

2025

Prescription Drug Guide

Humana Dual Fully Integrated Formulary

List of covered drugs (*Drug List or Formulary*)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Humana Dual Fully Integrated (HMO-POS D-SNP)

Formulary 25456



Medicare and Medicaid Working Together

This formulary was updated on 07/01/2025. For more recent information or other questions, contact Customer Care at 1-844-881-4482 (TTY: 711), 8 A.M. to 8 P.M. EST seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. Our automated phone system is available after hours, weekends, and holidays or visit **Humana.com/medicaredruglist**.

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which prescription drugs, over-the-counter (OTC) drugs and non-drug products are covered by Humana Dual Fully Integrated. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by Humana Dual Fully Integrated. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

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A. Disclaimers

This is a list of drugs that members can get in *Humana Dual Fully Integrated*.

- You can always check *Humana Dual Fully Integrated's* up-to-date *List of Covered Drugs* online at Humana.com/medicaredruglist or by calling Customer Care at the number listed in the footer of this document. This call is free.
- You can get this document for free in other formats, such as large print, braille, or audio. Call Customer Care at the number listed in the footer of this document. This call is free.
- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, contact Customer Care.
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 1-844-881-4482 (TTY: 711). This is a free service.

If you have questions, please call *Humana Dual Fully Integrated* at 1-844-881-4482 (TTY: 711), 8 a.m. to 8 p.m. EST, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. For more information, visit Humana.com/medicaredruglist.



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B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the "Drug List" for short.)

The drugs on the *List of Covered Drugs* that starts in section C1 are the drugs covered by Humana Dual Fully Integrated. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Humana Dual Fully Integrated will cover all medically necessary drugs on the *Drug List* if
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - Humana Dual Fully Integrated agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a Humana Dual Fully Integrated network pharmacy.
- In some cases, you must do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at **Humana.com/medicaredruglist** or call Customer Care at the number in the footer of this document.

B2. Does the *Drug List* ever change?

Yes, and Humana Dual Fully Integrated must follow Medicare and Humana Dual Fully Integrated rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Humana Dual Fully Integrated before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes along that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check Humana Dual Fully Integrated's up-to-date *Drug List* online at **Humana.com/medicaredruglist**. Updates to the *Drug List* are posted on the website monthly.
- You can also call Customer Care at the number in the footer of this document to check the current *Drug List*.

If you have questions, please call Humana Dual Fully Integrated at 1-844-881-4482(TTY: 711), 8 a.m. to 8 p.m. EST, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit **Humana.com/medicaredruglist**.



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B3. What happens when there is a change to the Drug List?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new version of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug may remain the same with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we are adding:
 - Is a new generic version of a brand name drug, or
 - Is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to Section B14. You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change. Please contact your prescriber for an alternative medication to treat your medical condition.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the *Drug List* **or**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there is a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

If you have questions, please call Humana Dual Fully Integrated at 1-844-881-4482(TTY: 711), 8 a.m. to 8 p.m. EST, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit Humana.com/medicaredruglist.



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B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Humana Dual Fully Integrated before you fill your prescription. Prior authorization is different from a referral. Humana Dual Fully Integrated may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Humana Dual Fully Integrated limits the amount of a drug you can get.
- **Step therapy:** Sometimes Humana Dual Fully Integrated requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. Under Virginia law, your doctor or other prescriber must document either verbally or in writing why they feel the first drug is not effective for you and ask for the other drug to be covered.

You can find out if your drug has any additional requirements or limits by looking in the tables in section C1. You can also get more information by visiting our website at Humana.com/medicaredruglist. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the List of Drugs by drug type has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Humana Dual Fully Integrated changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

If you have questions, please call Humana Dual Fully Integrated at 1-844-881-4482(TTY: 711), 8 a.m. to 8 p.m. EST, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit Humana.com/medicaredruglist.



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B7. How can I find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically, **or**
- You can search by drug type.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in Section D. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs are listed in the index.

To search by drug type, find the section C1 labeled “List of Drugs by Drug Type”. The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.

B8. What if the drug I want to take is not on the Drug List?

If you don’t find your drug on the Drug List, call Customer Care at the number listed in the footer of this document and ask about it. If you learn that Humana Dual Fully Integrated will not cover the drug, you can do one of these things:

- Ask Customer Care for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask Humana Dual Fully Integrated to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

If you have questions, please call Humana Dual Fully Integrated at 1-844-881-4482(TTY: 711), 8 a.m. to 8 p.m. EST, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit Humana.com/medicaredruglist.



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B9. What if I am a new Humana Dual Fully Integrated member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Humana Dual Fully Integrated. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our *Drug List*, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Humana Dual Fully Integrated, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are taking a drug that Humana Dual Fully Integrated does not consider to be a Part D drug, you have the right to get a one-time, 72-hour emergency supply of the drug.

If you are in a nursing home or other long-term care facility and need a drug that is not on the *Drug List* or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Humana Dual Fully Integrated member.
- This is in addition to the temporary supply during the first 90 days you are a member of Humana Dual Fully Integrated.

If you change treatment settings

During the plan year, you may change treatment settings because of a change in the level of your care. For instance, you may:

- Move from a hospital or skilled nursing facility to a home setting
- Move from a home setting to a hospital or skilled nursing facility
- Move from one skilled nursing facility to another, so you need to use a new pharmacy
- Stop staying at a skilled nursing facility where Medicare Part A covered your prescription drugs, so you need to use Part D now
- Give up your Hospice status, so you need to use Medicare Parts A and B now
- Leave a long-term psychiatric hospital where your drugs were tailored to you

In such cases, we will cover up to **31 days** worth of a drug that Medicare Part D covers when you get the drug at a pharmacy.

If you change treatment settings more than once in the same month you may need to ask us to make an exception, **or** approve your drug in advance.

We will look at your request to see if you have a treatment plan, **and** changing it would harm your health.

If you need more time

We may extend your transition supply. This will let you keep getting your drug while we look at your appeal, **or** request for an exception.

After you get a transition supply of a Part D drug

If you have questions, please call Humana Dual Fully Integrated at 1-844-881-4482(TTY: 711), 8 a.m. to 8 p.m. EST, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit Humana.com/medicaredruglist.



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We may need to do a medical review of the drug if:

- The drug is not on our approved list, **or**
- We need to approve it in advance because:
 - There are limits on the amount you can get
 - You need to try a less costly drug first, **or**
 - We need to know some facts about your health

If we need to know some facts about your health

Your doctor can give us these facts. This will help us work on your request to approve your drug in advance or make an exception if:

- Your drug is not on our approved list
- We need to approve your drug in advance, **or**
- You have tried other drugs to treat your health problem

To ask for an exception

Ask your doctor to send us a letter. The letter must say that you need this drug to treat your health problem because the drugs we **do** cover:

- Would not work as well to treat your health problem, **or**
- Would harm your health

The letter must explain why the limit we placed on your drug:

- Is not fitting given your health problem, **or**
- Would harm your health

In most cases, we must tell you our decision no more than **72 hours** after we get your doctor's letter. We will grant you a fast request if we find, or your doctor tells us, that waiting for a standard request could harm your life, health, or ability to function. With a fast request, we must tell you our decision no more than **24 hours** after we get your doctor's letter.

If we say no to your request for an exception

You can ask us if we cover another drug for your health problem if:

- The drug is **not** on our approved list, **or**
- Your drug **is** on our list, but:
 - We need to approve your drug in advance
 - You need to try a less costly drug first, **or**
 - There are limits on the amount you can get

Ask your doctor if this drug is a good choice for you.

You can also ask us to review our decision. You must make this appeal no more than **60 days** after our first decision.

We can help

We can help you and your doctor:

- Ask for an exception
- Make an appeal
- Find another drug for your health problem
- Learn more about your Transition Policy

You and your doctor can also get forms to ask us to:

If you have questions, please call Humana Dual Fully Integrated at 1-844-881-4482(TTY: 711), 8 a.m. to 8 p.m. EST, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit Humana.com/medicaredruglist.



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- Approve your drug in advance
- Make an exception

Just call Customer Care at the number listed in the footer of this document, or go to our website, Humana.com/medicaredruglist.

Pharmacy and Therapeutics (P&T) committee

This committee watches over our Part D drug list and related rules. It made these rules for certain Part D drugs. The rules are meant to make sure the drugs:

- Are used per medical guidelines
- Have been proven safe and effective for the health problem they are treating
- Are prescribed per the maker's guidelines

B10. Can I ask for an exception to cover my drug?

Yes. You can ask Humana Dual Fully Integrated to make an exception to cover a drug that is not on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, Humana Dual Fully Integrated may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

B11. How can I ask for an exception?

To ask for an exception, call Customer Care. A Customer Care representative will work with you and your provider to help you ask for an exception. You can also read **Chapter 9** section 7.4 of the *Evidence of Coverage* to learn more about exceptions.

If you have questions, please call Humana Dual Fully Integrated at 1-844-881-4482(TTY: 711), 8 a.m. to 8 p.m. EST, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit Humana.com/medicaredruglist.



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B12. How long does it take to get an exception?

After, we request a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours.

To ask for an exception

Ask your doctor to send us a letter. The letter must say that you need this drug to treat your health problem because the drugs we **do** cover:

- Would not work as well to treat your health problem, **or**
- Would harm your health

The letter must explain why the limit we placed on your drug:

- Is not fitting given your health problem, **or**
- Would harm your health

In most cases, we must tell you our decision no more than 72 hours after we get your doctor's letter. We will grant you a fast request if we find, or your doctor tells us, that waiting for a standard request could harm your life, health, or ability to function. With a fast request, we must tell you our decision no more than **24 hours** after we get your doctor's letter.

You and your doctor can also get forms to ask us to:

- Approve your drug in advance
- Make an exception

Just call Customer Care at the number listed in the footer of this document, or go to our website, **Humana.com/medicaredruglist**.

If you or your prescriber think your health may be harmed if you must wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Humana Dual Fully Integrated covers both brand name drugs and generic drugs.

If you have questions, please call Humana Dual Fully Integrated at 1-844-881-4482(TTY: 711), 8 a.m. to 8 p.m. EST, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit **Humana.com/medicaredruglist**.



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B14. What are original biological products and how are they related to biosimilars?

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to **Chapter 5** of the Evidence of Coverage.

B15. Does Humana Dual Fully Integrated cover non-drug OTC products?

Humana Dual Fully Integrated covers some non-drug OTC products when they are written as prescriptions by your provider (for example, insulin syringes, etc.). Contact your Care Coordinator, your provider, or Customer Care for more information.

You can read the Humana Dual Fully Integrated *Drug List* to find out what non-drug OTC products are covered.

Humana Dual Fully Integrated covers OTC health and wellness items through the Humana Healthy Options Allowance. For more information about this benefit, see the Medical Benefits Chart in Chapter 4, Section 2.1 of your Evidence of Coverage.

B16. Does Humana Dual Fully Integrated cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. A 90-day supply has the same copay as a one-month supply.
 - **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. A 90-day supply has the same copay as a one-month supply.
-

B17. What is my copay?

