

2021 Rx5 Plus Formulary Changes

Effective January 1, 2021

To view your full Drug List, [click here](#). Para visualizarlo en español, [haga clic aquí](#).

Certain medicines under the Humana Commercial Drug List will have changes to limitation or utilization management requirements for the 2021 plan year. These changes could mean higher or lower costs or changed requirements for Humana members who use these medicines. Humana encourages the use of generic and cost-effective brand medicines whenever possible. Below is a list of some commonly used medicines that have Humana Commercial Drug List utilization management edits in 2021 (e.g., non-formulary [NF] changes, tier/level changes [TC], prior authorization [PA], and step therapy [ST] requirements). Humana members are asked to talk to their doctor or health care professional about possible alternative medicines.

How to read your formulary changes

These requirements and limits may include:

Non-formulary (NF): Certain medicines that were previously covered under your plan benefits will be removed from your Drug List in 2021. If you fill or refill any medicine that is not covered under your prescription drug plan, you may have to pay the full cost of your medicine.

Level/tier change (TC): Covered medicines are grouped in different levels called “tiers.” If you fill or refill a prescription for a medicine or supply that’s moving to a different level, you may pay more or less.

Prior authorization (PA): Some medicines may need to be approved by Humana before it will be covered; this is called a prior authorization. Your doctor will need to contact Humana to get approval for these medicines to be covered by your prescription drug plan.

Step therapy (ST): Some medicines have a step therapy requirement, which means that you need to try at least one lower cost option before the medicine is covered.

Non-formulary (NF) Coverage Addition

Impacted Drug	Tier Impact	Alternative Drug
TRINTELLIX	NF to Tier 4	Adding coverage
DEXILANT DR	NF to Tier 4	Adding coverage
VRAYLAR	NF to Tier 5	Adding coverage
FEBUXOSTAT	NF to Tier 4	Adding coverage
DYANAVEL XR	NF to Tier 3	Adding coverage
TREMFYA	NF to Tier 5	Adding coverage
EZETIMIBE-SIMVASTATIN	NF to Tier 2	Adding coverage
MIRTAZAPINE	NF to Tier 1	Adding coverage
DEXTROAMPHETAMINE ER	NF to Tier 4	Adding coverage
NEXIUM DR	NF to Tier 4	Adding coverage

Non-formulary (NF) Coverage Removal

Impacted Drug	Tier Impact	Alternative Drug
VASCEPA	Tier 4 to NF	simvastatin tablet rosuvastatin tablet lovastatin tablet atorvastatin tablet ezetimibe tablet
COLCRYS	Tier 3 to NF	colchicine tablet Mitigare capsule
TRUVADA	Tier 3 to NF	Consult your physician
COSENTYX	Tier 5 to NF	Consult your physician
LIVALO	Tier 3 to NF	Consult your physician
CHLORZOXAZONE	Tier 2 to NF	cyclobenzaprine tablet tizanidine tablet baclofen tablet carisoprodol tablet methocarbamol tablet
NASCOBAL	Tier 3 to NF	Consult your physician
NUVARING	Tier 3 to NF	Consult your physician
ADVAIR 250-50 DISKUS	Tier 3 to NF	Consult your physician
XOLAIR	Tier 5 to NF	Consult your physician

Tier changes (TC) Positive

Impacted Drug	Tier Impact	Alternative Drug
DULOXETINE HCL DR	Tier 2 to Tier 1	Lowered tier
EZETIMIBE	Tier 3 to Tier 1	Lowered tier
DEXTROAMP-AMPHET ER	Tier 4 to Tier 3	Lowered tier
PREDNISONE	Tier 2 to Tier 1	Lowered tier
ESZOPICLONE	Tier 2 to Tier 1	Lowered tier
CYANOCOBALAMIN	Tier 2 to Tier 1	Lowered tier
ARIPIRAZOLE	Tier 3 to Tier 2	Lowered tier
LEVETIRACETAM	Tier 2 to Tier 1	Lowered tier
PREGABALIN	Tier 4 to Tier 3	Lowered tier
DIVALPROEX SOD ER	Tier 3 to Tier 2	Lowered tier

Tier changes (TC) Negative

Impacted Drug	Tier Impact	Alternative Drug
HYDROXYZINE HCL	Tier 1 to Tier 2	Consult your physician
IRBESARTAN	Tier 1 to Tier 3	lisinopril tablet ramipril capsule benazepril tablet quinapril tablet
TESTOSTERONE	Tier 3 to Tier 4	testosterone cypionate intramuscular oil testosterone enanthate intramuscular oil
GUANFACINE	Tier 1 to Tier 2	clonidine HCl tablet methyldopa tablet
DORZOLAMIDE-TIMOLOL	Tier 1 to Tier 2	Consult your physician
SLYND	Tier 3 to Tier 4	Consult your physician
COLESTIPOL MICRONIZED	Tier 2 to Tier 3	Consult your physician
PIMECROLIMUS	Tier 3 to Tier 4	Consult your physician
FLUVOXAMINE MALEATE	Tier 1 to Tier 2	fluoxetine capsule sertraline tablet paroxetine tablet citalopram tablet escitalopram tablet
MYCOPHENOLIC ACID DR	Tier 3 to Tier 4	Consult your physician

Drugs no longer requiring prior authorization (PA)

Impacted Drug	Alternative Drug
VIMPAT	PA removal
QUETIAPINE ER	PA removal
RASAGILINE MESYLATE	PA removal
PALIPERIDONE ER	PA removal
FYCOMPA	PA removal

Drugs requiring prior authorization (PA)

Impacted Drug	Alternative Drug
BYSTOLIC	atenolol tablet metoprolol tartrate tablet

	carvedilol tablet metoprolol succinate ER tablet,extended release 24 hr bisoprolol fumarate tablet
CLINDAMYCIN PH	Consult your physician
VANCOMYCIN HCL	Consult your physician
VEMLIDY	Consult your physician
CALCIPOTRIENE	Consult your physician
SANTYL	Consult your physician

Drugs requiring step therapy (ST)

Impacted Drug	Alternative Drug
ADAPALENE-BNZZYL PEROX	Consult your physician
CLOCORTOLONE PIVALATE	Consult your physician
BIDIL	isosorbide mononitrate tablet isosorbide mononitrate ER tablet,extended release 24 hr isosorbide dinitrate tablet isosorbide dinitrate ER tablet,extended release
EMBEDA ER	Consult your physician

For more information

If you have any questions, please talk to your doctor. You may also call the number on the back of your Humana member ID card. For 24-hour service you can sign in to MyHumana, your personal, secure online account on **Humana.com**. For additional details about what's covered under your plan, you can also view your Certificate of Coverage, Summary Plan Description or Policy of Insurance on **Humana.com**.

Humana Plans are offered by the Family of Insurance and Health Plan Companies including Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plans of Michigan, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. – A Health Maintenance Organization or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Emphesys Insurance Company, or Humana Insurance of Puerto Rico, Inc. License # 00187-0009 or administered by Humana Insurance Company or Humana Health Plan, Inc.

For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Emphesys Insurance Company or insured or administered by Humana Insurance Company or Humana Health Plan, Inc.

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Our health benefit plans have limitations and exclusions.



Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **1-877-320-1235** or if you use a TTY, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jik'eh saad bee áká'ánída'áwo'déé' níká'adoowoł.

العربية (Arabic)

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الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك