

Enhanced National-5 formulary changes

Effective Jan. 1, 2019, certain drugs in Humana Medicare formularies will have new limitations or require utilization management for the 2019 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.



For prescription drug information for Humana Medicare members, please visit [Humana.com/druglistsearch](https://www.humana.com/druglistsearch). Please reference 19432 for information related to this formulary.



NONFORMULARY DRUGS (NOT COVERED)

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
NAMENDA XR	donepezil disintegrating tablet	1	memantine tablet	2	memantine capsule sprinkle, extended release 24 hour	3
TOLTERODINE TARTRATE ER	oxybutynin chloride ER tablet, extended release 24 hour	3	Toviaz tablet, extended release	3	Myrbetriq tablet, extended release	3
ESTRACE VAGINAL CREAM	Premarin vaginal cream	3	estradiol vaginal cream	3		
VESICARE	oxybutynin chloride ER tablet, extended release 24 hour	3	Toviaz tablet, extended release	3	Myrbetriq tablet, extended release	3
AZOPT	latanoprost eye drops	2	timolol maleate eye drops	1	dorzolamide-timolol eye drops	2
AMITIZA	Linzess capsule	3	Movantik tablet	3	Relistor tablet	4
FENOFIBRIC ACID DR	gemfibrozil tablet	2	fenofibrate tablet	2	fenofibrate micronized capsule	3
ZOLPIDEM TARTRATE ER	trazodone tablet	1	Belsomra tablet	3		
AZELASTINE HCL	fluticasone nasal spray, suspension	2	flunisolide nasal spray	3	ipratropium bromide nasal spray	2
EPLERENONE	spironolactone tablet	2	amiloride tablet	3		

TIER CHANGES

Impacted drug	Tier	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
VERAPAMIL HCL SR	3	amlodipine tablet	1				
CLORAZEPATE DIPOTASSIUM	4	alprazolam tablet	2	lorazepam tablet	2	clonazepam tablet	3
ACETAZOLAMIDE	4	acetazolamide ER capsule, extended release	3				
ENTACAPONE	4	carbidopa-levodopa tablet	2				
CARBAMAZEPINE	3	gabapentin capsule	2	lamotrigine tablet	2	topiramate tablet	2
BUTORPHANOL TARTRATE	4	Belbuca buccal film	3				

TIER CHANGES (CONTINUED)

Impacted drug	Tier	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
ACETYL CYSTEINE	4	albuterol sulfate solution for nebulization	2	Ventolin HFA aerosol inhaler	3	ipratropium bromide solution for inhalation	2
SULFACETAMIDE SODIUM	4	erythromycin with ethanol topical solution	2	clindamycin phosphate topical swab	3		

Formulary ID: 19432

Humana plans on this formulary:

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 2019. 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**.)