Humana Dual Fully Integrated members have \$0 copay for prescriptions as long as the member follows the plan's rules and receives "Extra Help". If you do not receive "Extra Help", you must first pay the full cost of the drugs until you have reached the plan's deductible amount, which is \$590. Then, your cost share for a one-month supply of all plan-covered Part D prescription drugs will be 25% of the cost of the drug during the Initial Coverage Stage. The deductible does not apply to all plan-covered Part D insulins, which cost \$35 for a one-month supply. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

If you have questions, call Customer Care at the number in the footer of this document.

If you have questions, please call Humana Dual Fully Integrated at 1-844-881-4482(TTY: 711), 8 a.m. to 8 p.m. EST, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit Humana.com/medicaredruglist.



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C. Overview of the List of Covered Drugs

The *List of Covered Drugs* gives you information about the drugs covered by Humana Dual Fully Integrated. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D. The index alphabetically lists all drugs covered by Humana Dual Fully Integrated.

Note: The (*) next to a drug means the drug is not a “Part D drug.” These drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Cardinal Care.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at the number listed in the footer of this document.
- You can also read **Chapter 9** of the Evidence of Coverage to learn how to appeal a decision.

C1. List of Drugs by Drug Type

The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

QL = Quantity Limit: only a specific quantity of a drug is allowed per a given period of days.

PA = Prior authorization (approval): you must have approval from the plan before you can get this drug.

ST = Step therapy: you must try another drug before you can get this one.

DL = Dispensing Limit: Drugs that may be limited to a 30 day supply.

BvsD = Medicare Part B or Part D review (approval): administration location of the drug is reviewed and must be approved before the plan will cover the cost of this drug.

(*) = Not a Part D Drug.

MO = Drug is typically available through mail-order.

LA = Limited Access; The health plan has authorized certain pharmacies to dispense this medicine, as it requires extra handling, doctor coordination or patient education. Please call the number on the back of your ID card for additional information.

CI = Covered insulin products; Part D insulin products covered by your plan. For more information on cost sharing for your covered insulin products, please refer to your Evidence of Coverage (EOC).

AV = Advisory Committee on Immunization Practices (ACIP) Covered Part D vaccines; Part D vaccines recommended by ACIP for adults that may be available at no cost to you; additional restrictions may apply. For more information, please refer to your Evidence of Coverage (EOC).

PDS = Preferred Diabetic Supplies; BD and HTL-Droplet are the preferred diabetic syringe and pen needle brands for the plan.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics, brand name drugs are capitalized. The information in the “Necessary actions, restrictions, or limits on use” column tells you if Humana Dual Fully Integrated has any rules for covering your drug.

If you have questions, please call Humana Dual Fully Integrated at 1-844-881-4482(TTY: 711), 8 a.m. to 8 p.m. EST, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. For more information, visit Humana.com/medicaredruglist.



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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
ANALGESICS - Drugs used to treat pain		
acetaminophen-codeine 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml SOLUTION ^{DL}	1	QL(2700 per 30 days)
acetaminophen-codeine 300-15 mg TABLET ^{DL}	1	QL(390 per 30 days)
acetaminophen-codeine 300-30 mg TABLET ^{DL}	1	QL(360 per 30 days)
acetaminophen-codeine 300-60 mg TABLET ^{DL}	1	QL(180 per 30 days)
buprenorphine 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour PATCH, WEEKLY ^{DL}	1	PA,QL(4 per 28 days)
celecoxib 100 mg, 200 mg CAPSULE ^{MO}	1	QL(60 per 30 days)
celecoxib 400 mg, 50 mg CAPSULE ^{MO}	1	QL(60 per 30 days)
diclofenac potassium 50 mg TABLET ^{MO}	1	
diclofenac sodium 1 % GEL ^{MO}	1	QL(1000 per 30 days)
diclofenac sodium 1.5 % DROPS ^{MO}	1	PA,QL(300 per 30 days)
diclofenac sodium 100 mg TABLET, ER 24 HR. ^{MO}	1	
diclofenac sodium 25 mg TABLET, DR/EC ^{MO}	1	
diclofenac sodium 50 mg TABLET, DR/EC ^{MO}	1	
diclofenac sodium 75 mg TABLET, DR/EC ^{MO}	1	
endocet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg TABLET ^{DL}	1	QL(360 per 30 days)
etodolac 200 mg, 300 mg CAPSULE ^{MO}	1	
etodolac 400 mg, 500 mg TABLET ^{MO}	1	
etodolac 400 mg, 500 mg, 600 mg TABLET, ER 24 HR. ^{MO}	1	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour PATCH, 72 HR. ^{DL}	1	QL(20 per 30 days)
fentanyl citrate 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg LOZENGE ^{DL}	1	PA,QL(120 per 30 days)
fentanyl citrate 200 mcg LOZENGE ^{DL}	1	PA,QL(120 per 30 days)
fentanyl citrate (pf) 50 mcg/ml SOLUTION ^{DL}	1	BvsD,QL(720 per 30 days)
flurbiprofen 100 mg TABLET ^{MO}	1	
hydrocodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET ^{DL}	1	QL(390 per 30 days)
hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET ^{DL}	1	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml) SOLUTION ^{DL}	1	QL(2700 per 30 days)
hydrocodone-acetaminophen 2.5-325 mg TABLET ^{DL}	1	QL(360 per 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION ^{DL}	1	QL(5520 per 30 days)
hydrocodone-ibuprofen 7.5-200 mg TABLET ^{DL}	1	QL(150 per 30 days)

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hydromorphone 2 mg, 4 mg TABLET ^{DL}	1	QL(360 per 30 days)
hydromorphone 2 mg/ml SOLUTION ^{DL}	1	BvsD,QL(360 per 30 days)
hydromorphone 8 mg TABLET ^{DL}	1	QL(240 per 30 days)
ibu 400 mg, 600 mg, 800 mg TABLET ^{MO}	1	
ibuprofen 100 mg/5 ml SUSPENSION ^{MO}	1	
ibuprofen 400 mg TABLET ^{MO}	1	
ibuprofen 600 mg, 800 mg TABLET ^{MO}	1	
indomethacin 25 mg, 50 mg CAPSULE ^{MO}	1	
indomethacin 75 mg CAPSULE, ER ^{MO}	1	
ketorolac 10 mg TABLET ^{MO}	1	QL(20 per 30 days)
lurbipro 100 mg TABLET ^{MO}	1	
meloxicam 15 mg TABLET ^{MO}	1	QL(30 per 30 days)
meloxicam 7.5 mg TABLET ^{MO}	1	QL(60 per 30 days)
methadone 10 mg TABLET ^{DL}	1	QL(240 per 30 days)
methadone 10 mg/5 ml SOLUTION ^{DL}	1	QL(1800 per 30 days)
methadone 10 mg/ml CONCENTRATE ^{DL}	1	QL(360 per 30 days)
methadone 10 mg/ml SOLUTION ^{DL}	1	QL(360 per 30 days)
methadone 5 mg TABLET ^{DL}	1	QL(480 per 30 days)
methadone 5 mg/5 ml SOLUTION ^{DL}	1	QL(3600 per 30 days)
methadone intensol 10 mg/ml CONCENTRATE ^{DL}	1	QL(360 per 30 days)
morphine 10 mg/5 ml SOLUTION ^{DL}	1	QL(2700 per 30 days)
morphine 100 mg TABLET ER ^{DL}	1	QL(180 per 30 days)
morphine 15 mg, 30 mg TABLET ^{DL}	1	QL(180 per 30 days)
morphine 15 mg, 30 mg, 60 mg TABLET ER ^{DL}	1	QL(120 per 30 days)
morphine 20 mg/5 ml (4 mg/ml) SOLUTION ^{DL}	1	QL(1350 per 30 days)
morphine 200 mg TABLET ER ^{DL}	1	QL(90 per 30 days)
morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION ^{DL}	1	QL(540 per 30 days)
nabumetone 500 mg, 750 mg TABLET ^{MO}	1	
naproxen 250 mg, 375 mg TABLET ^{MO}	1	
naproxen 375 mg TABLET, DR/EC ^{MO}	1	
naproxen 500 mg TABLET ^{MO}	1	
naproxen sodium 275 mg, 550 mg TABLET ^{MO}	1	
oxycodone 10 mg, 15 mg, 5 mg TABLET ^{DL}	1	QL(360 per 30 days)
oxycodone 20 mg, 30 mg TABLET ^{DL}	1	QL(360 per 30 days)
oxycodone 20 mg/ml CONCENTRATE ^{DL}	1	QL(270 per 30 days)
oxycodone 5 mg CAPSULE ^{DL}	1	QL(360 per 30 days)

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oxycodone 5 mg/5 ml SOLUTION ^{DL}	1	QL(5400 per 30 days)
oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET ^{DL}	1	QL(360 per 30 days)
oxycodone-acetaminophen 2.5-325 mg TABLET ^{DL}	1	QL(360 per 30 days)
oxycodone-acetaminophen 5-325 mg/5 ml SOLUTION ^{DL}	1	QL(1800 per 30 days)
piroxicam 10 mg, 20 mg CAPSULE ^{MO}	1	
sulindac 150 mg, 200 mg TABLET ^{MO}	1	
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR. ^{DL}	1	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE ^{DL}	1	ST,QL(30 per 30 days)
tramadol 50 mg TABLET ^{DL}	1	QL(240 per 30 days)
ANESTHETICS - Drugs used to treat local pain		
bupivacaine (pf) 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION ^{MO}	1	
bupivacaine hcl 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml) SOLUTION ^{MO}	1	
lidocaine 5 % ADHESIVE PATCH, MEDICATED ^{MO}	1	PA,QL(90 per 30 days)
lidocaine hcl 2 % JELLY IN APPLICATOR ^{MO}	1	
lidocaine hcl 2 % SOLUTION ^{MO}	1	
lidocaine viscous 2 % SOLUTION ^{MO}	1	
lidocaine-epinephrine 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000 SOLUTION ^{MO}	1	
lidocaine-prilocaine 2.5-2.5 % CREAM ^{MO}	1	
polocaine 1 % (10 mg/ml), 2 % SOLUTION ^{MO}	1	
polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) SOLUTION ^{MO}	1	
ropivacaine (pf) 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %) SOLUTION ^{MO}	1	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - Drugs used to treat addiction and withdrawal symptoms		
acamprosate 333 mg TABLET, DR/EC ^{MO}	1	
buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET ^{MO}	1	QL(90 per 30 days)
buprenorphine-naloxone 12-3 mg FILM ^{MO}	1	QL(60 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 4-1 mg, 8-2 mg FILM ^{MO}	1	QL(90 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 8-2 mg SUBLINGUAL TABLET ^{MO}	1	QL(90 per 30 days)
bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR. ^{MO}	1	QL(90 per 30 days)
disulfiram 250 mg, 500 mg TABLET ^{MO}	1	
KLOXXADO 8 MG/ACTUATION SPRAY, NON-AEROSOL ^{MO}	1	QL(2 per 30 days)
naloxone 0.4 mg/ml SOLUTION ^{MO}	1	

