

# 2018 Humana National 6 – MAPD CSNP 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                                       | 2    | baclofen tablet            | 2    |                           |      |
| butalbital/acetaminophen | meloxicam tablet                                        | 1    | ibuprofen tablet           | 1    | sumatriptan tablet        | 2    |
| Pataday                  | cromolyn eye drops                                      | 2    | azelastine eye drops       | 3    | olopatadine eye drops     | 4    |
| carisoprodol             | tizanidine tablet                                       | 2    | baclofen tablet            | 2    |                           |      |
| Glucagon Emergency Kit   | GlucaGen HypoKit Injection                              | 3    |                            |      |                           |      |
| eszopiclone              | trazodone tablet                                        | 2    |                            |      |                           |      |
| Suboxone                 | Zubsolv sublingual tablet                               | 3    |                            |      |                           |      |
| metaxalone               | tizanidine tablet                                       | 2    | baclofen tablet            | 2    |                           |      |
| tropium chloride         | oxybutynin chloride ER tablet, extended release 24 hour | 3    | oxybutynin chloride tablet | 2    | oxybutynin chloride syrup | 2    |
| zolpidem tartrate ER     | trazodone tablet                                        | 2    |                            |      |                           |      |
| estradiol                | Premarin vaginal cream                                  | 3    | Estrace vaginal cream      | 3    | venlafaxine tablet        | 2    |
| orphenadrine citrate ER  | tizanidine tablet                                       | 2    | baclofen tablet            | 2    |                           |      |

## TIER CHANGES

| Impacted drug             | Alternative drug                                           | Tier | Alternative drug                            | Tier | Alternative drug                         | Tier |
|---------------------------|------------------------------------------------------------|------|---------------------------------------------|------|------------------------------------------|------|
| isosorbide dinitrate      | isosorbide mononitrate ER tablet, extended release 24 hour | 2    | isosorbide mononitrate tablet               | 1    |                                          |      |
| captopril                 | lisinopril tablet                                          | 6    | benazepril tablet                           | 6    | ramipril capsule                         | 6    |
| prednisone                | prednisone tablet                                          | 1    | dexamethasone tablet                        | 2    |                                          |      |
| 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    |

## TIER CHANGES (cont.)

| Impacted drug    | Alternative drug                                    | Tier | Alternative drug                                         | Tier | Alternative drug                                | Tier |
|------------------|-----------------------------------------------------|------|----------------------------------------------------------|------|-------------------------------------------------|------|
| naproxen sodium  | meloxicam tablet                                    | 1    | ibuprofen tablet                                         | 1    | naproxen tablet                                 | 2    |
| fluphenazine HCl | thioridazine tablet                                 | 3    | chlorpromazine tablet                                    | 4    | fluphenazine tablet                             | 4    |
| 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    |                                                 |      |
| Solu-Medrol      | methylprednisolone acetate suspension for injection | 2    | methylprednisolone sodium succinate intravenous solution | 4    | methylprednisolone tablet                       | 2    |
| erythromycin     | erythromycin with ethanol topical swab              | 3    | clindamycin phosphate topical swab                       | 3    | sulfacetamide sodium (acne) lotion (suspension) | 3    |

## DRUGS REQUIRING PRIOR AUTHORIZATION

| Impacted drug         | Alternative drug    | Tier | Alternative drug   | Tier | Alternative drug    | Tier |
|-----------------------|---------------------|------|--------------------|------|---------------------|------|
| cyclobenzaprine HCl   | tizanidine tablet   | 2    | 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    |
| indomethacin          | meloxicam tablet    | 1    | ibuprofen tablet   | 1    | naproxen tablet     | 2    |
| doxepin HCl           | escitalopram tablet | 1    | fluvoxamine tablet | 2    | sertraline tablet   | 1    |
| benztropine mesylate  | ropinirole          | 2    | pramipexole        | 2    |                     |      |
| chlorzoxazone         | tizanidine tablet   | 2    | baclofen tablet    | 2    |                     |      |
| ezetimibe/simvastatin | ezetimibe tablet    | 3    | simvastatin tablet | 6    | atorvastatin tablet | 6    |
| phenobarbital         | escitalopram        | 1    | sertraline         | 1    | buspirone           | 2    |

**Formulary ID: 18261, 18262, 18263**

**Humana plans on this formulary: Humana Community HMO Diabetes and Heart (HMO SNP), Humana Gold Plus - Diabetes and Heart (HMO SNP), and Humana Gold Plus - Diabetes (HMO SNP)**

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](https://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.

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**.

