

# 2019 HDHP Traditional Formulary Changes

Effective January 1, 2019

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**To view your full Drug List**, click here.

Effective Jan. 1, 2019, or upon your plan's renewal date in 2019, certain medicines under the Humana Commercial Drug List will have new limitations or will require utilization management for the 2019 plan year. These changes could mean higher costs or new requirements for Humana members who use these medicines. Humana encourages the use of generic and cost-effective brand medicines whenever possible. Below is a list of some commonly used medicines that have Humana Commercial Drug List utilization management edits in 2019 (e.g., non-formulary [NF] changes, tier/level changes [TC], prior authorization [PA], and step therapy [ST] requirements). Humana members are asked to talk to their doctor or health care professional about possible alternative medicines.

## How to read your annual changes

The medicines listed below will have additional requirements or limits on coverage in 2019. Talk to your doctor to see if the alternatives listed in the tables below are right for you and make any necessary changes. These requirements and limits may include:

**Non-formulary (NF):** Certain medicines that were previously covered under your plan benefits will be removed from your Drug List in 2019. If you fill or refill any medicine that is not covered under your prescription drug plan, you may have to pay the full cost of your medicine.

**Level/tier change (TC):** Covered medicines are grouped in different levels called "tiers." If you fill or refill a prescription for a medicine or supply that's moving to a different level, you may have to pay more.

**Prior authorization (PA):** Some medicines may need to be approved by Humana before it will be covered; this is called a prior authorization. Your doctor will need to contact Humana to get approval for these medicines to be covered by your prescription drug plan.

**Step therapy (ST):** Some medicines have a step therapy requirement, which means that you need to try at least one lower cost option before the medicine is covered.



## Drugs requiring prior authorization (PA)

2018 Impacted Drug	2019 Alternative Drug	2019 Alternative Drug	2019 Alternative Drug
AMITIZA	Linzess capsule	Movantik tablet	lactulose oral solution
EVZIO	Narcan nasal spray	naloxone injection syringe	
NAMENDA XR	memantine tablet	donepezil tablet	rivastigmine transdermal 24 hour patch
NAMZARIC	memantine tablet	donepezil tablet	rivastigmine transdermal 24 hour patch
SAVELLA	gabapentin capsule	duloxetine capsule, delayed release	Lyrica capsule
SAVELLA TITRATION PACK	gabapentin capsule	duloxetine capsule, delayed release	Lyrica capsule

## Drugs requiring step therapy (ST)

2018 Impacted Drug	2019 Alternative Drug	2019 Alternative Drug	2019 Alternative Drug
ADAPALENE	erythromycin with ethanol topical solution	sulfacetamide sodium (acne) lotion (suspension)	Onexton topical gel
BYSTOLIC	atenolol tablet	metoprolol tartrate tablet	carvedilol tablet
DEXTROAMPHETAMINE SULFATE	Consult Your Physician		
DUREZOL	dexamethasone eye drops	prednisolone sodium phosphate eye drops	prednisolone acetate eye drops, suspension
EVEKEO	Consult Your Physician		
METAXALONE	cyclobenzaprine tablet	tizanidine tablet	baclofen tablet
ONGLYZA	Consult Your Physician		
PAROXETINE HCL ER	fluoxetine capsule	paroxetine tablet	sertraline tablet
PAZEO	cromolyn eye drops	azelastine eye drops	olopatadine eye drops
WELLBUTRIN XL	venlafaxine tablet	fluoxetine capsule	citalopram tablet

### For more information

If you have any questions, please talk to your doctor. You may also call the number on the back of your Humana member ID card. For 24-hour service you can sign in to MyHumana, your personal, secure online account on **Humana.com**. For additional details about what's covered under your plan, you can also view your Certificate of Coverage, Summary Plan Description or Policy of Insurance on **Humana.com**.