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naloxone 0.4 mg/ml, 1 mg/ml SYRINGE ^{MO}	1	
naloxone 4 mg/actuation SPRAY, NON-AEROSOL ^{MO}	1	QL(2 per 30 days)
naltrexone 50 mg TABLET ^{MO}	1	
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL ^{MO}	1	
OPVEE 2.7 MG/ACTUATION SPRAY, NON-AEROSOL ^{MO}	1	QL(2 per 30 days)
varenicline tartrate 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK ^{MO}	1	QL(53 per 28 days)
varenicline tartrate 0.5 mg, 1 mg TABLET ^{MO}	1	QL(56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON ^{DL}	1	QL(1 per 28 days)
ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG SUBLINGUAL TABLET ^{MO}	1	QL(90 per 30 days)
ZUBSOLV 11.4-2.9 MG SUBLINGUAL TABLET ^{MO}	1	QL(30 per 30 days)
ZUBSOLV 8.6-2.1 MG SUBLINGUAL TABLET ^{MO}	1	QL(60 per 30 days)
ANTIBACTERIALS - Drugs used to treat infections caused by bacteria		
acetic acid 2 % SOLUTION ^{MO}	1	
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION ^{MO}	1	
amoxicillin 125 mg, 250 mg CHEWABLE TABLET ^{MO}	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	1	
amoxicillin 250 mg CAPSULE ^{MO}	1	
amoxicillin 500 mg CAPSULE ^{MO}	1	
amoxicillin 500 mg TABLET ^{MO}	1	
amoxicillin 875 mg TABLET ^{MO}	1	
amoxicillin-pot clavulanate 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	1	
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET ^{MO}	1	
amoxicillin-pot clavulanate 875-125 mg TABLET ^{MO}	1	
ampicillin 500 mg CAPSULE ^{MO}	1	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION ^{MO}	1	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION ^{MO}	1	
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR NEBULIZATION ^{DL}	1	PA, QL(235.2 per 28 days)
azithromycin 1 gram PACKET ^{MO}	1	
azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	1	
azithromycin 250 mg TABLET ^{MO}	1	
azithromycin 500 mg RECON SOLUTION ^{MO}	1	

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azithromycin 500 mg, 600 mg TABLET ^{MO}	1	
aztreonam 1 gram, 2 gram RECON SOLUTION ^{MO}	1	
bacitracin 50,000 unit RECON SOLUTION ^{MO}	1	
BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) SYRINGE ^{MO}	1	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE ^{MO}	1	
cefaclor 250 mg, 500 mg CAPSULE ^{MO}	1	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	1	
cefadroxil 500 mg CAPSULE ^{MO}	1	
cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION ^{MO}	1	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION ^{MO}	1	
cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml, 3 gram/50 ml PIGGYBACK ^{MO}	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) 3 GRAM/150 ML PIGGYBACK ^{MO}	1	
cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	1	
cefdinir 300 mg CAPSULE ^{MO}	1	
cefepime 1 gram, 2 gram RECON SOLUTION ^{MO}	1	
cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK ^{MO}	1	
cefepime in dextrose, iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK ^{MO}	1	
cefixime 400 mg CAPSULE ^{MO}	1	
cefotetan 1 gram, 10 gram, 2 gram RECON SOLUTION ^{MO}	1	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION ^{MO}	1	
cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK ^{MO}	1	
cefpodoxime 100 mg, 200 mg TABLET ^{MO}	1	
ceprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	1	
ceprozil 250 mg, 500 mg TABLET ^{MO}	1	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION ^{MO}	1	
ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION ^{MO}	1	
ceftriaxone in dextrose, iso-os 1 gram/50 ml, 2 gram/50 ml PIGGYBACK ^{MO}	1	

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cefuroxime axetil 250 mg, 500 mg TABLET ^{MO}	1	
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION ^{MO}	1	
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	1	
cephalexin 250 mg CAPSULE ^{MO}	1	
cephalexin 500 mg CAPSULE ^{MO}	1	
chloramphenicol sod succinate 1 gram RECON SOLUTION ^{MO}	1	
ciprofloxacin hcl 100 mg TABLET ^{MO}	1	
ciprofloxacin hcl 250 mg, 750 mg TABLET ^{MO}	1	
ciprofloxacin hcl 500 mg TABLET ^{MO}	1	
ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK ^{MO}	1	
clarithromycin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	1	
clarithromycin 250 mg, 500 mg TABLET ^{MO}	1	
clarithromycin 500 mg TABLET, ER 24 HR. ^{MO}	1	
CLEOCIN 100 MG SUPPOSITORY ^{MO}	1	
clindamycin hcl 150 mg, 300 mg, 75 mg CAPSULE ^{MO}	1	
clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK ^{MO}	1	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK ^{MO}	1	
clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION ^{MO}	1	
clindamycin pediatric 75 mg/5 ml RECON SOLUTION ^{MO}	1	
clindamycin phosphate 150 mg/ml SOLUTION ^{MO}	1	
clindamycin phosphate 2 % CREAM ^{MO}	1	
colistin (colistimethate na) 150 mg RECON SOLUTION ^{MO}	1	
daptomycin 350 mg RECON SOLUTION ^{MO}	1	
daptomycin 500 mg RECON SOLUTION ^{DL}	1	
daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK ^{MO}	1	
dicloxacillin 250 mg, 500 mg CAPSULE ^{MO}	1	
DIFICID 200 MG TABLET ^{DL}	1	
doxy-100 100 mg RECON SOLUTION ^{MO}	1	
doxycycline hyclate 100 mg CAPSULE ^{MO}	1	
doxycycline hyclate 100 mg TABLET ^{MO}	1	
doxycycline hyclate 20 mg TABLET ^{MO}	1	

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doxycycline hyclate 50 mg CAPSULE ^{MO}	1	
doxycycline monohydrate 100 mg, 50 mg CAPSULE ^{MO}	1	
doxycycline monohydrate 100 mg, 50 mg, 75 mg TABLET ^{MO}	1	
doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	1	
ertapenem 1 gram RECON SOLUTION ^{MO}	1	
ERYTHROCIN 500 MG RECON SOLUTION ^{MO}	1	
erythromycin 250 mg CAPSULE, DR/EC ^{MO}	1	
erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC ^{MO}	1	
erythromycin 250 mg, 500 mg TABLET ^{MO}	1	
erythromycin lactobionate 500 mg RECON SOLUTION ^{DL}	1	
gentamicin 0.1 % CREAM ^{MO}	1	
gentamicin 0.1 % OINTMENT ^{MO}	1	
gentamicin 40 mg/ml SOLUTION ^{MO}	1	
gentamicin in nacl (iso-osm) 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml PIGGYBACK ^{MO}	1	
gentamicin sulfate (ped) (pf) 20 mg/2 ml SOLUTION ^{MO}	1	
HUMATIN 250 MG CAPSULE ^{DL}	1	
imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION ^{MO}	1	
levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION ^{MO}	1	
levofloxacin 250 mg, 750 mg TABLET ^{MO}	1	
levofloxacin 500 mg TABLET ^{MO}	1	
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK ^{MO}	1	
lincomycin 300 mg/ml SOLUTION ^{MO}	1	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{DL}	1	QL(1800 per 30 days)
linezolid 600 mg TABLET ^{MO}	1	QL(60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK ^{MO}	1	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION ^{MO}	1	
meropenem 1 gram, 500 mg RECON SOLUTION ^{MO}	1	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK ^{MO}	1	
methenamine hippurate 1 gram TABLET ^{MO}	1	
metronidazole 0.75 % CREAM ^{MO}	1	
metronidazole 0.75 % LOTION ^{MO}	1	
metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 % GEL ^{MO}	1	

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metronidazole 1 % GEL WITH PUMP ^{MO}	1	
metronidazole 250 mg, 500 mg TABLET ^{MO}	1	
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK ^{MO}	1	
minocycline 100 mg, 50 mg, 75 mg CAPSULE ^{MO}	1	
monodoxine nl 100 mg CAPSULE ^{MO}	1	
moxifloxacin 400 mg TABLET ^{MO}	1	
moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK ^{MO}	1	
nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION ^{MO}	1	
nafcillin in dextrose iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK ^{DL}	1	
neomycin 500 mg TABLET ^{MO}	1	
nitrofurantoin macrocrystal 100 mg, 50 mg CAPSULE ^{MO}	1	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE ^{MO}	1	
ofloxacin 300 mg, 400 mg TABLET ^{MO}	1	
oxacillin 1 gram, 10 gram, 2 gram RECON SOLUTION ^{MO}	1	
oxacillin in dextrose(iso-osm) 1 gram/50 ml, 2 gram/50 ml PIGGYBACK ^{MO}	1	
penicillin g pot in dextrose 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml PIGGYBACK ^{MO}	1	
penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION ^{MO}	1	
penicillin g sodium 5 million unit RECON SOLUTION ^{MO}	1	
penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION ^{MO}	1	
penicillin v potassium 250 mg, 500 mg TABLET ^{MO}	1	
pfizerpen-g 20 million unit, 5 million unit RECON SOLUTION ^{MO}	1	
piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION ^{MO}	1	
polymyxin b sulfate 500,000 unit RECON SOLUTION ^{MO}	1	
PRIMSOL 50 MG/5 ML SOLUTION ^{MO}	1	
streptomycin 1 gram RECON SOLUTION ^{DL}	1	
sulfacetamide sodium 10 % OINTMENT ^{MO}	1	
sulfacetamide sodium (acne) 10 % SUSPENSION ^{MO}	1	QL(118 per 30 days)
sulfadiazine 500 mg TABLET ^{MO}	1	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION ^{MO}	1	
sulfamethoxazole-trimethoprim 400-80 mg TABLET ^{MO}	1	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION ^{MO}	1	
sulfamethoxazole-trimethoprim 800-160 mg TABLET ^{MO}	1	
TEFLARO 400 MG, 600 MG RECON SOLUTION ^{DL}	1	

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tigecycline 50 mg RECON SOLUTION ^{DL}	1	
tinidazole 250 mg, 500 mg TABLET ^{MO}	1	
tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION ^{DL}	1	BvsD
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION ^{MO}	1	
trimethoprim 100 mg TABLET ^{MO}	1	
vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 1.75 gram, 10 gram, 2 gram, 5 gram, 500 mg, 750 mg RECON SOLUTION ^{MO}	1	
vancomycin 125 mg CAPSULE ^{MO}	1	QL(120 per 30 days)
vancomycin 250 mg CAPSULE ^{MO}	1	QL(240 per 30 days)
vancomycin in 0.9 % sodium chl 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK ^{MO}	1	
vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK ^{MO}	1	
VANCOMYCIN IN DEXTROSE 5 % 1.25 GRAM/250 ML, 1.5 GRAM/300 ML PIGGYBACK ^{MO}	1	
vancomycin-diluent combo no.1 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK ^{MO}	1	
ANTICONVULSANTS - Drugs used to treat seizures		
APTIOM 200 MG, 400 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
APTIOM 600 MG, 800 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML SOLUTION ^{DL}	1	PA,QL(600 per 30 days)
BRIVIACT 50 MG/5 ML SOLUTION ^{DL}	1	PA
carbamazepine 100 mg, 200 mg CHEWABLE TABLET ^{MO}	1	
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR. ^{MO}	1	
carbamazepine 100 mg, 200 mg, 400 mg TABLET, ER 12 HR. ^{MO}	1	
carbamazepine 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml SUSPENSION ^{MO}	1	
carbamazepine 200 mg TABLET ^{MO}	1	
clobazam 10 mg, 20 mg TABLET ^{DL}	1	PA
clobazam 2.5 mg/ml SUSPENSION ^{DL}	1	PA
DIACOMIT 250 MG, 500 MG CAPSULE ^{DL}	1	PA,QL(180 per 30 days)
DIACOMIT 250 MG, 500 MG POWDER IN PACKET ^{DL}	1	PA,QL(180 per 30 days)
diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT ^{DL}	1	
divalproex 125 mg CAPSULE, DR SPRINKLE ^{MO}	1	

