



2017 Walmart Enhanced PDP formulary changes

Formulary ID: 17217

Effective Jan. 1, 2017, certain drugs under the Humana Medicare formularies will have new limitations or will require utilization management for the 2017 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 2017 (e.g., nonformulary [NF] changes, tier changes [TC] and prior authorization [PA] requirements). Humana members are asked to talk to their physicians or health care professionals about possible alternatives.

Nonformulary (NF) (Drugs not covered)

2016 impacted drug	2017 alternative drug	Tier	2017 alternative drug	Tier	2017 alternative drug	Tier
Asmanex Twisthaler	Flovent Diskus powder for inhalation	3	Arnuity Ellipta powder for inhalation	3	Flovent HFA aerosol inhaler	3
colchicine	Colcrys tablet	3				
Dulera	Please consult with your doctor					
Humalog	NovoLog PenFill subcutaneous cartridge	3				
Humalog KwikPen	NovoLog FlexPen subcutaneous	3				
Humulin 70/30	Novolin 70/30 subcutaneous suspension	3				
Humulin N	Novolin N subcutaneous suspension	3				
lidocaine	lidocaine-prilocaine topical cream	4	lidocaine mucosal gel	3		
mometasone	fluticasone nasal spray, suspension	2	flunisolide nasal spray	2	Azelastine nasal spray aerosol	3
Qvar	Flovent Diskus powder for inhalation	3	Arnuity Ellipta powder for inhalation	3	Flovent HFA aerosol inhaler	3

Tier changes (TC)

2016 impacted drug	2017 alternative drug	Tier	2017 alternative drug	Tier	2017 alternative drug	Tier
clobetasol	fluocinonide topical gel	3	betamethasone, augmented topical gel	3	mometasone topical solution	2
Crestor	atorvastatin tablet	2	rosuvastatin tablet	3		
digoxin	Please consult with your doctor					
diphenoxylate-atropine	loperamide capsule	2				
doxepin	amitriptyline tablet	1				
hydroxychloroquine	Please consult with your doctor					
neomycin-polymyxin-HC	neomycin-polymyxin-hydrocort ear drops, suspension	2				
paroxetine HCL	fluoxetine capsule	2	citalopram tablet	2	escitalopram tablet	2
Proctosol HC	Please consult with your doctor					
tolterodine	oxybutynin chloride tablet	2				

Drugs requiring prior authorization (PA)

2016 impacted drug	2017 alternative drug	Tier	2017 alternative drug	Tier	2017 alternative drug	Tier
Corlanor	Please consult with your doctor					
Denavir	acyclovir capsule	1	valacyclovir tablet	3	famciclovir tablet	3
Mozobil	Please consult with your doctor					
Repatha SureClick	Praluent Pen subcutaneous pen injector	5	rosuvastatin tablet	3	Zetia tablet	3
Repatha Syringe	Praluent Pen subcutaneous pen injector	5	rosuvastatin tablet	3	Zetia Tablet	3
Veltassa	Kionex oral suspension	3	sodium polystyrene sulfonate oral suspension	3	sodium polystyrene sulfonate (sorbitol free) oral suspension	3
Xeljanz	Humira subcutaneous syringe kit	5	Enbrel subcutaneous syringe	5		
Xeljanz XR	Humira subcutaneous syringe kit	5	Enbrel subcutaneous syringe	5		
Zavesca	Please consult with your doctor					

Preferred diabetic test strips – Medicare Part B

Your patients currently may be using diabetic test strips that will not be considered preferred products in 2017 and will require a prior authorization for the 2017 plan year. Preferred diabetic supplies are manufactured by Roche or Trividia Health, formerly known as Nipro. Some examples of Roche supplies include Accu-Chek Nano, Accu-Chek Aviva Plus and Accu-Chek Aviva Connect. Some examples of Trividia Health supplies are True Metrix, True Metrix Air and True Metrix, which may be sold under a pharmacy’s brand name. Patients may receive a new meter at no cost by contacting Roche at 1-888-355-4242 (TTY: 711) Monday through Friday, 8 a.m. to 6 p.m. Eastern time, or Trividia Health at 1-866-788-9618 (TTY: 711) Monday through Friday, 8 a.m. to 6 p.m. Eastern time. They need to identify themselves as Humana Medicare members and provide their Humana member ID numbers. When a patient uses one of these meters, he/she may consider using Humana Pharmacy™, one of the mail-delivery pharmacies with preferred cost-sharing in his/her plan. A prescription for the glucometer can be faxed to Humana Pharmacy at 1-800-379-7617.

Legend

Humana plans on this formulary

Humana Walmart Rx Plan (PDP)

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:** Some medications considered to be high-risk in the elderly will have a formulary status change for 2017. For a list of high-risk medications (HRMs) and possible alternatives, please go to Humana.com/HRM. 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.)