

**2017 Humana Group Medicare – formulary changes****Formulary ID: 17800**

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	2				

Tier changes (TC)

2016 impacted drug	2017 alternative drug	Tier	2017 alternative drug	Tier	2017 alternative drug	Tier
Azor	amlodipine-benazepril capsule	1	amlodipine tablet	1	losartan-hydrochlorothiazide	1
Benicar	losartan tablet	1	valsartan tablet	1	irbesartan tablet	1
Benicar HCT	losartan-hydrochlorothiazide	1	valsartan-hydrochlorothiazide	1	irbesartan-hydrochlorothiazide	1
Crestor	atorvastatin tablet	1	rosuvastatin tablet	1		
Dymista	fluticasone nasal spray, suspension	1	flunisolide nasal spray	1		
Humalog	NovoLog FlexPen subcutaneous	2				
Humalog KwikPen	NovoLog FlexPen subcutaneous	2				
Humalog Mix 75/25 KwikPen	NovoLog Mix 70/30 FlexPen subcutaneous	2				
Pataday	azelastine eye drops	1	epinastine eye drops	1	Pazeo eye drops	2
Qvar	Flovent Diskus powder for inhalation	2	Arnuity Ellipta powder for inhalation	2	Flovent HFA aerosol inhaler	2

Drugs requiring prior authorization (PA)

2016 impacted drug	2017 alternative drug	Tier	2017 alternative drug	Tier	2017 alternative drug	Tier
aspirin-dipyridamole	clopidogrel tablet	1				
Dulera	Breo Ellipta powder for inhalation	2	Symbicort HFA aerosol inhaler	2	Advair Diskus	2
mometasone	fluticasone nasal spray, suspension	1	flunisolide nasal spray	1	azelastine nasal spray aerosol	1
MoviPrep	Suprep bowel prep kit oral solution	2				
olopatadine	azelastine eye drops	1	cromolyn eye drops	1	epinastine eye drops	1
omeprazole-sodium bicarbonate	omeprazole capsule, delayed release	1	pantoprazole tablet, delayed release	1		
Prepopik	Suprep bowel prep kit oral solution	2				
Pristiq	venlafaxine ER capsule, extended release 24 hour	1	venlafaxine tablet	1	duloxetine capsule, delayed release	1
telmisartan-hydrochlorothiazide	losartan-hydrochlorothiazide	1	valsartan-hydrochlorothiazide	1	irbesartan-hydrochlorothiazide	1
Xopenex HFA	Ventolin HFA aerosol inhaler	2				

Legend	
Humana plans on this formulary	KENTUCKY RETIREMENT SYSTEMS WEST VIRGINIA PEIA TEAMCAREGOLD (Except in Minnesota) CTA RHCT SMART NATIONAL HEALTH PLAN OHIO OPERATING ENGINEERS STATE OF ILLINOIS AK STEEL, INC EBRPSS THE GATES CORPORATION

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.)