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divalproex 125 mg, 250 mg, 500 mg TABLET, DR/EC ^{MO}	1	
divalproex 250 mg, 500 mg TABLET, ER 24 HR. ^{MO}	1	
EPIDIOLEX 100 MG/ML SOLUTION ^{DL}	1	PA
epitol 200 mg TABLET ^{MO}	1	
EPRONTIA 25 MG/ML SOLUTION ^{MO}	1	PA,QL(480 per 30 days)
eslicarbazepine 200 mg, 400 mg TABLET ^{DL}	1	PA,QL(30 per 30 days)
eslicarbazepine 600 mg, 800 mg TABLET ^{DL}	1	PA,QL(60 per 30 days)
ethosuximide 250 mg CAPSULE ^{MO}	1	
ethosuximide 250 mg/5 ml SOLUTION ^{MO}	1	
felbamate 400 mg, 600 mg TABLET ^{MO}	1	
felbamate 600 mg/5 ml SUSPENSION ^{MO}	1	
FINTEPLA 2.2 MG/ML SOLUTION ^{DL,LA}	1	PA,QL(360 per 30 days)
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml SOLUTION ^{MO}	1	
FYCOMPA 0.5 MG/ML SUSPENSION ^{DL}	1	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET ^{MO}	1	PA,QL(30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg CAPSULE ^{MO}	1	QL(270 per 30 days)
gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION ^{MO}	1	QL(2250 per 30 days)
gabapentin 600 mg, 800 mg TABLET ^{MO}	1	QL(180 per 30 days)
lacosamide 10 mg/ml SOLUTION ^{MO}	1	QL(1395 per 30 days)
lacosamide 100 mg, 150 mg, 200 mg, 50 mg TABLET ^{MO}	1	QL(60 per 30 days)
lacosamide 200 mg/20 ml SOLUTION ^{DL}	1	
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg TABLET ^{MO}	1	
lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR. ^{MO}	1	
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK ^{MO}	1	
lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE ^{MO}	1	
levetiracetam 1,000 mg, 250 mg, 750 mg TABLET ^{MO}	1	
levetiracetam 100 mg/ml SOLUTION ^{MO}	1	
levetiracetam 250 mg TABLET FOR SUSPENSION ^{MO}	1	ST,QL(360 per 30 days)
levetiracetam 500 mg TABLET ^{MO}	1	
levetiracetam 500 mg TABLET, ER 24 HR. ^{MO}	1	QL(180 per 30 days)
levetiracetam 500 mg/5 ml (5 ml) SOLUTION ^{MO}	1	QL(900 per 30 days)
levetiracetam 500 mg/5 ml SOLUTION ^{MO}	1	

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levetiracetam 750 mg TABLET, ER 24 HR. ^{MO}	1	QL(120 per 30 days)
levetiracetam in nacl (iso-os) 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml PIGGYBACK ^{MO}	1	
LIBERVANT 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG FILM ^{DL}	1	QL(10 per 30 days)
methsuximide 300 mg CAPSULE ^{MO}	1	
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL ^{DL}	1	QL(10 per 30 days)
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET ^{MO}	1	
oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION ^{MO}	1	
perampanel 10 mg, 12 mg, 4 mg, 6 mg, 8 mg TABLET ^{DL}	1	PA,QL(30 per 30 days)
perampanel 2 mg TABLET ^{MO}	1	PA,QL(30 per 30 days)
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET ^{MO}	1	QL(90 per 30 days)
phenobarbital 15 mg, 60 mg TABLET ^{MO}	1	QL(120 per 30 days)
phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR ^{MO}	1	QL(1500 per 30 days)
phenobarbital 30 mg TABLET ^{MO}	1	QL(300 per 30 days)
PHENYTEK 200 MG, 300 MG CAPSULE ^{MO}	1	
phenytoin 100 mg/4 ml, 125 mg/5 ml SUSPENSION ^{MO}	1	
phenytoin 50 mg CHEWABLE TABLET ^{MO}	1	
phenytoin sodium 50 mg/ml SOLUTION ^{MO}	1	
phenytoin sodium 50 mg/ml SYRINGE ^{MO}	1	
phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE ^{MO}	1	
primidone 125 mg, 250 mg, 50 mg TABLET ^{MO}	1	
roweepra 500 mg TABLET ^{MO}	1	
roweepra xr 500 mg TABLET, ER 24 HR. ^{MO}	1	QL(180 per 30 days)
roweepra xr 750 mg TABLET, ER 24 HR. ^{MO}	1	QL(120 per 30 days)
rufinamide 200 mg TABLET ^{MO}	1	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION ^{MO}	1	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET ^{MO}	1	PA,QL(240 per 30 days)
SPRITAM 1,000 MG TABLET FOR SUSPENSION ^{MO}	1	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION ^{MO}	1	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION ^{MO}	1	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION ^{MO}	1	ST,QL(120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET ^{MO}	1	
subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK ^{MO}	1	
subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK ^{MO}	1	

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subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK ^{MO}	1	
SYMPAZAN 10 MG, 20 MG, 5 MG FILM ^{DL}	1	PA,QL(60 per 30 days)
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET ^{MO}	1	
topiramate 100 mg, 200 mg, 50 mg TABLET ^{MO}	1	QL(120 per 30 days)
topiramate 15 mg, 25 mg, 50 mg CAPSULE, SPRINKLE ^{MO}	1	
topiramate 25 mg TABLET ^{MO}	1	QL(90 per 30 days)
valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION ^{MO}	1	
valproic acid 250 mg CAPSULE ^{MO}	1	
valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION ^{MO}	1	
VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL ^{DL}	1	QL(10 per 30 days)
vigabatrin 500 mg POWDER IN PACKET ^{DL}	1	PA,QL(180 per 30 days)
vigabatrin 500 mg TABLET ^{DL}	1	PA,QL(180 per 30 days)
vigadroner 500 mg POWDER IN PACKET ^{DL}	1	PA,QL(180 per 30 days)
vigadroner 500 mg TABLET ^{DL}	1	PA,QL(180 per 30 days)
VIGAFYDE 100 MG/ML SOLUTION ^{DL}	1	PA,QL(600 per 25 days)
vigpoder 500 mg POWDER IN PACKET ^{DL}	1	PA,QL(180 per 30 days)
XCOPRI 100 MG, 25 MG, 50 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
XCOPRI MAINTENANCE PACK 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) TABLET ^{DL}	1	PA,QL(56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK ^{MO}	1	PA,QL(28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) TABLET, DOSE PACK ^{DL}	1	PA,QL(28 per 28 days)
ZONISADE 100 MG/5 ML SUSPENSION ^{MO}	1	PA,QL(900 per 30 days)
zonisamide 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	1	
ZTALMY 50 MG/ML SUSPENSION ^{DL}	1	PA,QL(1080 per 30 days)
ANTIDEMENTIA AGENTS - Drugs used to treat memory loss		
donepezil 10 mg TABLET ^{MO}	1	QL(60 per 30 days)
donepezil 10 mg, 5 mg TABLET, DISINTEGRATING ^{MO}	1	QL(30 per 30 days)
donepezil 23 mg TABLET ^{MO}	1	QL(30 per 30 days)
donepezil 5 mg TABLET ^{MO}	1	QL(30 per 30 days)
galantamine 12 mg, 4 mg, 8 mg TABLET ^{MO}	1	QL(60 per 30 days)

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galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR. ^{MO}	1	QL(30 per 30 days)
galantamine 4 mg/ml SOLUTION ^{MO}	1	QL(200 per 30 days)
memantine 10 mg, 5 mg TABLET ^{MO}	1	PA,QL(60 per 30 days)
memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR. ^{MO}	1	PA,QL(30 per 30 days)
memantine 2 mg/ml SOLUTION ^{MO}	1	PA,QL(360 per 30 days)
memantine 5-10 mg TABLET, DOSE PACK ^{MO}	1	PA,QL(98 per 30 days)
NAMZARIC 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG CAPSULE ER SPRINKLE 24 HR. ^{MO}	1	QL(30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE ER SPRINKLE 24 HR. ^{MO}	1	QL(28 per 28 days)
rivastigmine 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour PATCH, 24 HR. ^{MO}	1	QL(30 per 30 days)
rivastigmine tartrate 1.5 mg, 3 mg CAPSULE ^{MO}	1	QL(90 per 30 days)
rivastigmine tartrate 4.5 mg, 6 mg CAPSULE ^{MO}	1	QL(60 per 30 days)
ANTIDEPRESSANTS - Drugs used to treat depression		
amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET ^{MO}	1	
amitriptyline 25 mg TABLET ^{MO}	1	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET ^{MO}	1	
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC ^{MO}	1	PA,QL(60 per 30 days)
bupropion hcl 100 mg TABLET, SR 12 HR. ^{MO}	1	QL(120 per 30 days)
bupropion hcl 100 mg, 75 mg TABLET ^{MO}	1	QL(180 per 30 days)
bupropion hcl 150 mg TABLET, ER 24 HR. ^{MO}	1	QL(90 per 30 days)
bupropion hcl 150 mg TABLET, SR 12 HR. ^{MO}	1	QL(90 per 30 days)
bupropion hcl 200 mg TABLET, SR 12 HR. ^{MO}	1	QL(60 per 30 days)
bupropion hcl 300 mg TABLET, ER 24 HR. ^{MO}	1	QL(60 per 30 days)
citalopram 10 mg, 40 mg TABLET ^{MO}	1	QL(30 per 30 days)
citalopram 10 mg/5 ml SOLUTION ^{MO}	1	
citalopram 20 mg TABLET ^{MO}	1	QL(60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg CAPSULE ^{MO}	1	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET ^{MO}	1	
desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. ^{MO}	1	QL(30 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR. ^{DL}	1	PA,QL(30 per 30 days)
escitalopram oxalate 10 mg TABLET ^{MO}	1	QL(45 per 30 days)
escitalopram oxalate 20 mg, 5 mg TABLET ^{MO}	1	QL(30 per 30 days)
escitalopram oxalate 5 mg/5 ml SOLUTION ^{MO}	1	QL(600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. ^{MO}	1	PA,QL(30 per 30 days)

