



2017 Humana Plus 6 MAPD end-stage renal disease formulary changes

Formulary ID: 17231, 17232

Effective Jan. 1, 2017, certain drugs under the Humana Medicare formularies will have new limitations or will require utilization management for the 2017 plan year. These changes could mean higher costs or new requirements for Humana members who use these drugs. Humana encourages the use of generic and cost-effective brand medications whenever possible. Below is a list of some commonly used medications that have Humana Medicare formulary limitations or utilization management edits in 2017 (e.g., nonformulary [NF] changes, tier changes [TC] and prior authorization [PA] requirements). Humana members are asked to talk to their physicians or health care professionals about possible alternatives.

Nonformulary (NF) (Drugs not covered)

2016 impacted drug	2017 alternative drug	Tier	2017 alternative drug	Tier	2017 alternative drug	Tier
colchicine	Colcrys tablet	3				
Dymista	fluticasone nasal spray, suspension	2	flunisolide nasal spray	3	azelastine nasal spray aerosol	2
Humalog	NovoLog subcutaneous solution	2				
Humalog KwikPen	NovoLog FlexPen subcutaneous	3				
Humalog Mix 50/50	NovoLog Mix 70/30 subcutaneous solution	2				
Humalog Mix 75/25	NovoLog Mix 70/30 subcutaneous solution	2				
Humalog Mix 75/25 KwikPen	NovoLog Mix 70/30 FlexPen subcutaneous	3				
Humulin 70/30	Novolin 70/30 subcutaneous suspension	2				
Humulin N	Novolin N subcutaneous suspension	2				
Humulin R	Novolin R injection solution	2				
lidocaine	lidocaine-prilocaine topical cream	4	lidocaine mucosal gel	2		

Tier changes (TC)

2016 impacted drug	2017 alternative drug	Tier	2017 alternative drug	Tier	2017 alternative drug	Tier
acetazolamide	Please consult with your doctor					
amitriptyline	Please consult with your doctor					
Crestor	atorvastatin tablet	6	rosuvastatin tablet	2		
diphenoxylate-atropine	loperamide capsule	2				
estradiol	Please consult with your doctor					
meclizine	Please consult with your doctor					
nortriptyline	amitriptyline tablet	3				
paroxetine HCL	fluoxetine capsule	1	citalopram tablet	1	escitalopram tablet	1
Proctosol HC	Please consult with your doctor					
tolterodine	oxybutynin chloride tablet	2				

Drugs requiring prior authorization (PA)

2016 impacted drug	2017 alternative drug	Tier	2017 alternative drug	Tier	2017 alternative drug	Tier
Advocate Redi-Code Plus	Accu-Chek Aviva meter	Part B	Accu-Chek SmartView meter	Part B	True Metrix glucose meter	Part B
Benicar	losartan tablet	6	valsartan tablet	6	irbesartan tablet	6
Contour Next strips	Accu-Chek Aviva Plus test strips	Part B	Accu-Chek SmartView test strips	Part B	True Metrix glucose test strip	Part B
Contour test strips	Accu-Chek Aviva Plus test strips	Part B	Accu-Chek SmartView test strips	Part B	True Metrix glucose test strip	Part B
FreeStyle Lite strips	Accu-Chek Aviva Plus test strips	Part B	Accu-Chek SmartView test strips	Part B	True Metrix glucose test strip	Part B
OneTouch Ultra test	Accu-Chek Aviva Plus test strips	Part B	Accu-Chek SmartView test strips	Part B	True Metrix glucose test strip	Part B
OneTouch Ultra2	Accu-Chek Aviva meter	Part B	Accu-Chek SmartView meter	Part B	True Metrix glucose meter	Part B
OneTouch Verio	Accu-Chek Aviva Plus test strips	Part B	Accu-Chek SmartView test strips	Part B	True Metrix glucose test strip	Part B

Prodigy AutoCode meter	Accu-Chek Aviva meter	Part B	Accu-Chek SmartView meter	Part B	True Metrix glucose meter	Part B
Prodigy No Coding	Accu-Chek Aviva Plus test strips	Part B	Accu-Chek SmartView test strips	Part B	True Metrix glucose test strip	Part B

Preferred diabetic test strips – Medicare Part B

Your patients currently may be using diabetic test strips that will not be considered preferred products in 2017 and will require a prior authorization for the 2017 plan year. Preferred diabetic supplies are manufactured by Roche or Trividia Health, formerly known as Nipro. Some examples of Roche supplies include Accu-Chek Nano, Accu-Chek Aviva Plus and Accu-Chek Aviva Connect. Some examples of Trividia Health supplies are True Metrix, True Metrix Air and True Metrix, which may be sold under a pharmacy's brand name. Patients may receive a new meter at no cost by contacting Roche at 1-888-355-4242 (TTY: 711) Monday through Friday, 8 a.m. to 6 p.m. Eastern time, or Trividia Health at 1-866-788-9618 (TTY: 711) Monday through Friday, 8 a.m. to 6 p.m. Eastern time. They need to identify themselves as Humana Medicare members and provide their Humana member ID numbers. When a patient uses one of these meters, he/she may consider using Humana Pharmacy™, one of the mail-delivery pharmacies with preferred cost-sharing in his/her plan. A prescription for the glucometer can be faxed to Humana Pharmacy at 1-800-379-7617.

Legend

Humana plans on this formulary	Humana Gold Plus - Diabetes (HMO SNP)
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For prescription drug information for Humana Medicare members, please visit Humana.com/druglistsearch and enter the drug name. Choose "Medicare" to see the drug's tier placement in Medicare formularies and any restriction that may apply. **Please note:** Some medications considered to be high-risk in the elderly will have a formulary status change for 2017. For a list of high-risk medications (HRMs) and possible alternatives, please go to Humana.com/HRM. If you have questions regarding this document, please call 1-800-457-4708. This line is open Monday through Friday, 8 a.m. to 8 p.m. Eastern time. (In Puerto Rico, please call 1-866-773-5959.)