

Commonly prescribed drugs Humana will cover in 2018

The commonly prescribed drug list is a guide to drugs in select therapeutic categories that will not be covered in 2018, and available formulary alternatives. This is not an all-inclusive list. Drugs in the formulary alternatives category are the most affordable for Humana-covered patients, who must pay the full retail price for nonformulary drugs.



DRUG CATEGORY	NONFORMULARY (NOT COVERED)	FORMULARY ALTERNATIVES
Allergy		
Nasal Sprays	Dymista, Omnaris, Qnasl, Veramyst, Zetonna, triamcinolone	fluticasone (T2), flunisolide (T3), azelastine (T4),
Anticoagulants		
NOAC	Savaysa	Eliquis (T3), Xarelto (T3), Pradaxa (T4)
Asthma/COPD		
Short-acting beta agonists (SABA)	ProAir HFA, Proventil HFA	Ventolin HFA (T3)
Long-acting beta agonists (LABA)	Arcapta Neohaler	Serevent Diskus (T3), Striverdi Respimat (T3), Perforomist (T4/PA), Brovana (T4/PA)
Long-acting antimuscarinic (LAMA)	Seebri Neohaler	Incruse Ellipta (T3), Spiriva (T3), Tudorza Pressair (T4)
Inhaled Corticosteroid (ICS)	Alvesco, Asmanex HFA/Twisthaler, QVAR, Pulmicort Flexhaler/Suspension	Arnuity Ellipta (T3), Flovent Diskus/HFA (T3), budesonide (T4/ST)
ICS/LABA	Dulera	Advair HFA/Diskus (T3), Breo Ellipta (T3), Symbicort (T3)
LAMA/LABA	Utibron Neohaler	Anoro Ellipta (T3), Stiolto Respimat (T3), Bevespi (T4)
Diabetes		
GLP-1	Tanzeum	Trulicity (T3), Victoza (T3), Byetta (T4), Bydureon (T4)
Short-acting insulin	Humulin, Humalog	Novolin (T3), Novolog (T3)
Long-acting insulin	Basaglar	Lantus (T3), Toujeo (T3), Levemir (T3), Tresiba (T3)
Oral agents	glyburide, Diabeta, Glucovance, Amaryl, Glynase, Glucotrol, Fortamet, Glucophage XR, alogliptin	metformin (T1), metformin ER (T1), glimepiride (T1), glipizide (T1), glipizide ER (T1), Invokana (T3), Invokamet/ Invokamet XR (T3), Jardiance (T3), Synjardy (T3), Januvia (T3), Janumet/Janumet XR (T3), Tradjenta (T3), Jentadueto/Jentadueto XR (T3), Glyxambi (T3), Farxiga (T4), Xigduo XR (T4), Glumetza (T4), Nesina (T4), Oseni (T4), Kazano (T4), Onglyza (T4), Kombiglyze (T4)
Blood Glucose Monitors	One Touch, Freestyle, Countour, Breeze, Prodigy	Roche (e.g. Accu-Chek Aviva Connect, Accu-Chek Aviva Expert, Accu-Chek Aviva Plus, Accu-Chek Compact, Accu-Chek Compact Plus, Accu-Chek Nano, Accu-Chek SmartView), Trividia Health (e.g. TrueMetrix, TrueTrack)