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FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. ^{MO}	1	PA,QL(28 per 28 days)
fluoxetine 10 mg CAPSULE ^{MO}	1	QL(60 per 30 days)
fluoxetine 20 mg CAPSULE ^{MO}	1	QL(120 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION ^{MO}	1	
fluoxetine 40 mg CAPSULE ^{MO}	1	QL(60 per 30 days)
fluvoxamine 100 mg, 25 mg, 50 mg TABLET ^{MO}	1	QL(90 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg TABLET ^{MO}	1	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg CAPSULE ^{MO}	1	
MARPLAN 10 MG TABLET ^{MO}	1	
mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING ^{MO}	1	QL(30 per 30 days)
mirtazapine 15 mg, 30 mg, 7.5 mg TABLET ^{MO}	1	
mirtazapine 45 mg TABLET ^{MO}	1	
nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET ^{MO}	1	
nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE ^{MO}	1	
nortriptyline 10 mg/5 ml SOLUTION ^{MO}	1	
paroxetine hcl 10 mg, 20 mg TABLET ^{MO}	1	QL(30 per 30 days)
paroxetine hcl 10 mg/5 ml SUSPENSION ^{MO}	1	
paroxetine hcl 12.5 mg, 37.5 mg TABLET, ER 24 HR. ^{MO}	1	QL(60 per 30 days)
paroxetine hcl 25 mg TABLET, ER 24 HR. ^{MO}	1	QL(90 per 30 days)
paroxetine hcl 30 mg, 40 mg TABLET ^{MO}	1	QL(60 per 30 days)
perphenazine-amitriptyline 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg TABLET ^{MO}	1	
phenelzine 15 mg TABLET ^{MO}	1	
protriptyline 10 mg, 5 mg TABLET ^{MO}	1	
RALDESY 10 MG/ML SOLUTION ^{DL}	1	
sertraline 100 mg TABLET ^{MO}	1	QL(60 per 30 days)
sertraline 20 mg/ml CONCENTRATE ^{MO}	1	
sertraline 25 mg, 50 mg TABLET ^{MO}	1	QL(90 per 30 days)
tranylcypromine 10 mg TABLET ^{MO}	1	
trazodone 100 mg, 150 mg, 50 mg TABLET ^{MO}	1	
trazodone 300 mg TABLET ^{MO}	1	
trimipramine 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	1	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET ^{MO}	1	ST,QL(30 per 30 days)
venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET ^{MO}	1	
venlafaxine 150 mg CAPSULE, ER 24 HR. ^{MO}	1	QL(60 per 30 days)
venlafaxine 37.5 mg CAPSULE, ER 24 HR. ^{MO}	1	QL(90 per 30 days)

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venlafaxine 75 mg CAPSULE, ER 24 HR ^{MO}	1	QL(90 per 30 days)
vilazodone 10 mg, 20 mg, 40 mg TABLET ^{MO}	1	PA,QL(30 per 30 days)
ZURZUVAE 20 MG, 25 MG CAPSULE ^{DL}	1	PA,QL(28 per 365 days)
ZURZUVAE 30 MG CAPSULE ^{DL}	1	PA,QL(14 per 365 days)
ANTIEMETICS - Drugs used to treat nausea and vomiting		
aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK ^{MO}	1	BvsD
aprepitant 125 mg, 40 mg CAPSULE ^{MO}	1	BvsD,QL(2 per 28 days)
aprepitant 80 mg CAPSULE ^{MO}	1	BvsD,QL(4 per 28 days)
compro 25 mg SUPPOSITORY ^{MO}	1	
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE ^{MO}	1	BvsD,QL(120 per 30 days)
gransetron hcl 1 mg TABLET ^{MO}	1	BvsD,QL(28 per 28 days)
meclizine 12.5 mg TABLET ^{MO}	1	
meclizine 25 mg TABLET ^{MO}	1	
metoclopramide hcl 10 mg, 5 mg TABLET ^{MO}	1	
ondansetron 4 mg TABLET, DISINTEGRATING ^{MO}	1	BvsD
ondansetron 8 mg TABLET, DISINTEGRATING ^{MO}	1	BvsD
ondansetron hcl 2 mg/ml SOLUTION ^{MO}	1	
ondansetron hcl 4 mg TABLET ^{MO}	1	BvsD
ondansetron hcl 4 mg/5 ml SOLUTION ^{MO}	1	BvsD,QL(450 per 30 days)
ondansetron hcl 8 mg TABLET ^{MO}	1	BvsD
ondansetron hcl (pf) 4 mg/2 ml SOLUTION ^{MO}	1	
ondansetron hcl (pf) 4 mg/2 ml SYRINGE ^{MO}	1	
prochlorperazine 25 mg SUPPOSITORY ^{MO}	1	
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION ^{MO}	1	
prochlorperazine maleate 10 mg, 5 mg TABLET ^{MO}	1	BvsD
promethazine 12.5 mg, 50 mg TABLET ^{MO}	1	
promethazine 25 mg TABLET ^{MO}	1	
scopolamine base 1 mg over 3 days PATCH, 3 DAY ^{MO}	1	QL(10 per 30 days)
ANTIFUNGALS - Drugs used to treat fungal infections		
ABELCET 5 MG/ML SUSPENSION ^{MO}	1	BvsD
amphotericin b 50 mg RECON SOLUTION ^{MO}	1	BvsD
amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION ^{DL}	1	BvsD
caspofungin 50 mg, 70 mg RECON SOLUTION ^{MO}	1	
cycladan 8 % SOLUTION ^{MO}	1	QL(13.2 per 30 days)
ciclopirox 0.77 % CREAM ^{MO}	1	QL(90 per 30 days)

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ciclopirox 0.77 % GEL ^{MO}	1	QL(100 per 30 days)
ciclopirox 0.77 % SUSPENSION ^{MO}	1	QL(60 per 30 days)
ciclopirox 8 % SOLUTION ^{MO}	1	QL(13.2 per 30 days)
clotrimazole 1 % CREAM ^{MO}	1	
clotrimazole 1 % SOLUTION ^{MO}	1	
clotrimazole 10 mg TROCHE ^{MO}	1	
clotrimazole-betamethasone 1-0.05 % CREAM ^{MO}	1	QL(180 per 30 days)
clotrimazole-betamethasone 1-0.05 % LOTION ^{MO}	1	QL(90 per 28 days)
fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION ^{MO}	1	
fluconazole 100 mg, 200 mg, 50 mg TABLET ^{MO}	1	
fluconazole 150 mg TABLET ^{MO}	1	
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK ^{MO}	1	
flucytosine 250 mg, 500 mg CAPSULE ^{DL}	1	
griseofulvin microsize 125 mg/5 ml SUSPENSION ^{MO}	1	
griseofulvin microsize 500 mg TABLET ^{MO}	1	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET ^{MO}	1	
itraconazole 100 mg CAPSULE ^{MO}	1	QL(120 per 30 days)
ketoconazole 2 % CREAM ^{MO}	1	QL(60 per 30 days)
ketoconazole 2 % SHAMPOO ^{MO}	1	QL(120 per 30 days)
ketoconazole 200 mg TABLET ^{MO}	1	PA
klayesta 100,000 unit/gram POWDER ^{MO}	1	PA
micafungin 100 mg, 50 mg RECON SOLUTION ^{MO}	1	
MICAFUNGIN IN 0.9 % SODIUM CHL 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML PIGGYBACK ^{DL}	1	
micafungin in 0.9 % sodium chl 150 mg/150 ml PIGGYBACK ^{DL}	1	
miconazole-3 200 mg SUPPOSITORY ^{MO}	1	
nyamyc 100,000 unit/gram POWDER ^{MO}	1	PA
nystatin 100,000 unit/gram CREAM ^{MO}	1	
nystatin 100,000 unit/gram OINTMENT ^{MO}	1	
nystatin 100,000 unit/gram POWDER ^{MO}	1	PA
nystatin 100,000 unit/ml SUSPENSION ^{MO}	1	
nystatin 500,000 unit TABLET ^{MO}	1	
nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM ^{MO}	1	
nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT ^{MO}	1	

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nystop 100,000 unit/gram POWDER ^{MO}	1	PA
posaconazole 100 mg TABLET, DR/EC ^{DL}	1	PA
posaconazole 300 mg/16.7 ml SOLUTION ^{DL}	1	PA
terbinafine hcl 250 mg TABLET ^{MO}	1	
terconazole 0.4 %, 0.8 % CREAM ^{MO}	1	
terconazole 80 mg SUPPOSITORY ^{MO}	1	
voriconazole 200 mg RECON SOLUTION ^{MO}	1	PA
voriconazole 200 mg, 50 mg TABLET ^{MO}	1	PA,QL(120 per 30 days)
voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION ^{DL}	1	PA,QL(400 per 30 days)
ANTIGOUT AGENTS - Drugs used to treat gout		
allopurinol 100 mg, 300 mg TABLET ^{MO}	1	
colchicine 0.6 mg TABLET ^{MO}	1	QL(120 per 30 days)
febuxostat 40 mg, 80 mg TABLET ^{MO}	1	ST,QL(30 per 30 days)
probenecid 500 mg TABLET ^{MO}	1	
probenecid-colchicine 500-0.5 mg TABLET ^{MO}	1	
ANTIMIGRAINE AGENTS - Drugs used to treat headaches		
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL ^{DL}	1	PA,QL(8 per 30 days)
EMGALITY PEN 120 MG/ML PEN INJECTOR ^{MO}	1	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE ^{MO}	1	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE ^{MO}	1	PA,QL(3 per 30 days)
ergotamine-caffeine 1-100 mg TABLET ^{MO}	1	QL(40 per 30 days)
naratriptan 1 mg, 2.5 mg TABLET ^{MO}	1	QL(9 per 30 days)
QUILPTA 10 MG, 30 MG, 60 MG TABLET ^{MO}	1	PA,QL(30 per 30 days)
rizatriptan 10 mg, 5 mg TABLET ^{MO}	1	QL(12 per 30 days)
rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING ^{MO}	1	QL(12 per 30 days)
sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL ^{MO}	1	QL(12 per 30 days)
sumatriptan succinate 100 mg, 25 mg, 50 mg TABLET ^{MO}	1	QL(9 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml CARTRIDGE ^{MO}	1	QL(6 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml PEN INJECTOR ^{MO}	1	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SOLUTION ^{MO}	1	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SYRINGE ^{MO}	1	QL(6 per 30 days)
UBRELVY 100 MG, 50 MG TABLET ^{MO}	1	PA,QL(16 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on (tier level) use
ANTIMYASTHENIC AGENTS - Drugs used to strengthen muscles		
pyridostigmine bromide 30 mg, 60 mg TABLET ^{MO}	1	
VYVGART 20 MG/ML SOLUTION ^{DL}	1	PA
VYVGART HYTRULO 1,000 MG-10,000 UNIT/5 ML SYRINGE ^{DL}	1	PA,QL(20 per 28 days)
VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML SOLUTION ^{DL}	1	PA,QL(22.4 per 28 days)
ANTIMYCOBACTERIALS - Drugs used to treat some infections, such as tuberculosis		
dapsone 100 mg, 25 mg TABLET ^{MO}	1	
ethambutol 100 mg, 400 mg TABLET ^{MO}	1	
isoniazid 100 mg, 300 mg TABLET ^{MO}	1	
isoniazid 100 mg/ml SOLUTION ^{MO}	1	
isoniazid 50 mg/5 ml SOLUTION ^{MO}	1	
PRIFTIN 150 MG TABLET ^{MO}	1	
pyrazinamide 500 mg TABLET ^{MO}	1	
rifabutin 150 mg CAPSULE ^{MO}	1	
rifampin 150 mg, 300 mg CAPSULE ^{MO}	1	
rifampin 600 mg RECON SOLUTION ^{MO}	1	
SIRTURO 100 MG, 20 MG TABLET ^{DL}	1	PA
TRECATOR 250 MG TABLET ^{MO}	1	
ANTINEOPLASTICS - Drugs used to treat cancer		
abiraterone 250 mg TABLET ^{DL}	1	PA,QL(120 per 30 days)
abiraterone 500 mg TABLET ^{DL}	1	PA,QL(60 per 30 days)
abirtega 250 mg TABLET ^{MO}	1	PA,QL(120 per 30 days)
ADCETRIS 50 MG RECON SOLUTION ^{DL}	1	PA
ADRIAMYCIN 50 MG RECON SOLUTION ^{MO}	1	BvsD
AKEEGA 100-500 MG, 50-500 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
ALECENSA 150 MG CAPSULE ^{DL}	1	PA,QL(240 per 30 days)
ALIQOPA 60 MG RECON SOLUTION ^{DL}	1	PA,QL(3 per 28 days)
ALUNBRIG 180 MG, 90 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET ^{DL}	1	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK ^{DL}	1	PA,QL(30 per 30 days)
anastrozole 1 mg TABLET ^{MO}	1	QL(30 per 30 days)
ANKTIVA 400 MCG/0.4 ML SOLUTION ^{DL}	1	PA
ARRANON 250 MG/50 ML SOLUTION ^{DL}	1	
arsenic trioxide 1 mg/ml, 2 mg/ml SOLUTION ^{DL}	1	PA
ASPARLAS 750 UNIT/ML SOLUTION ^{DL}	1	PA
AUGTYRO 160 MG CAPSULE ^{DL}	1	PA,QL(60 per 30 days)

