

2023 Rx4 EHB Formulary Changes

Effective January 1, 2023

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 2023 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 2023 (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 2023. 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
CLOMIPHENE CITRATE	NF to Tier 1	Adding coverage
VASCEPA	NF to Tier 3	Adding coverage
LATUDA	NF to Tier 4	Adding coverage
FARXIGA	NF to Tier 2	Adding coverage
AZELAIC ACID	NF to Tier 2	Adding coverage
AZELASTINE HYDROCHLORIDE/FLUTICASONE PROPIONATE	NF to Tier 3	Adding coverage
CORLANOR	NF to Tier 2	Adding coverage
BUPRENORPHINE HCL/NALOXONE HCL	NF to Tier 2	Adding coverage

XIGDUO XR	NF to Tier 2	Adding coverage
BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	NF to Tier 2	Adding coverage

Non-formulary (NF) Coverage Removal

Impacted Drug	Tier Impact	Alternative Drug
SYMBICORT	Tier 2 to NF	budesonide-formoterol HFA aerosol inhaler Breo Ellipta powder for inhalation Advair HFA aerosol inhaler Wixela Inhub powder for inhalation fluticasone propionate-salmeterol inhalation powder blister
INVOKANA	Tier 2 to NF	Jardiance tablet Farxiga tablet
ICOSAPENT ETHYL	Tier 3 to NF	simvastatin tablet atorvastatin tablet
DEXILANT	Tier 3 to NF	omeprazole capsule, delayed release pantoprazole tablet, delayed release rabeprazole tablet, delayed release
FINACEA	Tier 2 to NF	azelaic acid topical gel metronidazole topical cream metronidazole 0.75 % topical gel
ZUBSOLV	Tier 2 to NF	buprenorphine-naloxone sublingual film buprenorphine-naloxone sublingual tablet
CLONIDINE HCL	Tier 3 to NF	clonidine HCl tablet guanfacine tablet methyldopa tablet
GENTAMICIN SULFATE	Tier 2 to NF	mupirocin topical ointment
CEVIMELINE HYDROCHLORIDE	Tier 3 to NF	pilocarpine tablet
INVOKAMET	Tier 2 to NF	Synjardy tablet Synjardy XR tablet, extended release Xigduo XR tablet, extended release Farxiga tablet

Tier changes (TC) Positive

Impacted Drug	Tier Impact	Alternative Drug
CLOBETASOL PROPIONATE	Tier 3 to Tier 2	Lowered tier
EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	Tier 4 to Tier 2	Lowered tier
MIRENA	Tier 4 to Tier 2	Lowered tier
BETAMETHASONE DIPROPIONATE	Tier 3 to Tier 2	Lowered tier
COLESEVELAM HYDROCHLORIDE	Tier 3 to Tier 2	Lowered tier
ADAPALENE/BENZOYL PEROXIDE	Tier 3 to Tier 2	Lowered tier
CLOBAZAM	Tier 3 to Tier 2	Lowered tier
DIVALPROEX SODIUM	Tier 3 to Tier 2	Lowered tier
EFAVIRENZ/EMTRICITABINE/TENOF OVIR DISOPROXIL FUMARATE	Tier 4 to Tier 3	Lowered tier
LEVOCARNITINE SF	Tier 3 to Tier 2	Lowered tier

Tier changes (TC) Negative

Impacted Drug	Tier Impact	Alternative Drug
MYDAYIS	Tier 2 to Tier 4	Consult your physician
DALIRESP	Tier 3 to Tier 4	Consult your physician
EC-NAPROXEN	Tier 2 to Tier 3	Consult your physician
NAPROXEN	Tier 2 to Tier 3	Consult your physician

Drugs no longer requiring prior authorization (PA)

Impacted Drug	Alternative Drug
COLESEVELAM HYDROCHLORIDE	PA removal

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, ethnicity, marital status, religion or language. 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 **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, **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 the California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 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.

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Language assistance services, free of charge, are available to you. 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'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé níká'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك