

2018 Humana Enhanced National 5 – PDP formulary changes

Effective Jan. 1, 2018, certain drugs in Humana Medicare formularies will have new limitations or require utilization management for the 2018 plan year. These changes could mean higher costs or new requirements for Humana members who use these drugs. Below is a list of some commonly prescribed medications that will be impacted and generic and cost-effective brand alternatives.



NONFORMULARY DRUGS (NOT COVERED)

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
Zetia	ezetimibe tablet	3	simvastatin tablet	1	atorvastatin tablet	1
Livalo	simvastatin tablet	1	atorvastatin tablet	1	rosuvastatin tablet	2
Pataday	cromolyn eye drops	2	azelastine eye drops	3	olopatadine eye drops	4
desonide	hydrocortisone topical cream	2	triamcinolone acetonide topical cream	2	mometasone topical cream	2
	hydrocortisone topical ointment	2	triamcinolone acetonide topical ointment	2	mometasone topical ointment	2
	hydrocortisone lotion	2	triamcinolone acetonide lotion	3	mometasone topical solution	2
tropium chloride	oxybutynin chloride ER tablet, extended release 24 hour	3	oxybutynin chloride tablet	2	oxybutynin chloride syrup	2
Vivelle-Dot	Premarin vaginal cream	3	Estrace vaginal cream	3	venlafaxine tablet	2
Crestor	simvastatin tablet	1	atorvastatin tablet	1	rosuvastatin tablet	2
halobetasol propionate	mometasone topical cream	2	betamethasone dipropionate topical cream	3	triamcinolone acetonide topical cream	2
	mometasone topical ointment	2	betamethasone dipropionate topical ointment	3	triamcinolone acetonide topical ointment	2
ropinirole ER	pramipexole tablet	2	ropinirole tablet	2		
Glucagon Emergency Kit	Glucagen Hypokit Injection	3				

TIER CHANGES

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
enalapril maleate	lisinopril tablet	1	benazepril tablet	1		
isosorbide dinitrate	isosorbide mononitrate ER tablet, extended release 24 hour	2	isosorbide mononitrate tablet	1		
prednisone	prednisone tablet	1	dexamethasone tablet	2		

TIER CHANGES (cont.)

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
augmented betamethasone D	mometasone topical ointment	2	betamethasone dipropionate topical ointment	3	triamcinolone acetonide topical ointment	2
	mometasone topical solution	2	betamethasone dipropionate lotion	3	triamcinolone acetonide lotion	3
	mometasone topical cream	2	betamethasone dipropionate topical cream	3	triamcinolone acetonide topical cream	2
naproxen sodium	meloxicam tablet	1	ibuprofen tablet	1	naproxen tablet	2
dexamethasone	prednisolone oral solution	2	methylprednisolone tablet	2	dexamethasone tablet	2
fluphenazine HCl	thioridazine tablet	2	chlorpromazine tablet	4	fluphenazine tablet	4
fluocinonide	mometasone topical cream	2	betamethasone dipropionate topical cream	3	triamcinolone acetonide topical cream	2
dexamethasone sodium phosphate	methylprednisolone tablet	2	dexamethasone tablet	2	prednisone tablet	1
diclofenac sodium DR	meloxicam tablet	1	ibuprofen tablet	1	naproxen tablet	2

DRUGS REQUIRING PRIOR AUTHORIZATION

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
ezetimibe/simvastatin	ezetimibe tablet	3	simvastatin tablet	1	atorvastatin tablet	1
Vytorin	ezetimibe tablet	3	simvastatin tablet	1	atorvastatin tablet	1
Forteo	alendronate tablet	1				
Pristiq	venlafaxine tablet	2	duloxetine capsule, delayed release	3	desvenlafaxine succinate ER tablet, extended release 24-hour	4
Vyvanse	dextroamphetamine-amphetamine ER 24-hour capsule, extended release	4	dextroamphetamine ER capsule, extended release	4	dexmethylphenidate ER capsule, extended release biphasic 50-50	4
Cleocin	clindamycin vaginal cream	4	metronidazole vaginal gel	4		
isordil titradose	isosorbide dinitrate tablet	3				

Formulary ID: 18256**Humana Plans on this formulary: Humana Enhanced (PDP)**

For prescription drug information for Humana Medicare members, please visit **[Humana.com/druglistsearch](https://www.humana.com/druglistsearch)** and choose “Medicare” to see the drug’s tier placement in Medicare formularies and any restriction that may apply. When nonformulary drugs are medically necessary, prescribers can request an exception by visiting **www.covermymeds.com/epa/Humana**. CoverMyMeds is Humana’s preferred method for receiving electronic prior authorization (ePA) requests.

Please note: Some medications considered to be high-risk in the elderly will have a formulary status change for 2018. For a list of high-risk medications, please visit **[Humana.com/HRM](https://www.humana.com/HRM)**. If you have additional questions, please call **1-800-457-4708**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time. In Puerto Rico, please call **1-866-773-5959**.

New Requirements for Opioid Medications

Effective Jan. 1, 2018, Humana will limit the amount of opioid medication that can be filled per prescription. Patients will only be able to fill a 30-day supply or less at any one time. Additional state restrictions may also apply.

