

# 2018 Humana Group Medicare--open 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
mesalamine	Canasa rectal suppository	2	mesalamine enema	1		
Amnesteem	Myorisan capsule	1	Zenatane capsule	1	doxycycline monohydrate capsule	1
Morgidox 1x100 mg	doxycycline monohydrate capsule	1	minocycline capsule	1	doxycycline hyclate capsule	1
Dermasorb TA	mometasone topical cream	1	betamethasone dipropionate topical cream	1	triamcinolone acetonide topical cream	1

## TIER CHANGES

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
Zetia	ezetimibe tablet	1	simvastatin tablet	1		
Livalo	simvastatin tablet	1	atorvastatin tablet	1	rosuvastatin tablet	1
Effient	clopidogrel tablet	1				
Pennsaid	meloxicam tablet	1	ibuprofen tablet	1	naproxen tablet	1
Glucagon Emergency Kit	GlucaGen HypoKit Injection	2				
Pentasa	Apriso capsule, extended release	2	Lialda tablet, delayed release	2	sulfasalazine tablet	1
Azasite	gentamicin eye drops	1	polymyxin B sulfate-trimethoprim eye drops	1	tobramycin eye drops	1
Opana ER (crush resistant)	morphine ER tablet, extended release	1	fentanyl transdermal patch	1	Xtampza ER capsule sprinkle	2
calcipotriene/betamethasone	hydrocortisone topical cream	1	triamcinolone acetonide topical cream	1	mometasone topical cream	1
fluorouracil	imiquimod topical cream packet	1				

## 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	1	sertraline tablet	1
meclizine HCl	prochlorperazine maleate tablet	1	ondansetron HCL tablet	1	ondansetron disintegrating tablet	1
Onetouch Ultra Blue	Accu-Chek Aviva Plus test strips	Part B	Accu-Chek SmartView test strips	Part B	Accu-Chek Compact Plus test strips	Part B
amitriptyline HCl	escitalopram tablet	1	fluvoxamine tablet	1	sertraline tablet	1
Estradiol	Premarin vaginal cream	2	Estrace vaginal cream	1	venlafaxine tablet	1
Bayer Contour Next Blood	Accu-Chek Aviva Plus test strips	Part B	Accu-Chek SmartView test strips	Part B	Accu-Chek Compact Plus test strips	Part B
	Accu-Chek Aviva Plus meter	Part B	Accu-Chek Compact Plus Care Kit	Part B	Accu-Chek Nano	Part B
methocarbamol	tizanidine tablet	1	baclofen tablet	1		
Bayer Contour Blood Glucose	Accu-Chek Aviva Plus test strips	Part B	Accu-Chek SmartView test strips	Part B	Accu-Chek Compact Plus test strips	Part B
	Accu-Chek Aviva Plus meter	Part B	Accu-Chek Compact Plus Care Kit	Part B	Accu-Chek Nano	Part B
ezetimibe/simvastatin	ezetimibe tablet	1	simvastatin tablet	1		

**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 **1-800-457-4708**, 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.

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**.