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AUGTYRO 40 MG CAPSULE ^{DL}	1	PA,QL(240 per 30 days)
AVMAPKI-FAKZYNJA 0.8-200 MG COMBO PACK ^{DL}	1	PA,QL(66 per 28 days)
AXTLE 100 MG, 500 MG RECON SOLUTION ^{DL}	1	PA
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
azacitidine 100 mg RECON SOLUTION ^{DL}	1	PA
BALVERSA 3 MG TABLET ^{DL}	1	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION ^{DL}	1	PA
BELEODAQ 500 MG RECON SOLUTION ^{DL}	1	PA
bendamustine 100 mg, 25 mg RECON SOLUTION ^{DL}	1	PA
BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION ^{DL}	1	PA
bexarotene 1 % GEL ^{DL}	1	PA,QL(240 per 30 days)
bexarotene 75 mg CAPSULE ^{DL}	1	PA,QL(300 per 30 days)
bicalutamide 50 mg TABLET ^{MO}	1	QL(30 per 30 days)
BICNU 100 MG RECON SOLUTION ^{MO}	1	
BIZENGRI 375 MG/18.75 ML (20 MG/ML) SOLUTION ^{DL}	1	PA,QL(75 per 28 days)
bleomycin 15 unit, 30 unit RECON SOLUTION ^{MO}	1	BvsD
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION ^{DL}	1	PA
bortezomib 3.5 mg RECON SOLUTION ^{DL}	1	PA
BOSULIF 100 MG CAPSULE ^{DL}	1	PA,QL(180 per 30 days)
BOSULIF 100 MG TABLET ^{DL}	1	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
BOSULIF 50 MG CAPSULE ^{DL}	1	PA,QL(360 per 30 days)
BRAFTOVI 75 MG CAPSULE ^{DL}	1	PA,QL(180 per 30 days)
BRUKINSA 80 MG CAPSULE ^{DL}	1	PA,QL(120 per 30 days)
busulfan 60 mg/10 ml SOLUTION ^{MO}	1	
BUSULFEX 60 MG/10 ML SOLUTION ^{MO}	1	
CABOMETYX 20 MG, 40 MG, 60 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
CAPRELSA 100 MG TABLET ^{DL,LA}	1	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET ^{DL,LA}	1	PA,QL(30 per 30 days)
carboplatin 10 mg/ml SOLUTION ^{MO}	1	
carmustine 100 mg RECON SOLUTION ^{MO}	1	
cisplatin 1 mg/ml SOLUTION ^{MO}	1	
cladribine 10 mg/10 ml SOLUTION ^{DL}	1	BvsD

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clofarabine 1 mg/ml SOLUTION ^{DL}	1	
CLOLAR 1 MG/ML SOLUTION ^{DL}	1	
COLUMVI 1 MG/ML SOLUTION ^{DL}	1	PA
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE ^{DL}	1	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE ^{DL}	1	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE ^{DL}	1	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE ^{DL}	1	PA,QL(56 per 28 days)
COSMEGEN 0.5 MG RECON SOLUTION ^{DL}	1	
COTELLIC 20 MG TABLET ^{DL}	1	PA,QL(63 per 28 days)
cyclophosphamide 1 gram, 2 gram, 500 mg RECON SOLUTION ^{MO}	1	BvsD
CYCLOPHOSPHAMIDE 100 MG/ML, 200 MG/ML SOLUTION ^{MO}	1	BvsD
cyclophosphamide 200 mg/ml SOLUTION ^{MO}	1	BvsD
cyclophosphamide 25 mg, 50 mg CAPSULE ^{MO}	1	BvsD
cyclophosphamide 25 mg, 50 mg TABLET ^{MO}	1	BvsD
CYRAMZA 10 MG/ML SOLUTION ^{DL}	1	PA
cytarabine 20 mg/ml SOLUTION ^{MO}	1	BvsD
cytarabine (pf) 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml SOLUTION ^{MO}	1	BvsD
dacarbazine 100 mg, 200 mg RECON SOLUTION ^{MO}	1	
dactinomycin 0.5 mg RECON SOLUTION ^{DL}	1	
DANYELZA 4 MG/ML SOLUTION ^{DL}	1	PA,QL(120 per 28 days)
DANZITEN 71 MG, 95 MG TABLET ^{DL}	1	PA,QL(120 per 30 days)
DARZALEX 20 MG/ML SOLUTION ^{DL}	1	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION ^{DL}	1	PA
dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET ^{DL}	1	PA,QL(60 per 30 days)
dasatinib 140 mg TABLET ^{DL}	1	PA,QL(30 per 30 days)
dasatinib 20 mg TABLET ^{DL}	1	PA,QL(90 per 30 days)
DATROWAY 100 MG RECON SOLUTION ^{DL}	1	PA
daunorubicin 5 mg/ml SOLUTION ^{MO}	1	
DAURISMO 100 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
decitabine 50 mg RECON SOLUTION ^{DL}	1	PA
dexrazoxane hcl 250 mg, 500 mg RECON SOLUTION ^{MO}	1	
docetaxel 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml) SOLUTION ^{MO}	1	

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doxorubicin 10 mg, 50 mg RECON SOLUTION ^{MO}	1	BvsD
doxorubicin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION ^{MO}	1	BvsD
doxorubicin, peg-liposomal 2 mg/ml SUSPENSION ^{DL}	1	PA
ELAHERE 5 MG/ML SOLUTION ^{DL}	1	PA
ELREXFIO 40 MG/ML SOLUTION ^{DL}	1	PA
ELZONRIS 1,000 MCG/ML SOLUTION ^{DL}	1	PA,QL(10 per 21 days)
EMCYT 140 MG CAPSULE ^{DL}	1	
EMPLICITI 300 MG, 400 MG RECON SOLUTION ^{DL}	1	PA
EMRELIS 100 MG, 20 MG RECON SOLUTION ^{DL}	1	PA
ENHERTU 100 MG RECON SOLUTION ^{DL}	1	PA
epirubicin 200 mg/100 ml, 50 mg/25 ml SOLUTION ^{MO}	1	
EPKINLY 4 MG/0.8 ML, 48 MG/0.8 ML SOLUTION ^{DL}	1	PA
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION ^{DL}	1	PA
eribulin 1 mg/2 ml (0.5 mg/ml) SOLUTION ^{DL}	1	
ERIVEDGE 150 MG CAPSULE ^{DL}	1	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
ERLEADA 60 MG TABLET ^{DL}	1	PA,QL(120 per 30 days)
erlotinib 100 mg, 150 mg TABLET ^{DL}	1	PA,QL(30 per 30 days)
erlotinib 25 mg TABLET ^{DL}	1	PA,QL(90 per 30 days)
ETOPOPHOS 100 MG RECON SOLUTION ^{MO}	1	
etoposide 20 mg/ml SOLUTION ^{MO}	1	
EULEXIN 125 MG CAPSULE ^{DL}	1	PA
everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET ^{DL}	1	PA,QL(30 per 30 days)
everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION ^{DL}	1	PA
EVOMELA 50 MG RECON SOLUTION ^{DL}	1	
exemestane 25 mg TABLET ^{MO}	1	QL(60 per 30 days)
EXKIVITY 40 MG CAPSULE ^{DL}	1	PA,QL(120 per 30 days)
flouxuridine 0.5 gram RECON SOLUTION ^{MO}	1	BvsD
fludarabine 50 mg RECON SOLUTION ^{MO}	1	
fludarabine 50 mg/2 ml SOLUTION ^{DL}	1	
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION ^{MO}	1	BvsD
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) SOLUTION ^{DL}	1	PA
FOTIVDA 0.89 MG, 1.34 MG CAPSULE ^{DL}	1	PA,QL(21 per 28 days)

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FRUZAQLA 1 MG CAPSULE ^{DL}	1	PA,QL(84 per 28 days)
FRUZAQLA 5 MG CAPSULE ^{DL}	1	PA,QL(21 per 28 days)
FYARRO 100 MG SUSPENSION FOR RECONSTITUTION ^{DL}	1	PA
GAVRETO 100 MG CAPSULE ^{DL,LA}	1	PA,QL(120 per 30 days)
GAZYVA 1,000 MG/40 ML SOLUTION ^{DL}	1	PA,QL(120 per 28 days)
gefitinib 250 mg TABLET ^{DL}	1	PA
gemcitabine 1 gram, 2 gram, 200 mg RECON SOLUTION ^{MO}	1	
gemcitabine 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml) SOLUTION ^{MO}	1	
GILOTRIF 20 MG, 30 MG, 40 MG TABLET ^{DL,LA}	1	PA,QL(30 per 30 days)
GLEOSTINE 10 MG CAPSULE ^{MO}	1	PA
GLEOSTINE 100 MG CAPSULE ^{DL}	1	PA
GLEOSTINE 40 MG CAPSULE	1	PA
GOMEKLI 1 MG TABLET FOR SUSPENSION ^{DL}	1	PA
GOMEKLI 1 MG, 2 MG CAPSULE ^{DL}	1	PA
GRAFAPEX 1 GRAM, 5 GRAM RECON SOLUTION ^{DL}	1	
HALAVEN 1 MG/2 ML (0.5 MG/ML) SOLUTION ^{DL}	1	
hydroxyurea 500 mg CAPSULE ^{MO}	1	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE ^{DL}	1	PA,QL(21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET ^{DL}	1	PA,QL(21 per 28 days)
IBTROZI 200 MG CAPSULE ^{DL}	1	PA,QL(90 per 30 days)
ICLUSIG 10 MG, 30 MG, 45 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
idarubicin 1 mg/ml SOLUTION ^{DL}	1	
IDHIFA 100 MG, 50 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
ifosfamide 1 gram, 3 gram RECON SOLUTION ^{MO}	1	
ifosfamide 1 gram/20 ml, 3 gram/60 ml SOLUTION ^{MO}	1	
imatinib 100 mg TABLET ^{DL}	1	PA,QL(90 per 30 days)
imatinib 400 mg TABLET ^{DL}	1	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE ^{DL}	1	PA,QL(120 per 30 days)
IMBRUVICA 420 MG TABLET ^{DL}	1	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE ^{DL}	1	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML SUSPENSION ^{DL}	1	PA
IMDELLTRA 1 MG, 10 MG RECON SOLUTION ^{DL}	1	PA
IMFINZI 50 MG/ML SOLUTION ^{DL}	1	PA
IMJUDO 20 MG/ML SOLUTION ^{DL}	1	PA

