

2018 Humana National 5 – MAPD ESRD formulary changes

Effective Jan. 1, 2018, certain drugs in Humana Medicare formularies will have new limitations or require utilization management for the 2018 plan year. These changes could mean higher costs or new requirements for Humana members who use these drugs. Below is a list of some commonly prescribed medications that will be impacted and generic and cost-effective brand alternatives.



NONFORMULARY DRUGS (NOT COVERED)

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
methocarbamol	tizanidine tablet	2	baclofen tablet	2		
Glucagon Emergency Kit	GlucaGen HypoKit Injection	3				
butalbital/acetaminophen	meloxicam tablet	1	ibuprofen tablet	1	sumatriptan tablet	2
Livalo	simvastatin tablet	1	atorvastatin tablet	1	rosuvastatin tablet	1
Pataday	cromolyn eye drops	2	azelastine eye drops	3	olopatadine eye drops	4
carisoprodol	tizanidine tablet	2	baclofen tablet	2		
zaleplon	trazodone tablet	2				
Cortisporin	mupirocin topical ointment	2	hydrocortisone topical ointment	2		
butalbital/aspirin/caffeine	meloxicam tablet	1	ibuprofen tablet	1	sumatriptan tablet	2
estradiol	Premarin vaginal cream	3	Estrace vaginal cream	3	venlafaxine tablet	2

TIER CHANGES

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
isosorbide dinitrate	isosorbide mononitrate ER tablet, extended release 24 hour	2	isosorbide mononitrate tablet	1		
naproxen sodium	meloxicam tablet	1	ibuprofen tablet	1	naproxen tablet	2

DRUGS REQUIRING PRIOR AUTHORIZATION

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
cyclobenzaprine HCl	tizanidine tablet	2	baclofen tablet	2		
paroxetine HCl	escitalopram tablet	1	fluvoxamine tablet	2	sertraline tablet	1
amitriptyline HCl	escitalopram tablet	1	fluvoxamine tablet	2	sertraline tablet	1
doxepin HCl	escitalopram tablet	1	fluvoxamine tablet	2	sertraline tablet	1

Formulary ID: 18264**Humana plans on this formulary: Humana Kidney Care (HMO-POS SNP & HMO SNP)**

For prescription drug information for Humana Medicare members, please visit [Humana.com/druglistsearch](https://www.humana.com/druglistsearch) and choose “Medicare” to see the drug’s tier placement in Medicare formularies and any restriction that may apply. When nonformulary drugs are medically necessary, prescribers can request an exception by visiting www.covermymeds.com/epa/Humana. CoverMyMeds is Humana’s preferred method for receiving electronic prior authorization (ePA) requests.

Please note: Some medications considered to be high-risk in the elderly will have a formulary status change for 2018. For a list of high-risk medications, please visit [Humana.com/HRM](https://www.humana.com/HRM). If you have additional questions, please call **1-800-457-4708**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time. In Puerto Rico, please call **1-866-773-5959**.

New Requirements for Opioid Medications

Effective Jan. 1, 2018, Humana will limit the amount of opioid medication that can be filled per prescription. Patients will only be able to fill a 30-day supply or less at any one time. Additional state restrictions may also apply.

Some of your patients may have a different formulary than the one referenced above. Check our [online formulary resources](#) to understand other changes that may impact your patients. Or, call us at **1-800-457-4708** Monday through Friday, 8 a.m. to 8 p.m. Eastern Time. In Puerto Rico, please call **1-866-773-5959**

