

2018 Humana Group Medicare--closed 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	2	simvastatin tablet	1		
orphenadrine citrate ER	tizanidine tablet	1	baclofen tablet	1		
butalbital/acetaminophen	meloxicam tablet	1	ibuprofen tablet	1	sumatriptan tablet	1
methocarbamol	tizanidine tablet	1	baclofen tablet	1		
Pataday	cromolyn eye drops	1	azelastine eye drops	2	Pazeo eye drops	2
metaxalone	tizanidine tablet	1	baclofen tablet	1		
eszopiclone	trazodone tablet	1				
zaleplon	trazodone tablet	1				
halobetasol propionate	mometasone topical ointment	1	betamethasone dipropionate topical ointment	2	triamcinolone acetonide topical ointment	1
	mometasone topical cream	1	betamethasone dipropionate topical cream	2	triamcinolone acetonide topical cream	1
carisoprodol	tizanidine tablet	1	baclofen tablet	1		

TIER CHANGES

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
meclizine HCl	prochlorperazine maleate tablet	1	ondansetron HCl tablet	1	ondansetron disintegrating tablet	1
paroxetine HCl	escitalopram tablet	1	fluvoxamine tablet	2	sertraline tablet	1
amitriptyline HCl	escitalopram tablet	1	fluvoxamine tablet	2	sertraline tablet	1
Omega-3 acid ethyl esters	Vascepa capsule	3				
clobetasol propionate	mometasone topical cream	1	betamethasone dipropionate topical cream	2	triamcinolone acetonide topical cream	1

TIER CHANGES (cont.)

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
nortriptyline HCl	escitalopram tablet	1	fluvoxamine tablet	2	sertraline tablet	1
estradiol	Premarin vaginal cream	2	Estrace vaginal cream	2	venlafaxine tablet	1
doxepin HCl	escitalopram tablet	1	fluvoxamine tablet	2	sertraline tablet	1
aripiprazole	risperidone tablet	1	quetiapine tablet	1	olanzapine tablet	2
desonide	hydrocortisone topical cream	1	triamcinolone acetonide topical cream	1	mometasone topical cream	1
	hydrocortisone topical ointment	1	triamcinolone acetonide topical ointment	1	mometasone topical ointment	1

DRUGS REQUIRING PRIOR AUTHORIZATION

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
cyclobenzaprine HCl	tizanidine tablet	1	baclofen tablet	1		
Embrace blood glucose test	Accu-Chek Aviva Plus test strips	Part B	Accu-Chek SmartView test strips	Part B	Accu-Chek Compact Plus test strips	Part B
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
indomethacin	meloxicam tablet	1	ibuprofen tablet	1	naproxen tablet	1
Freestyle Lite test strip	Accu-Chek Aviva Plus test strips	Part B	Accu-Chek SmartView test strips	Part B	Accu-Chek Compact Plus test strips	Part B
Vytorin	ezetimibe tablet	2	simvastatin tablet	1	atorvastatin tablet	1
ezetimibe/simvastatin	ezetimibe tablet	2	simvastatin tablet	1	atorvastatin 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
Prodigy no coding blood glucose test strips	Accu-Chek Aviva Plus test strips	Part B	Accu-Chek SmartView test strips	Part B	Accu-Chek Compact Plus test strips	Part B
Bayer Contour blood glucose test strips	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

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. 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. Eastern Time. In Puerto Rico, please call 1-866-773-5959.

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**.