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IMKELDI 80 MG/ML SOLUTION ^{DL}	1	PA,QL(300 per 30 days)
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION ^{DL}	1	PA,QL(4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION ^{DL}	1	PA,QL(8 per 28 days)
INLYTA 1 MG TABLET ^{DL}	1	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET ^{DL}	1	PA,QL(120 per 30 days)
INQOVI 35-100 MG TABLET ^{DL}	1	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE ^{DL}	1	PA,QL(120 per 30 days)
irinotecan 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml SOLUTION ^{MO}	1	
ISTODAX 10 MG/2 ML RECON SOLUTION ^{DL}	1	PA
ITOVEBI 3 MG TABLET ^{DL}	1	PA,QL(56 per 28 days)
ITOVEBI 9 MG TABLET ^{DL}	1	PA,QL(28 per 28 days)
IVRA 90 MG/ML SOLUTION ^{DL}	1	
IWILFIN 192 MG TABLET ^{DL}	1	PA,QL(240 per 30 days)
IXEMTRA 15 MG, 45 MG RECON SOLUTION ^{DL}	1	PA
JAKAFTI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET ^{DL}	1	PA,QL(90 per 30 days)
JEMPERLI 50 MG/ML SOLUTION	1	PA,QL(20 per 42 days)
JEVTANA 10 MG/ML (FIRST DILUTION) SOLUTION ^{DL}	1	PA
KADCYLA 100 MG, 160 MG RECON SOLUTION ^{DL}	1	PA
KANJINTI 150 MG, 420 MG RECON SOLUTION ^{DL}	1	PA
KEYTRUDA 25 MG/ML SOLUTION ^{DL}	1	PA
KIMMTRAK 100 MCG/0.5 ML SOLUTION ^{DL}	1	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET ^{DL}	1	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET ^{DL}	1	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET ^{DL}	1	PA,QL(63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET ^{DL}	1	PA,QL(49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET ^{DL}	1	PA,QL(70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET ^{DL}	1	PA,QL(91 per 28 days)
KOSELUGO 10 MG CAPSULE ^{DL}	1	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE ^{DL}	1	PA,QL(120 per 30 days)
KRAZATI 200 MG TABLET ^{DL}	1	PA,QL(180 per 30 days)
KYPROLIS 10 MG RECON SOLUTION ^{DL}	1	PA,QL(6 per 28 days)
KYPROLIS 30 MG RECON SOLUTION ^{DL}	1	PA,QL(3 per 28 days)

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KYPROLIS 60 MG RECON SOLUTION ^{DL}	1	PA,QL(12 per 28 days)
lapatinib 250 mg TABLET ^{DL}	1	PA,QL(180 per 30 days)
LAZCLUZE 240 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
LAZCLUZE 80 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE ^{DL}	1	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE ^{DL}	1	PA,QL(30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE ^{DL}	1	PA,QL(90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE ^{DL}	1	PA,QL(60 per 30 days)
letrozole 2.5 mg TABLET ^{MO}	1	QL(30 per 30 days)
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET ^{MO}	1	
leucovorin calcium 10 mg/ml SOLUTION ^{MO}	1	
leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION ^{MO}	1	
LEUKERAN 2 MG TABLET ^{DL}	1	
levoleucovorin calcium 10 mg/ml SOLUTION ^{MO}	1	PA
levoleucovorin calcium 50 mg RECON SOLUTION ^{MO}	1	PA
LEVULAN 20 % SOLUTION ^{MO}	1	
LIBTAYO 50 MG/ML SOLUTION ^{DL}	1	PA,QL(7 per 21 days)
LONSURF 15-6.14 MG TABLET ^{DL}	1	PA,QL(100 per 30 days)
LONSURF 20-8.19 MG TABLET ^{DL}	1	PA,QL(80 per 30 days)
LOQTORZI 240 MG/6 ML (40 MG/ML) SOLUTION ^{DL}	1	PA
LORBRENA 100 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET ^{DL}	1	PA,QL(90 per 30 days)
LUMAKRAS 120 MG TABLET ^{DL}	1	PA,QL(240 per 30 days)
LUMAKRAS 240 MG TABLET ^{DL}	1	PA,QL(120 per 30 days)
LUMAKRAS 320 MG TABLET ^{DL}	1	PA,QL(90 per 30 days)
LUNSUMIO 1 MG/ML SOLUTION ^{DL}	1	PA
LYNPARZA 100 MG, 150 MG TABLET ^{DL}	1	PA,QL(120 per 30 days)
LYSODREN 500 MG TABLET ^{DL}	1	
LYTGEOBI 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) TABLET ^{DL}	1	PA,QL(140 per 28 days)
MARGENZA 25 MG/ML SOLUTION ^{DL}	1	PA
MATULANE 50 MG CAPSULE ^{DL}	1	
MEKINIST 0.05 MG/ML RECON SOLUTION ^{DL}	1	PA,QL(1170 per 28 days)
MEKINIST 0.5 MG TABLET ^{DL}	1	PA,QL(120 per 30 days)

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MEKINIST 2 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET ^{DL}	1	PA,QL(180 per 30 days)
melphalan 2 mg TABLET ^{MO}	1	BvsD
melphalan hcl 50 mg RECON SOLUTION ^{MO}	1	
mercaptopurine 20 mg/ml SUSPENSION ^{DL}	1	
mercaptopurine 50 mg TABLET ^{MO}	1	
mesna 400 mg TABLET ^{DL}	1	
MESNEX 400 MG TABLET ^{DL}	1	
mitomycin 20 mg, 40 mg, 5 mg RECON SOLUTION ^{DL}	1	
mitoxantrone 2 mg/ml CONCENTRATE ^{MO}	1	
MUTAMYCIN 20 MG, 40 MG, 5 MG RECON SOLUTION ^{DL}	1	
MVASI 25 MG/ML SOLUTION ^{DL}	1	PA
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONC) RECON SOLUTION ^{DL}	1	PA
nelarabine 250 mg/50 ml SOLUTION ^{DL}	1	
NERLYNX 40 MG TABLET ^{DL}	1	PA,QL(180 per 30 days)
nilotinib hcl 150 mg, 200 mg, 50 mg CAPSULE ^{DL}	1	PA,QL(120 per 30 days)
nilotinib tartrate 150 mg, 200 mg, 50 mg CAPSULE ^{DL}	1	PA,QL(120 per 30 days)
nilutamide 150 mg TABLET ^{DL}	1	QL(60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE ^{DL}	1	PA,QL(3 per 28 days)
NIPENT 10 MG RECON SOLUTION ^{DL}	1	
NUBEQA 300 MG TABLET ^{DL}	1	PA,QL(120 per 30 days)
ODOMZO 200 MG CAPSULE ^{DL}	1	PA,QL(30 per 30 days)
OGSIVEO 100 MG, 150 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
OGSIVEO 50 MG TABLET ^{DL}	1	PA,QL(180 per 30 days)
OJEMDA 25 MG/ML SUSPENSION FOR RECONSTITUTION ^{DL}	1	PA,QL(96 per 28 days)
OJEMDA 400 MG/WEEK (100 MG X 4) TABLET ^{DL}	1	PA,QL(16 per 28 days)
OJEMDA 500 MG/WEEK (100 MG X 5) TABLET ^{DL}	1	PA,QL(20 per 28 days)
OJEMDA 600 MG/WEEK (100 MG X 6) TABLET ^{DL}	1	PA,QL(24 per 28 days)
OJJAARA 100 MG, 150 MG, 200 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
ONCASPAR 750 UNIT/ML SOLUTION ^{DL}	1	PA
ONIVYDE 4.3 MG/ML DISPERSION ^{DL}	1	PA
ONUREG 200 MG, 300 MG TABLET ^{DL}	1	PA,QL(14 per 28 days)
OPDIVO 100 MG/10 ML SOLUTION ^{DL}	1	PA,QL(40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION ^{DL}	1	PA,QL(48 per 28 days)
OPDIVO 40 MG/4 ML SOLUTION ^{DL}	1	PA,QL(16 per 28 days)
OPDIVO QVANTIG 600 MG-10,000 UNIT/5 ML SOLUTION ^{DL}	1	PA,QL(10 per 28 days)

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OPDUALAG 240-80 MG/20 ML SOLUTION ^{DL}	1	PA,QL(40 per 28 days)
ORGOVYX 120 MG TABLET ^{DL}	1	PA,QL(32 per 30 days)
ORSERDU 345 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
ORSERDU 86 MG TABLET ^{DL}	1	PA,QL(90 per 30 days)
oxaliplatin 100 mg, 50 mg RECON SOLUTION ^{MO}	1	
oxaliplatin 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml) SOLUTION ^{MO}	1	
paclitaxel 6 mg/ml CONCENTRATE ^{MO}	1	
paclitaxel protein-bound 100 mg SUSPENSION FOR RECONSTITUTION ^{DL}	1	PA
PADCEV 20 MG RECON SOLUTION ^{DL}	1	PA,QL(21 per 28 days)
PADCEV 30 MG RECON SOLUTION ^{DL}	1	PA,QL(15 per 28 days)
PANRETIN 0.1 % GEL ^{DL}	1	PA
paraplatin 10 mg/ml SOLUTION ^{MO}	1	
pazopanib 200 mg TABLET ^{DL}	1	PA,QL(120 per 30 days)
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET ^{DL}	1	PA,QL(28 per 28 days)
pemetrexed 1 gram, 100 mg, 500 mg RECON SOLUTION ^{DL}	1	PA
pemetrexed 25 mg/ml SOLUTION ^{DL}	1	PA,QL(120 per 21 days)
pemetrexed disodium 1,000 mg, 100 mg, 500 mg, 750 mg RECON SOLUTION ^{DL}	1	PA
pemetrexed disodium 25 mg/ml SOLUTION ^{DL}	1	PA
PEMRYDI RTU 10 MG/ML SOLUTION ^{DL}	1	PA
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION ^{DL}	1	PA
PIQRAY 200 MG/DAY (200 MG X 1) TABLET ^{DL}	1	PA,QL(28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET ^{DL}	1	PA,QL(56 per 28 days)
POLIVY 140 MG RECON SOLUTION ^{DL}	1	PA,QL(2 per 21 days)
POLIVY 30 MG RECON SOLUTION ^{DL}	1	PA,QL(8 per 21 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE ^{DL}	1	PA,QL(21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) SOLUTION ^{DL}	1	PA,QL(100 per 21 days)
POTELIGEO 4 MG/ML SOLUTION ^{DL}	1	PA
pralatrexate 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION ^{DL}	1	PA
PURIXAN 20 MG/ML SUSPENSION ^{DL}	1	
QINLOCK 50 MG TABLET ^{DL}	1	PA,QL(90 per 30 days)
RETEVMO 120 MG, 160 MG, 80 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
RETEVMO 40 MG CAPSULE ^{DL}	1	PA,QL(180 per 30 days)
RETEVMO 40 MG TABLET ^{DL}	1	PA,QL(90 per 30 days)

