIN HFA	----	NF	----	----	----	----	----	PROAIR HFA
FENOFIBRATE NANOCRYSTALLIZED	----	TC	TC	----	TC	TC	TC	Members should consult with their physician
METRONIDAZOLE	----	TC	TC	TC	TC	TC	TC	Members should consult with their physician
HYDROCODONE-ACETAMINOPHEN	----	TC	TC	TC	----	TC/NF	TC/NF	Members should consult with their physician
FENOFIBRATE	----	----	----	TC	TC	TC	TC	Members should consult with their physician
POLYETHYLENE GLYCOL 3350	----	NF	----	----	----	----	----	PEG- 3350-ELECTROLYTES



Legend	
<b>PR Formulary</b>	Humana Gold Plus SNP-DE, Humana Gold Plus
<b>Walmart PDP Formulary</b>	Humana Preferred Rx Plan (PDP),
<b>Preferred PDP Formulary</b>	Humana Walmart Rx Plan (PDP)
<b>Preferred MAPD Formulary</b>	HumanaChoice, Humana Gold Plus,
<b>National-4 MAPD Formulary</b>	Humana Gold Plus, Humana Gold Plus SNP-DE, Humana Gold Plus SNP-CHF/DM, HumanaChoice
<b>Enhanced PDP Formulary</b>	Humana Enhanced (PDP)
<b>National-5 MAPD Formulary</b>	Humana Gold Plus, HumanaChoice, CareOne, CareNeeds PLUS, CareFree, CareDirect, CareNeeds, Humana Gold Plus, Humana Gold Plus SNP-DE, Humana Gold Plus SNP-DB, Humana Gold Plus SNP-CVD/CHF/DM, Humana Total Care Advantage, HumanaChoice, Humana Gold Plus SNP-CLD,
<b>Plus-5 Formulary</b>	CareNeeds, CareNeeds PLUS, CareFree, CareFree PLUS, CareOne, CareDirect, CareNeeds, Humana Gold Plus, Humana Gold Plus SNP-DE, Humana Gold Plus SNP-I, Humana Gold Plus SNP-DB, Humana Gold Plus SNP-CLD, Humana Gold Plus SNP-CVD/CHF/DM, Humana Gold Plus SNP-CVD/CHF
<b>MMP Formulary</b>	Medicare/Medicaid
<b>Lean Group Plus Formulary</b>	
<b>Group Plus Formulary</b>	Group Plus

For prescription drug information for Humana Medicare members, please visit **Humana.com** at <https://www.humana.com/provider/medical-providers/pharmacy/rx-tools/drug-list>. Click “Drug List Search” and enter the drug name. Choose “Medicare” to see the drug’s tier placement in Medicare formularies and any restriction that may apply.

**Please note:** Many medications considered to be high-risk in the elderly will have a formulary status change or a utilization management requirement for 2014. For a list of high-risk medications (HRM) and possible alternatives, please go to <http://apps.humana.com/marketing/documents.asp?file=1578031>.

If you have questions regarding this document, please call 1-800-457-4708. This line is open from 8 a.m. to 8 p.m. local time, Monday through Friday. (In Puerto Rico, please call 1-866-773-5959.)