

Humana 2014 Drug List Changes

Prior Authorization

New Prior Authorizations - The following drugs will require prior authorization effective January 1, 2014. If you fill or refill a prescription for any drug that requires prior authorization, your doctor must obtain authorization from Humana before the prescription will be covered. For copayment level information, visit Humana.com.

Drug Name	Grandfatherable	Alternatives
ACYCLOVIR	N	ACYCLOVIR; FAMCICLOVIR; VALACYCLOVIR HCL
BOTOX COSMETIC	N	CONSULT YOUR PHYSICIAN
CAMPTOSAR	Y	CONSULT YOUR PHYSICIAN
CIALIS	N	CONSULT YOUR PHYSICIAN
DRONABINOL	N	ONDANSETRON HCL; GRANISETRON HCL; MEGESTROL ACETATE
EMEND	N	CONSULT YOUR PHYSICIAN
EUFLEXXA	N	CONSULT YOUR PHYSICIAN
FORACARE GD40A GLUCOSE METER	N	CONSULT YOUR PHYSICIAN
FORACARE GD40B GLUCOSE METER	N	CONSULT YOUR PHYSICIAN
HYALGAN	N	CONSULT YOUR PHYSICIAN
INFERGEN	N	PEGASYS; PEG-INTRON
INTRON A	Y	CONSULT YOUR PHYSICIAN
INVEGA	Y	RISPERIDONE; QUETIAPINE FUMARATE; OLANZAPINE
INVEGA SUSTENNA	Y	RISPERIDONE; QUETIAPINE FUMARATE; OLANZAPINE
LEUKINE	N	CONSULT YOUR PHYSICIAN
LIDODERM	N	GABAPENTIN
LYRICA	Y	CONSULT YOUR PHYSICIAN
MARINOL	N	CONSULT YOUR PHYSICIAN
MINOCIN	N	MINOCYCLINE HCL
NIASPAN EXTENDED-RELEASE	N	CONSULT YOUR PHYSICIAN
ORTHOVISC	N	CONSULT YOUR PHYSICIAN
OXYCONTIN	N	MORPHINE SULFATE ER; FENTANYL
QUININE SULFATE	N	CONSULT YOUR PHYSICIAN
RIBAPAK DOSE PACK	N	CONSULT YOUR PHYSICIAN
SAPHRIS	Y	CONSULT YOUR PHYSICIAN
SAPHRIS (BLACK CHERRY)	Y	CONSULT YOUR PHYSICIAN
SOLARAZE	N	FLUOROURACIL; IMIQUIMOD
SORIATANE	N	CONSULT YOUR PHYSICIAN
STRATTERA	N	CONSULT YOUR PHYSICIAN
SUPARTZ	N	CONSULT YOUR PHYSICIAN
SYNVISC	N	CONSULT YOUR PHYSICIAN
SYNVISC-ONE	N	CONSULT YOUR PHYSICIAN
TASMAR	N	CONSULT YOUR PHYSICIAN
TRETINOIN (EMOLLIENT)	N	TRETINOIN
TRETINOIN MICROSPHERE	N	TRETINOIN

Drug Name	Grandfatherable	Alternatives
ZAVESCA	N	CONSULT YOUR PHYSICIAN
ZORTRESS	Y	CONSULT YOUR PHYSICIAN
ZOVIRAX	N	ACYCLOVIR; FAMCICLOVIR; VALACYCLOVIR HCL