# National 6 MAPD CSNP 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 **20460** for information related to this formulary.

## Nonformulary drugs (not covered)

| Impacted drug | Alternative drug | Tier | Alternative drug | Tier | Alternative drug | Tier |
|---|---|---|---|---|---|---|
| **APRISO ER 0.375 GRAM CAPSULE** | sulfasalazine tablet | **2** | balsalazide capsule | **4** | mesalamine tablet, delayed release | **4** |
| **CHLORZOXAZONE 500 MG TABLET** | baclofen tablet | **2** | | | | |
| **LOTEMAX 0.5% OPHTHALMIC GEL** | Durezol eye drops | **3** | prednisolone sodium phosphate eye drops | **3** | prednisolone acetate eye drops, suspension | **3** |
| **POLYETHYLENE GLYCOL 3350 POWDER** | lactulose oral solution | **2** | | | | |
| **RANEXA ER 500 MG, 1,000 MG TABLET** | ranolazine ER tablet, extended release, 12 hour | **3** | amlodipine tablet | **1** | carvedilol tablet | **1** |
| **RANITIDINE 150 MG, 300 MG CAPSULE** | famotidine tablet | **2** | ranitidine tablet | **2** | cimetidine tablet | **2** |
| **ULORIC 40 MG, 80 MG TABLET** | allopurinol tablet | **1** | probenecid tablet | **3** | probenecid-colchicine tablet | **3** |

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## Tier changes

| Impacted drug | Tier | Alternative drug | Tier | Alternative drug | Tier | Alternative drug | Tier |
|---|---|---|---|---|---|---|---|
| **BETAMETHASONE DP 0.05% OINTMENT** | **4** | triamcinolone acetonide topical ointment | **2** | mometasone topical ointment | **2** | fluticasone propionate topical ointment | **2** |
| **FLUOCINONIDE 0.05% CREAM** | **4** | triamcinolone acetonide topical cream | **2** | mometasone topical cream | **2** | fluticasone topical cream | |
| **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, 14 MG, 21 MG, 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 | **2** |
| **TIMOLOL 0.5% GFS GEL SOLUTION** | **4** | latanoprost eye drops | **1** | timolol maleate eye drops | **1** | dorzolamide-timolol eye drops | **2** |

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