

# 2018 Humana Puerto Rico 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
orphenadrine citrate ER	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	2	olopatadine eye drops	2
metaxalone	tizanidine tablet	2	baclofen tablet	2		
halobetasol propionate	mometasone topical cream	2	betamethasone dipropionate topical cream	2	triamcinolone acetonide topical cream	2
	mometasone topical ointment	2	betamethasone dipropionate topical ointment	2	triamcinolone acetonide topical ointment	2
methocarbamol	tizanidine tablet	2	baclofen tablet	2		
zaleplon	trazodone tablet	2				
carisoprodol	tizanidine tablet	2	baclofen tablet	2		
desonide	hydrocortisone lotion	2	triamcinolone acetonide lotion	2	mometasone topical solution	2

## TIER CHANGES

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
Stimate	desmopressin tablet	2	desmopressin nasal solution	2	desmopressin nasal spray	2
prednisone	prednisone tablet	1	dexamethasone tablet	2		

## DRUGS REQUIRING PRIOR AUTHORIZATION

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
paroxetine HCl	escitalopram tablet	1	fluvoxamine tablet	2	sertraline tablet	1
meclizine HCl	prochlorperazine maleate tablet	1	ondansetron HCl tablet	2	ondansetron disintegrating tablet	2
cyclobenzaprine HCl	tizanidine tablet	2	baclofen tablet	2		
amitriptyline HCl	escitalopram tablet	1	fluvoxamine tablet	2	sertraline tablet	1
doxepin 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		
indomethacin	meloxicam tablet	1	ibuprofen tablet	1	naproxen tablet	1
phenobarbital	escitalopram	1	sertraline	1	buspirone	2
chlorzoxazone	tizanidine tablet	2	baclofen tablet	2		

**Formulary ID: 18253****Humana plans on this formulary: Humana Gold Plus SNP-DE (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 **1-866-773-5959**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

**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.

Your patients currently may be using diabetic test strips that will not be considered preferred products in 2018 and will require a prior authorization for the 2018 plan year. Preferred diabetic supplies are manufactured by Roche or Trividia Health. Some examples of Roche supplies include Accu-Chek Nano, Accu-Chek Aviva Plus and Accu-Chek Aviva Connect. Some examples of Trividia Health supplies are True Metrix, True Metrix Air, and True Metrix, which may be sold under a pharmacy’s brand name. Patients may receive a new meter at no cost by contacting Roche at **1-888-355-4242** (TTY: 711) Monday through Friday, 8 a.m. to 6 p.m. Eastern time, or Trividia Health at **1-866-788-9618** (TTY: 711) Monday through Friday, 8 a.m. to 6 p.m. Eastern time. They need to identify themselves as Humana Medicare members and provide their Humana member ID numbers. When a patient uses one of these meters, he/she may consider using Humana Pharmacy®, one of the mail-delivery pharmacies with preferred cost-sharing in his/her plan. A prescription for the glucometer can be faxed to Humana Pharmacy at **1-800-379-7617**.

