

2022 Rx5 Formulary Changes

Effective January 1, 2022

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 2022 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 2022 (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 2022. 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
OTEZLA	NF to Tier 5	Adding coverage
TRESIBA FLEXTOUCH	NF to Tier 3	Adding coverage
XULTOPHY 100/3.6	NF to Tier 3	Adding coverage
ROCKLATAN	NF to Tier 4	Adding coverage
BELBUCA	NF to Tier 3	Adding coverage
LEVEMIR FLEXTOUCH	NF to Tier 3	Adding coverage
WAKIX	NF to Tier 5	Adding coverage
KESIMPTA	NF to Tier 5	Adding coverage
MESALAMINE ER	NF to Tier 4	Adding coverage
NORDITROPIN FLEXPRO	NF to Tier 5	Adding coverage

Non-formulary (NF) Coverage Removal

Impacted Drug	Tier Impact	Alternative Drug
ELIQUIS	Tier 3 to NF	Xarelto tablet warfarin tablet
SUPREP BOWEL PREP KIT	Tier 3 to NF	TriLyte With Flavor Packets oral solution peg 3350-electrolytes powder for solution Clenpiq oral solution Gavilyte-C oral solution
MYRBETRIQ	Tier 4 to NF	oxybutynin chloride ER tablet,extended release 24 hr oxybutynin chloride tablet;Gemtesa tablet tolterodine ER capsule,extended release 24 hr
TRADJENTA	Tier 3 to NF	Januvia tablet
EMGALITY	Tier 4 to NF	Aimovig Autoinjector subcutaneous auto-injector
MESALAMINE DR	Tier 4 to NF	sulfasalazine tablet balsalazide capsule mesalamine ER 0.375 gram capsule,extended release 24 hr
METOLAZONE	Tier 2 to NF	hydrochlorothiazide tablet chlorthalidone tablet indapamide tablet furosemide tablet bumetanide tablet
VIMPAT	Tier 4 to NF	lamotrigine tablet topiramate tablet levetiracetam tablet divalproex tablet,delayed release carbamazepine tablet
PROGRAF	Tier 4 to NF	tacrolimus capsule, immediate-release
PRADAXA	Tier 4 to NF	Xarelto tablet warfarin tablet

Tier changes (TC) Positive

Impacted Drug	Tier Impact	Alternative Drug
DICLOFENAC SODIUM DR	Tier 2 to Tier 1	Lowered tier
OFLOXACIN	Tier 3 to Tier 2	Lowered tier
AIMOVIG	Tier 4 to Tier 3	Lowered tier
AZELASTINE HCL	Tier 3 to Tier 2	Lowered tier
CILOSTAZOL	Tier 2 to Tier 1	Lowered tier

AZELASTINE HYDROCHLORIDE	Tier 3 to Tier 2	Lowered tier
TRAVOPROST	Tier 4 to Tier 3	Lowered tier
ENTECAVIR	Tier 4 to Tier 3	Lowered tier
CEFIXIME	Tier 4 to Tier 3	Lowered tier
GENTAMICIN SULFATE	Tier 3 to Tier 2	Lowered tier

Tier changes (TC) Negative

Impacted Drug	Tier Impact	Alternative Drug
EMTRICITABINE/TENOFOVIR	Tier 4 to Tier 5	Consult your physician
DISOPROXIL FUMARATE		
BUPRENORPHINE HCL	Tier 2 to Tier 3	Consult your physician
EC-NAPROXEN	Tier 2 to Tier 3	Consult your physician
TINIDAZOLE	Tier 2 to Tier 3	Consult your physician
TRANLYCYPROMINE SULFATE	Tier 3 to Tier 4	Consult your physician
SEVELAMER CARBONATE	Tier 4 to Tier 5	calcium acetate(phosphate binders) capsule
TIAGABINE HYDROCHLORIDE	Tier 4 to Tier 5	Consult your physician

Drugs no longer requiring prior authorization (PA)

Impacted Drug	Alternative Drug
OMEGA-3-ACID ETHYL ESTERS	PA removal

Drugs requiring prior authorization (PA)

Impacted Drug	Alternative Drug
SUCRAID	Consult your physician
FIRVANQ	Consult your physician
VANCOMYCIN HYDROCHLORIDE	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): Wódaahí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

GCHJV5REN 0220

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك