Humana Group Medicare Closed 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.** Please reference 19804 for information related to this formulary.

NONFORMULARY DRUGS (NOT COVERED)

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
DICLOFENAC POTASSIUM	meloxicam tablet	1	ibuprofen tablet	1	naproxen tablet	1
AZOPT	latanoprost eye drops	1	timolol maleate eye drops	1	dorzolamide-timolol eye drops	1
NAMENDA XR	donepezil disintegrating tablet	1	memantine tablet	2	memantine capsule sprinkle, extended release 24 hour	2
ESTRACE	Premarin vaginal cream	2	estradiol vaginal cream	2		
FENOFIBRIC ACID DR	gemfibrozil tablet	1	fenofibrate tablet	2	fenofibrate micronized capsule	2
FLUOXETINE HCL TABLET	fluoxetine capsule	1	citalopram tablet	1	sertraline tablet	1
ZOLPIDEM TARTRATE ER	trazodone tablet	1	Belsomra tablet	2		
AMITIZA	Linzess capsule	2	Movantik tablet	2	Relistor tablet	3
ATROVENT HFA	Ventolin HFA aerosol inhaler	2	ipratropium bromide solution for inhalation	1	ipratropium-albuterol solution for nebulization	1
MUPIROCIN	mupirocin topical ointment	1	gentamicin topical cream	2		

TIER CHANGES

Impacted drug	Tier	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
TEMAZEPAM	3	trazodone tablet	1	Belsomra tablet	2		
TOLTERODINE TARTRATE ER	3	oxybutynin chloride ER tablet, extended release 24 hour	2	Toviaz tablet, extended release	2	Myrbetriq tablet, extended release	2
NADOLOL	2	atenolol tablet	1	metoprolol tartrate tablet	1	carvedilol tablet	1
CLORAZEPATE DIPOTASSIUM	3	alprazolam tablet	2	lorazepam tablet	2	clonazepam tablet	2
ACETAZOLAMIDE	3	acetazolamide ER capsule, extended release	2				
VERAPAMIL HCL ER	2	amlodipine tablet	1				
GENTAMICIN SULFATE	2	mupirocin topical ointment	1				

DRUGS REQUIRING PRIOR AUTHORIZATION

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
ZOLPIDEM TARTRATE	trazodone tablet	1	Belsomra tablet	2		
MECLIZINE HYDROCHLORIDE	ondansetron HCl tablet	1	ondansetron disintegrating tablet		granisetron HCl tablet	2
DIPYRIDAMOLE	clopidogrel tablet	1				
PAROXETINE HCL ER	fluoxetine capsule	1	citalopram tablet	1	sertraline tablet	1
COREG CR	carvedilol tablet	1	metoprolol tartrate tablet	1	bisoprolol fumarate tablet	1
RAPAFLO	finasteride tablet	1	dutasteride capsule	2	terazosin capsule	1

Formulary ID: 19804

Humana plans on this formulary:
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. 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**. 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**.)