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Dermatology		
Topical Steroids	Apexicon E, Capex Shampoo, Desonate Gel, Halog, Kenalog, Psorcon, Westcort	betamethasone (T2), fluticasone (T2), hydrocortisone (T2), mometasone (T2), triamcinolone (T2), clobetasol (T4)
Topical Antifungals	Ertaczo, Exelderm, Luzu, Oxistat, Xolegel	clotrimazole (T2), ciclopirox (T2), ketoconazole (T2), nystatin (T2)
Eye Drops		
Allergy Eye Drops	Alocril, Lastacraft, Pataday	cromolyn (T2), azelastine (T3), epinastine (T3), olopatadine (T3), Pazeo (T3), Bepreve (T4)
Antibiotic Eye Drops	Moxeza, Zymaxid	ciprofloxacin (T1), ofloxacin (T2), tobramycin (T2), levofloxacin (T3), gatifloxacin (T4), Besivance (T3), Vigamox (T4)
Glaucoma Agents	Betimol, Rescula, Simbrinza, Zioptan, travoprost	latanoprost (T1), dorzolamide (T1), timolol (T1), brimonidine (T3), Azopt (T3), Combigan (T3), Lumigan (T3), Travatan Z (T3)
NSAID Eye Drops	Acular, Acular LS, Acuvail, bromfenac, Ocufen, Prolensa	ketorolac (T2), diclofenac (T2), flurbiprofen (T2), Ilevro (T3)
Steroid Eye Drops	Flarex, FML, Zylet	fluorometholone (T3), dexamethasone (T2), prednisolone acetate (T4), prednisolone sodium phosphate (T3), Durezol (T3), Lotemax (T4)
High Blood Pressure Agents		
Angiotensin-Converting Enzyme Inhibitors (ACEI)	Accupril, Altace, Lotensin, Mavik, Prinivil, Vasotec, Zestril	lisinopril (T1), benazepril (T1), ramipril (T1), fosinopril (T1), quinapril (T1), enalapril (T1), trandolapril (T1), moexipril (T2), perindopril (T2), captopril (T3)
Angiotensin-Converting Enzyme Inhibitors (ACEI)/ Diuretic	Accuretic, Lotensin HCT, Uniretic, Vaseretic, Zestoretic	enalapril-HCT (T1), lisinopril-HCT (T1), benazepril-HCT (T2), fosinopril-HCT (T2), moexipril-HCT (T2), quinapril-HCT (T2), captopril-HCT (T3)
Angiotensin II Receptor Antagonists and Direct Renin Inhibitors	Atacand, Cozaar, Diovan, Edarbi	losartan (T1), valsartan (T1), irbesartan (T1), olmesartan (T2), candesartan (T3)
Angiotensin II Receptor Antagonists/Diuretic and Direct Renin Inhibitors /Diuretic	Atacand HCT, Diovan HCT, Edarbyclor, Teveten HCT	losartan-HCT (T1), valsartan-HCT (T1), irbesartan-HCT (T1), olmesartan-HCT (T3) candesartan-HCT (T3)
Beta Blockers	Coreg, Innopran XL	carvedilol (T1), metoprolol (T1), metoprolol ER (T1), atenolol (T1), propranolol (T2), Bystolic (T3), Coreg CR (T4)
High Cholesterol Agents		
Statins	Altoprev, Crestor, Livalo	atorvastatin (T1), lovastatin (T1), rosuvastatin (T1), simvastatin (T1), pravastatin (T1)
Miscellaneous Antilipidemics	Lovaza	omega-3 acid ethyl esters (T4), Vascepa (T4)

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GI		
Pancreatic Enzymes	Pancreaze, Pertzye, Ultressa, Viokace	Creon (T3), Zenpep (T4)
Proton-Pump Inhibitors	Nexium, Prevacid, Protonix,	pantoprazole (T1), omeprazole (T2), lansoprazole (T3), esomeprazole (T3), rabeprazole (T4), Dexilant (T4)
Inflammatory Conditions		
Rheumatoid Arthritis	Cimzia, Actemra, Orenicia, Kineret	Humira (T5/PA), Enbrel (T5/PA), Xeljanz/Xeljanz XR (T5/PA)
Neurologic Agents		
Antidepressants	Brisdelle, Celexa, Irenka, Pexeva, Sarafem,	fluoxetine (T1), sertraline (T1), citalopram (T1), escitalopram (T1), venlafaxine (T2), bupropion (T3), duloxetine (T3)
Oral Antipsychotic Agents	Abilify	risperidone (T1), quetiapine (T2), olanzapine (T3), ziprasidone (T3), aripiprazole (T4)
Multiple Sclerosis	Aubagio, Extavia, Glatopa, Plegridy, Tecfidera	Betaseron (T5/PA), Copaxone (T5/PA), Gilenya (T5/PA), Rebif (T5/PA)
Wakefulness-promoting agents	Nuvigil, Provigil	modafinil (T3/PA), armodafinil (T4/PA)
Osteoporosis		
Bisphosphonates	Actonel, Atelvia, Boniva, Fosamax	alendronate (T1), ibandronate (T2), risedronate (T4), Binosto (T4)
Pain		
Long-acting narcotic pain relievers	Avinza, Butrans, Kadian, morphine ER capsule, Nucynta ER, Oxycontin, oxymorphone ER, Zohydro ER, Opana ER	tramadol ER tablet (T3), morphine ER tablet (T3), Embeda (T3), Xtampza ER (T3), fentanyl (T4)
Medication Assisted Treatment	Suboxone film, Bunavail, buprenorphine/naloxone	Zubsolv (T3/PA)
Oral NSAID	Zipsor, Celebrex, Naprelan	meloxicam (T1), ibuprofen (T1), naproxen (T1), diclofenac (T2), celecoxib (T4)
Urinary Agents		
Overactive Bladder Agents	Enablex, Gelnique, Oxytrol, trospium IR/ER	oxybutynin IR (T2), oxybutynin ER (T3), Toviaz (T3), Myrbetriq (T3), tolterodine IR/ER (T3), Vesicare (T4)

Formulary ID: 18258, 18259, 18260

Humana plans on this formulary: Humana Cleveland Clinic Preferred (PFFS), Humana Community HMO (HMO), Humana Gold Choice (PFFS), Humana Gold Plus (HMO), Humana Total Care Advantage (HMO), Humana Value Plus (HMO & PPO), HumanaChoice Florida (PPO), Humana Choice(PPO & Regional PPO), HumanaChoice Value (PPO), and Humana Gold Plus - Diabetes and Heart (HMO SNP).

For prescription drug information for Humana Medicare members, please visit **Humana.com/druglistsearch** and choose “Medicare” to see the drug’s tier placement in Medicare formularies and any restriction that may apply.

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**. 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.

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