

2018 Humana Plus 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	1	baclofen tablet	1		
carisoprodol	tizanidine tablet	1	baclofen tablet	1		
butalbital/acetaminophen	meloxicam tablet	1	ibuprofen tablet	1	sumatriptan tablet	2
eszopiclone	trazodone tablet	1				
mesalamine	Canasa rectal suppository	3	mesalamine enema	4		
morphine sulfate ER	morphine ER tablet, extended release	3	Xtampza ER capsule sprinkle	3	Embeda	3
Crestor	simvastatin tablet	6	atorvastatin tablet	6	rosuvastatin tablet	6
clonidine HCL ER	clonidine HCL tablet	1				
Premarin	Premarin vaginal cream	3	Estrace vaginal cream	3	venlafaxine tablet	2
halobetasol propionate	mometasone topical ointment	2	betamethasone dipropionate topical ointment	3	triamcinolone acetonide topical ointment	2
Glucagon Emergency Kit	GlucaGen HypoKit Injection	3				
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
prednisone	prednisone tablet	1	dexamethasone tablet	1		
naproxen sodium	meloxicam tablet	1	ibuprofen tablet	1	naproxen tablet	2
captopril	lisinopril tablet	6	benazepril tablet	6	ramipril capsule	6
benazepril HCL	lisinopril-hydrochlorothiazide tablet	1	enalapril-hydrochlorothiazide tablet	6		
Fluphenazine HCL	thioridazine tablet	2	chlorpromazine tablet	4	fluphenazine tablet	3

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
nortriptyline HCl	escitalopram tablet	1	fluvoxamine tablet	2	sertraline tablet	1
benztropine mesylate	ropinirole	2	pramipexole	2		
doxepin HCl	escitalopram tablet	1	fluvoxamine tablet	2	sertraline tablet	1
indomethacin	meloxicam tablet	1	ibuprofen tablet	1	naproxen tablet	2
promethazine HCl	ondansetron HCL tablet	2	ondansetron disintegrating tablet	2	granisetron HCL tablet	2
Vagifem	Premarin vaginal cream	3	Estrace vaginal cream	3		
trihexyphenidyl HCl	ropinirole	2	pramipexole	2		
chlorzoxazone	tizanidine tablet	1	baclofen tablet	1		
ezetimibe/simvastatin	ezetimibe tablet	3	simvastatin tablet	6	atorvastatin tablet	6
phenobarbital	escitalopram	1	sertraline	1	buspirone	2

Formulary ID: 18270, 18271

Humana plans on this formulary: 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**. 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. EST. In Puerto Rico, please call **1-866-773-5959**.

