

2018 Humana Walmart Basic – PDP 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
Zetia	ezetimibe tablet	3	simvastatin tablet	2	atorvastatin tablet	2
tolterodine tartrate ER	oxybutynin chloride ER tablet, extended release 24 hour	3	oxybutynin chloride tablet	2	oxybutynin chloride syrup	2
zolpidem tartrate ER	trazodone tablet	2				
desonide	hydrocortisone topical cream	1	triamcinolone acetonide topical cream	1	mometasone topical cream	2
	hydrocortisone topical ointment	2	triamcinolone acetonide topical ointment	2	mometasone topical ointment	2
	hydrocortisone lotion	2	triamcinolone acetonide lotion	3	mometasone topical solution	2
fenofibric acid DR	fenofibrate tablet	2	fenofibrate micronized capsule	3	fenofibrate nanocrystallized tablet	3
metaxalone	tizanidine tablet	2	baclofen tablet	2		
tolterodine tartrate	oxybutynin chloride ER tablet, extended release 24 hour	3	oxybutynin chloride tablet	2	oxybutynin chloride syrup	2
tropium chloride	oxybutynin chloride ER tablet, extended release 24 hour	3	oxybutynin chloride tablet	2	oxybutynin chloride syrup	2
Pataday	cromolyn eye drops	2	azelastine eye drops	3	olopatadine eye drops	4
naproxen sodium	meloxicam tablet	1	ibuprofen tablet	1	naproxen 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	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
	mometasone topical cream	2	betamethasone dipropionate topical cream	3	triamcinolone acetonide topical cream	1
fluocinonide	mometasone topical cream	2	betamethasone dipropionate topical cream	3	triamcinolone acetonide topical cream	1
dexamethasone sodium phosphate	methylprednisolone tablet	2	dexamethasone tablet	2	prednisone tablet	2
oxycodone HCl	morphine oral solution	3	methadone oral solution	4		
diclofenac sodium DR	meloxicam tablet	1	ibuprofen tablet	1	naproxen tablet	2
hluphenazine HCl	thioridazine tablet	2	chlorpromazine tablet	4	fluphenazine tablet	4
chloroquine phosphate	mefloquine tablet	2				
amlodipine/valsartan/HCTZ	amlodipine tablet	2	losartan-hydrochlorothiazide tablet	2	valsartan-hydrochlorothiazide 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
Forteo	alendronate tablet	2				
Pristiq	venlafaxine tablet	2	duloxetine capsule, delayed release	3	desvenlafaxine succinate ER tablet, extended release 24 hour	4

Formulary ID: 18254

Humana plans on this formulary: Humana Preferred Rx Plan (PDP)

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.

