



Humana 2016 National 5 – MAPD Formulary

Formulary ID: 16347, 16348, 16349

Effective Jan. 1, 2016, certain drugs in the Humana Medicare formularies will have new limitations or will require utilization management for the 2016 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 2016 (e.g., prior authorization requirements, tier changes and nonformulary changes). Humana members are asked to talk to their health care providers about possible alternatives.

Drugs not covered

Impacted drug	2016 alternative drug	2016 alternative drug tier level
Proair HFA	Ventolin HFA aerosol inhaler	3
cyclobenzaprine	tizanidine tablet	2
Nexium	pantoprazole tablet	1
prednisolone acetate	dexamethasone eye drops, Durezol eye drops	2, 3
carisoprodol	tizanidine tablet	2
Namenda	memantine tablet	3
Proventil HFA	Ventolin HFA aerosol inhaler	3
glyburide	glimepiride tablet	1
MoviPrep	Suprep bowel prep kit oral solution	3
glyburide-metformin	glipizide-metformin	2

Drugs changing tiers

Impacted drug	2015 drug tier level	Drug class	2016 alternative drug	2016 alternative drug tier level
methocarbamol	2	Muscle relaxants	tizanidine tablet	2
Pradaxa	3	Blood agents	Xarelto, Eliquis tablet	3, 3
clobetasol	2	Dermatology	triamcinolone acetonide topical cream	2
lidocaine-prilocaine	3	Local anesthetics	Physician to determine alternative	N/A
etodolac	2	Pain	meloxicam tablet	1
Avodart	3	Benign prostatic hyperplasia	finasteride tablet	2
amlodipine-valsartan	3	High blood pressure agents	amlodipine, irbesartan	1, 2
Jalyn	3	Benign prostatic hyperplasia	finasteride tablet	2
hydrocortisone valerate	3	Dermatology	triamcinolone acetonide topical cream	2

Drugs requiring prior authorization

Impacted drug	2015 drug tier level	2016 alternative drug	2016 alternative drug tier level
Cycloset	4	metformin tablet	1
clemastine	3	levocetirizine tablet	2

Preferred diabetic test strips – Medicare Part B

Your patients currently may be using diabetic test strips that will not be considered preferred products in 2016. **Preferred test strip products are Accu-Chek or Nipro (e.g., TrueResult, TrueTest, TrueTrack).** Patients may receive a new meter at no cost by contacting Accu-Chek at 1-888-355-4242, Nipro at 1-866-788-9618 or Humana Pharmacy at 1-877-222-5084. They need to identify themselves as Humana members and provide their Humana member ID numbers. Please note that Humana Medicare members can receive preferred test strips at no charge through Humana Pharmacy. If your patients need to speak to an operator in a language other than English, please let them know to stay on the line so the operator can assist them.

Legend	
Humana plans on this formulary	CareFree (HMO), CareNeeds (HMO SNP), CareNeeds PLUS (HMO SNP), CareOne (HMO), Humana Community HMO (HMO), Humana Community HMO SNP-DE (HMO SNP), Humana Gold Choice, Humana Gold Plus – Diabetes and Heart (HMO SNP), Humana Gold Plus, Humana Gold Plus SNP-DE, HumanaChoice, Humana Total Care Advantage, HumanaChoice Value

For prescription drug information for Humana Medicare members, please visit **Humana.com/druglistsearch** 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 2016. For a list of high-risk medications (HRMs) and possible alternatives, please visit <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 Monday through Friday, 8 a.m. to 8 p.m. Eastern time. (In Puerto Rico, please call 1-866-773-5959.)