Humana Puerto Rico formulary changes

Humana supports the care of your patients by providing the most up-to-date information. Effective Jan. 1, 2020, Humana Medicare formularies will have new limitations or require utilization management for certain drugs for the 2020 plan year. These changes could mean higher costs or new requirements for Humana members who use these drugs. To help keep your patients adherent, below is a list of commonly prescribed medications that will be impacted along with generic and cost-effective brand alternatives.

For prescription drug information for Humana Medicare members, please visit **https://drug-list-search.apps.cf.humana.com/medicare** and enter the applicable details. Please reference **20455** for information related to this formulary.

Nonformulary drugs (not covered)

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
AMANTADINE 100 MG TABLET	amantadine HCl oral solution	2	amantadine HCl capsule	2		
CHLORZOXAZONE 500 MG TABLET	baclofen tablet	2				
EFFIENT 10 MG TABLET	clopidogrel tablet	1	prasugrel tablet	2	Brilinta tablet	3
RANEXA ER 500 MG, 1,000 MG TABLET	ranolazine ER tablet, extended release, 12 hr	2	amlodipine tablet	1	carvedilol tablet	1
RANITIDINE 150 MG, 300 MG CAPSULE	famotidine tablet	2	ranitidine tablet	2	cimetidine tablet	2
SILODOSIN 8 MG CAPSULE	finasteride tablet	1	dutasteride capsule	2	terazosin capsule	1
ULORIC 40 MG TABLET	allopurinol tablet	1	probenecid tablet	2	probenecid-colchicine tablet	2

Tier changes

Impacted drug	Tier	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
BRIMONIDINE 0.2% EYE DROPS	**2**	latanoprost eye drops	**1**	timolol maleate eye drops	**1**		
CELLCEPT 250 MG CAPSULE, 500 MG TABLET	**5**	mycophenolate 250 mg capsules and 500 mg tablets	**2**				
CLONIDINE 0.1 MG/DAY, 0.2 MG/DAY PATCH	**2**	clonidine HCl tablet	**1**	methyldopa tablet	**2**	guanfacine tablet	**2**
DULOXETINE HCL DR 60 MG CAPSULE	**2**	fluoxetine capsule	**1**	citalopram tablet	**1**		
OLMESARTAN-HCTZ 20-12.5 MG TABLET	**2**	losartan-hydrochlorothiazide tablet	**1**	valsartan-hydrochlorothiazide tablet	**6**	irbesartan-hydrochlorothiazide tablet	**1**
OLMESARTAN-HCTZ 40-12.5 MG, 40-25 MG TABLET	**2**	losartan-hydrochlorothiazide tablet	**1**	valsartan-hydrochlorothiazide tablet	**6**	irbesartan-hydrochlorothiazide tablet	**1**

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