

Super National 5 MAPD formulary changes

Humana supports the care of your patients by providing the most up-to-date information. Effective Jan. 1, 2020, Humana Medicare formularies will have new limitations or require utilization management for certain drugs for the 2020 plan year. These changes could mean higher costs or new requirements for Humana members who use these drugs. To help keep your patients adherent, below is a list of commonly prescribed medications that will be impacted along with generic and cost-effective brand alternatives.



For prescription drug information for Humana Medicare members, please visit <https://drug-list-search.apps.cf.humana.com/medicare> and enter the applicable details. Please reference 20457 for information related to this formulary.

Nonformulary drugs (not covered)

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
AMANTADINE 100 MG TABLET	amantadine HCl oral solution	3	amantadine HCl capsule	4		
APRISO ER 0.375 GRAM CAPSULE	sulfasalazine tablet	2	balsalazide capsule	4	mesalamine tablet, delayed release	4
LOTEMAX	Durezol eye drops	3	prednisolone sodium phosphate eye drops	2	prednisolone acetate eye drops suspension	3
LYRICA	pregabalin capsule	3	gabapentin capsule	2		
RANEXA ER 500 MG TABLET	ranolazine ER tablet, extended release, 12 hour	3	amlodipine tablet	1	carvedilol tablet	1
RANEXA ER 1,000 MG TABLET	ranolazine ER tablet, extended release, 12 hour	3	amlodipine tablet	1	carvedilol tablet	1
RANITIDINE 150 MG CAPSULE	ranitidine tablet	2	famotidine tablet	2	cimetidine tablet	2
RANITIDINE 300 MG CAPSULE	famotidine tablet	2	ranitidine tablet	2	cimetidine tablet	2
SILODOSIN 8 MG CAPSULE	finasteride tablet	1	dutasteride capsule	3	terazosin capsule	1
TUDORZA PRESSAIR 400 MCG INHALER	Spiriva Respimat solution for inhalation	3	Spiriva with HandiHaler and inhalation capsules	3	Incruse Ellipta powder for inhalation	3
ULORIC 40 MG TABLET	allopurinol tablet	1	probenecid tablet	3	probenecid-colchicine tablet	3
ULORIC 80 MG TABLET	allopurinol tablet	1	probenecid tablet	3	probenecid-colchicine tablet	3

Tier changes

Impacted drug	Tier	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
INVEGA SUSTENNA 78 MG/0.5 ML	5	risperidone tablet	1	quetiapine tablet	2	olanzapine tablet	3
KETOCONAZOLE 2% CREAM	3	clotrimazole topical cream	2	ciclopirox topical cream	2		
MEMANTINE HCL ER 7 MG CAPSULE	4	memantine tablet	2				
MEMANTINE HCL ER 14 MG CAPSULE	4	memantine tablet	2				
MEMANTINE HCL ER 21 MG CAPSULE	4	memantine tablet	2				
MEMANTINE HCL ER 28 MG CAPSULE	4	memantine tablet	2				
TIMOLOL 0.25% GEL SOLUTION	4	latanoprost eye drops	1	timolol maleate eye drops	1	dorzolamide-timolol eye drops	1
TIMOLOL 0.25% GFS GEL SOLUTION	4	latanoprost eye drops	1	timolol maleate eye drops	1	dorzolamide-timolol eye drops	1
TIMOLOL 0.5% GEL SOLUTION	4	latanoprost eye drops	1	timolol maleate eye drops	1	dorzolamide-timolol eye drops	1



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