

Walmart Basic PDP formulary changes

Effective Jan. 1, 2019, certain drugs in Humana Medicare formularies will have new limitations or require utilization management for the 2019 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.



For prescription drug information for Humana Medicare members, please visit [Humana.com/druglistsearch](https://www.humana.com/druglistsearch). Please reference 19430 for information related to this formulary.



NONFORMULARY DRUGS (NOT COVERED)

Impacted drug	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
NAMENDA XR	donepezil disintegrating tablet	2	memantine tablet	2	memantine capsule sprinkle, extended release 24 hour	3
ESTRACE	Premarin vaginal cream	3	estradiol vaginal cream	3		
AZOPT	latanoprost eye drops	2	timolol maleate eye drops	1	dorzolamide-timolol eye drops	2
FLUOXETINE HCL TABLET	fluoxetine capsule	1	citalopram tablet	1	sertraline tablet	2
ESZOPICLONE	trazodone tablet	1	Belsomra tablet	3		
AMPHETAMINE/DEXTROAMPHETAMINE	methylphenidate tablet	4	dextroamphetamine-amphetamine tablet	3	atomoxetine capsule	3
DICLOFENAC POTASSIUM	meloxicam tablet	1	ibuprofen tablet	1	naproxen tablet	1
ZOLPIDEM TARTRATE ER	trazodone tablet	1	Belsomra tablet	3		
VOLTAREN	diclofenac topical gel	3	meloxicam tablet	1	ibuprofen tablet	1
NADOLOL	atenolol tablet	1	metoprolol tartrate tablet	1	carvedilol tablet	1

TIER CHANGES

Impacted drug	Tier	Alternative drug	Tier	Alternative drug	Tier	Alternative drug	Tier
CARBAMAZEPINE	3	gabapentin capsule	2	lamotrigine tablet	2	topiramate tablet	2
ACETAZOLAMIDE	4	acetazolamide ER capsule, extended release	3				
ENTACAPONE	4	carbidopa-levodopa tablet	2				
VERAPAMIL HCL SR	3	amlodipine tablet	2				
CLORAZEPATE DIPOTASSIUM	4	alprazolam tablet	3	lorazepam tablet	2	clonazepam tablet	3
GENTAMICIN SULFATE	3	mupirocin topical ointment	2				
PILOCARPINE HCL	3	latanoprost eye drops	2	timolol maleate eye drops	1	dorzolamide-timolol eye drops	2
BUTORPHANOL TARTRATE	4	Belbuca buccal film	3				

Formulary ID: 19430

Humana plans on this formulary:

For prescription drug information for Humana Medicare members, please visit **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 2019. For a list of high-risk medications, please visit **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**.)