

2018 Humana National 5 – MAPD 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
methocarbamol	tizanidine tablet	1	baclofen tablet	2		
carisoprodol	tizanidine tablet	1	baclofen tablet	2		
butalbital/acetaminophen	meloxicam tablet	1	ibuprofen tablet	1	sumatriptan tablet	2
eszopiclone	trazodone tablet	2				
estradiol	Premarin vaginal cream	3	Estrace vaginal cream	3	venlafaxine tablet	2
zolpidem tartrate ER	trazodone tablet	2				
orphenadrine citrate ER	tizanidine tablet	1	baclofen tablet	2		
Suboxone	Zubsolv sublingual tablet	3				
Opana ER (crush resistant)	morphine ER tablet, extended release	3	Xtampza ER capsule sprinkle	3	Embeda	3
Premarin	Premarin vaginal cream	3	Estrace vaginal cream	3	venlafaxine tablet	2

TIER CHANGES

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
prednisone	prednisone tablet	1	dexamethasone tablet	2		
isosorbide dinitrate	isosorbide mononitrate ER tablet, extended release 24 hour	2	isosorbide mononitrate tablet	1		
captopril	lisinopril tablet	1	benazepril tablet	1	ramipril capsule	1
naproxen sodium	meloxicam tablet	1	ibuprofen tablet	1	naproxen tablet	1
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

TIER CHANGES (cont.)

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
fluphenazine HCl	thioridazine tablet	3	chlorpromazine tablet	4	fluphenazine tablet	4
diclofenac sodium DR	meloxicam tablet	1	ibuprofen tablet	1	naproxen tablet	1
fluocinonide	mometasone topical cream	2	betamethasone dipropionate topical cream	3	triamcinolone acetonide topical cream	2
oxycodone HCl	morphine oral solution	3	methadone oral solution	3		
Saphris	risperidone tablet	1	quetiapine tablet	2	olanzapine tablet	3

DRUGS REQUIRING PRIOR AUTHORIZATION

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
cyclobenzaprine HCl	tizanidine tablet	1	baclofen tablet	2		
amitriptyline HCl	escitalopram tablet	1	fluvoxamine tablet	2	sertraline tablet	1
paroxetine HCl	escitalopram tablet	1	fluvoxamine tablet	2	sertraline tablet	1
nortriptyline HCl	escitalopram tablet	1	fluvoxamine tablet	2	sertraline tablet	1
doxepin HCl	escitalopram tablet	1	fluvoxamine tablet	2	sertraline tablet	1
indomethacin	meloxicam tablet	1	ibuprofen tablet	1	naproxen tablet	1
benztropine mesylate	ropinirole	2	pramipexole	2		
phenobarbital	escitalopram	1	sertraline	1	buspirone	2
ezetimibe/simvastatin	ezetimibe tablet	3	simvastatin tablet	1	atorvastatin tablet	1
chlorzoxazone	tizanidine tablet	1	baclofen tablet	2		

Formulary ID: 18258, 18259, 18260

Humana plans on this formulary: Humana Cleveland Clinic Preferred (PFFS), Humana Community HMO (HMO), Humana Gold Choice (PFFS), Humana Gold Plus (HMO), Humana Total Care Advantage (HMO), Humana Value Plus (HMO & PPO), HumanaChoice Florida (PPO), Humana Choice(PPO & Regional PPO), HumanaChoice Value (PPO), and Humana Gold Plus - Diabetes and Heart (HMO SNP)

For prescription drug information for Humana Medicare members, please visit **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**. 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.

Some of your patients may have a different formulary than the one referenced above. Check our [online formulary resources](#) to understand other changes that may impact your patients. Or, call us at **1-800-457-4708** Monday through Friday, 8 a.m. to 8 p.m. Eastern Time. In Puerto Rico, please call **1-866-773-5959**.

