2018 Humana Plus 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	1		
butalbital/acetaminophen	meloxicam tablet	1	ibuprofen tablet	1	sumatriptan tablet	2
carisoprodol	tizanidine tablet	1	baclofen tablet	1		
Pataday	cromolyn eye drops	2	azelastine eye drops	2	olopatadine eye drops	4
orphenadrine citrate ER	tizanidine tablet	1	baclofen tablet	1		
eszopiclone	trazodone tablet	1				
metaxalone	tizanidine tablet	1	baclofen tablet	1		
Opana ER (crush resistant)	morphine ER tablet, extended release	3	Xtampza ER capsule sprinkle	3	Embeda	3
Livalo	simvastatin tablet	1	atorvastatin tablet	1	rosuvastatin tablet	1
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		
benazepril HCl	lisinopril-hydrochlorothiazide tablet	1	enalapril-hydrochlorothiazide tablet	1		
captopril	lisinopril tablet	1	benazepril tablet	1	ramipril capsule	1
naproxen sodium	meloxicam tablet	1	ibuprofen tablet	1	naproxen tablet	2
fluphenazine HCl	thioridazine tablet	2	chlorpromazine tablet	4	fluphenazine tablet	3
Trelstar Mixject	Lupron Depot (three-month) intramuscular syringe kit	4				
fluorouracil	imiquimod topical cream packet	3				
Aptiom	lamotrigine tablet	2	gabapentin tablet	2	levetiracetam tablet	2

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TIER CHANGES (cont.)

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
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)	2

DRUGS REQUIRING PRIOR AUTHORIZATION

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
cyclobenzaprine HCl	tizanidine tablet	1	baclofen tablet	1		
paroxetine HCl	escitalopram tablet	1	fluvoxamine tablet	2	sertraline tablet	1
amitriptyline HCl	escitalopram tablet	1	fluvoxamine tablet	2	sertraline tablet	1
benztropine mesylate	ropinirole	2	pramipexole	2		
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	2
trihexyphenidyl HCl	ropinirole	2	pramipexole	2		
phenobarbital	escitalopram	1	sertraline	1	buspirone	2
ezetimibe/simvastatin	ezetimibe tablet	3	simvastatin tablet	1	atorvastatin tablet	1

Formulary ID: 18265, 18266, 18267, 18268, 18269

Humana plans on this formulary: Humana Gold Plus (HMO), Humana Gold Plus SNP-DE (HMO SNP), Humana Gold Plus - Diabetes (HMO SNP), Humana Gold Plus SNP-CLD (HMO SNP) Humana Gold Plus SNP-DE(HMO SNP), Humana Value Plus (HMO)

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.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**.