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RETEVMO 80 MG CAPSULE ^{DL}	1	PA,QL(120 per 30 days)
REVUFORJ 110 MG, 160 MG, 25 MG TABLET ^{DL}	1	PA
REZLIDHIA 150 MG CAPSULE ^{DL}	1	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION ^{DL}	1	PA
romidepsin 10 mg/2 ml RECON SOLUTION ^{DL}	1	PA
ROMIDEPSIN 5 MG/ML SOLUTION ^{DL}	1	PA
ROMVIMZA 14 MG, 20 MG, 30 MG CAPSULE ^{DL}	1	PA
ROZLYTREK 100 MG CAPSULE ^{DL}	1	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE ^{DL}	1	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET ^{DL}	1	PA,QL(360 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET ^{DL}	1	PA,QL(120 per 30 days)
RUXIENCE 10 MG/ML SOLUTION ^{DL}	1	PA
RYBREVANT 50 MG/ML SOLUTION ^{DL}	1	PA,QL(784 per 365 days)
RYDAPT 25 MG CAPSULE ^{DL}	1	PA,QL(224 per 28 days)
RYLAZE 10 MG/0.5 ML SOLUTION ^{DL}	1	PA
RYTELO 188 MG, 47 MG RECON SOLUTION ^{DL}	1	PA
SARCLISA 20 MG/ML SOLUTION ^{DL}	1	PA
SCEMBLIX 100 MG TABLET ^{DL}	1	PA,QL(120 per 30 days)
SCEMBLIX 20 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET ^{DL}	1	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION ^{DL}	1	
sorafenib 200 mg TABLET ^{DL}	1	PA,QL(120 per 30 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET ^{DL}	1	PA,QL(90 per 30 days)
STIVARGA 40 MG TABLET ^{DL}	1	PA,QL(84 per 28 days)
sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE ^{DL}	1	PA,QL(28 per 28 days)
SYNRIBO 3.5 MG RECON SOLUTION ^{DL}	1	PA
TABLOID 40 MG TABLET ^{MO}	1	
TABRECTA 150 MG, 200 MG TABLET ^{DL}	1	PA,QL(112 per 28 days)
TAFINLAR 10 MG TABLET FOR SUSPENSION ^{DL}	1	PA,QL(840 per 28 days)
TAFINLAR 50 MG CAPSULE ^{DL}	1	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE ^{DL}	1	PA,QL(120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
TALVEY 2 MG/ML, 40 MG/ML SOLUTION ^{DL}	1	PA
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE ^{DL}	1	PA,QL(30 per 30 days)

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TALZENNA 0.25 MG CAPSULE ^{DL}	1	PA,QL(90 per 30 days)
tamoxifen 10 mg, 20 mg TABLET ^{MO}	1	
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE ^{DL}	1	PA,QL(120 per 30 days)
TAZVERIK 200 MG TABLET ^{DL}	1	PA,QL(240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTION ^{DL}	1	PA,QL(20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION ^{DL}	1	PA,QL(28 per 28 days)
TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML SOLUTION ^{DL}	1	PA,QL(15 per 21 days)
TECVAYLI 10 MG/ML, 90 MG/ML SOLUTION ^{DL}	1	PA
temsirolimus 30 mg/3 ml (10 mg/ml) (first) RECON SOLUTION ^{DL}	1	PA,QL(8 per 28 days)
TEPMETKO 225 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
TEVIMBRA 10 MG/ML SOLUTION ^{DL}	1	PA,QL(20 per 21 days)
THALOMID 100 MG, 200 MG, 50 MG CAPSULE ^{DL}	1	PA,QL(30 per 30 days)
THALOMID 150 MG CAPSULE ^{DL}	1	PA,QL(60 per 30 days)
thiotepa 100 mg RECON SOLUTION ^{DL}	1	
thiotepa 15 mg RECON SOLUTION ^{MO}	1	
TIBSOVO 250 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
TIVDAK 40 MG RECON SOLUTION ^{DL}	1	PA,QL(5 per 21 days)
topotecan 4 mg RECON SOLUTION ^{MO}	1	
topotecan 4 mg/4 ml (1 mg/ml) SOLUTION ^{MO}	1	
toremifene 60 mg TABLET ^{DL}	1	QL(30 per 30 days)
torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET ^{DL}	1	PA,QL(30 per 30 days)
TRAZIMERA 150 MG RECON SOLUTION ^{DL}	1	PA
TRAZIMERA 420 MG RECON SOLUTION ^{DL}	1	PA
tretinoin (antineoplastic) 10 mg CAPSULE ^{DL}	1	
TRISENOX 2 MG/ML SOLUTION ^{DL}	1	PA
TRODELVY 180 MG RECON SOLUTION ^{DL}	1	PA
TRUQAP 160 MG, 200 MG TABLET ^{DL}	1	PA,QL(64 per 28 days)
TUKYSA 150 MG TABLET ^{DL}	1	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET ^{DL}	1	PA,QL(300 per 30 days)
TURALIO 125 MG CAPSULE ^{DL,LA}	1	PA,QL(120 per 30 days)
UNITUXIN 3.5 MG/ML SOLUTION ^{DL}	1	PA
VALCHLOR 0.016 % GEL ^{DL}	1	PA,QL(60 per 28 days)
valrubicin 40 mg/ml SOLUTION ^{DL}	1	PA,QL(80 per 28 days)
VALSTAR 40 MG/ML SOLUTION ^{DL}	1	PA,QL(80 per 28 days)
VANFLYTA 17.7 MG, 26.5 MG TABLET ^{DL}	1	PA,QL(56 per 28 days)

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VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) SOLUTION ^{DL}	1	PA
VENCLEXTA 10 MG TABLET ^{MO}	1	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET ^{DL}	1	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET ^{MO}	1	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK ^{DL}	1	PA,QL(42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
vinblastine 1 mg/ml SOLUTION ^{MO}	1	BvsD
vincasar pfs 1 mg/ml, 2 mg/2 ml SOLUTION ^{MO}	1	BvsD
vincristine 1 mg/ml, 2 mg/2 ml SOLUTION ^{MO}	1	BvsD
vinorelbine 10 mg/ml, 50 mg/5 ml SOLUTION ^{MO}	1	
VITRAKVI 100 MG CAPSULE ^{DL}	1	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION ^{DL}	1	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE ^{DL}	1	PA,QL(180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
VONJO 100 MG CAPSULE ^{DL}	1	PA,QL(120 per 30 days)
VORANIGO 10 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
VORANIGO 40 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
VYLOY 100 MG, 300 MG RECON SOLUTION ^{DL}	1	PA
VYXEOS 44-100 MG RECON SOLUTION ^{DL}	1	PA
XALKORI 150 MG PELLET ^{DL}	1	PA,QL(180 per 30 days)
XALKORI 20 MG PELLET ^{DL}	1	PA,QL(120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE ^{DL}	1	PA,QL(120 per 30 days)
XALKORI 50 MG PELLET ^{DL}	1	PA,QL(240 per 30 days)
XOSPATA 40 MG TABLET ^{DL}	1	PA,QL(90 per 30 days)
XPOVIO 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) TABLET ^{DL}	1	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (10 MG X 4) TABLET ^{DL}	1	PA,QL(16 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) TABLET ^{DL}	1	PA,QL(4 per 28 days)
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET ^{DL}	1	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET ^{DL}	1	PA,QL(32 per 28 days)
XTANDI 40 MG CAPSULE ^{DL}	1	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET ^{DL}	1	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)

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YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION ^{DL}	1	PA
YONDELIS 1 MG RECON SOLUTION ^{DL}	1	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) SOLUTION ^{DL}	1	PA
ZANOSAR 1 GRAM RECON SOLUTION ^{MO}	1	
ZEJULA 100 MG CAPSULE ^{DL}	1	PA,QL(90 per 30 days)
ZEJULA 100 MG, 200 MG, 300 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET ^{DL}	1	PA,QL(240 per 30 days)
ZEPZELCA 4 MG RECON SOLUTION ^{DL}	1	PA
ZIIHERA 300 MG RECON SOLUTION ^{DL}	1	PA
ZIRABEV 25 MG/ML SOLUTION ^{DL}	1	PA
ZOLINZA 100 MG CAPSULE ^{DL}	1	PA,QL(120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
ZYKADIA 150 MG TABLET ^{DL}	1	PA,QL(150 per 30 days)
ZYNLONTA 10 MG RECON SOLUTION ^{DL}	1	PA
ZYNYZ 500 MG/20 ML SOLUTION ^{DL}	1	PA,QL(20 per 28 days)
ANTIPARASITICS - Drugs used to treat parasite infections		
albendazole 200 mg TABLET ^{MO}	1	
atovaquone 750 mg/5 ml SUSPENSION ^{MO}	1	
atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET ^{MO}	1	
chloroquine phosphate 250 mg, 500 mg TABLET ^{MO}	1	
COARTEM 20-120 MG TABLET ^{MO}	1	QL(24 per 30 days)
hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET ^{MO}	1	
hydroxychloroquine 200 mg TABLET ^{MO}	1	
ivermectin 3 mg, 6 mg TABLET ^{MO}	1	
LAMPIT 120 MG, 30 MG TABLET ^{MO}	1	
mefloquine 250 mg TABLET ^{MO}	1	
nitazoxanide 500 mg TABLET ^{DL}	1	
pentamidine 300 mg RECON SOLUTION ^{MO}	1	
pentamidine 300 mg RECON SOLUTION ^{MO}	1	BvsD
praziquantel 600 mg TABLET ^{MO}	1	
primaquine 26.3 mg (15 mg base) TABLET ^{MO}	1	
pyrimethamine 25 mg TABLET ^{DL}	1	QL(90 per 30 days)
quinine sulfate 324 mg CAPSULE ^{MO}	1	PA,QL(42 per 7 days)

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ANTIPARKINSON AGENTS - Drugs used to treat Parkinson's disease		
amantadine hcl 100 mg CAPSULE ^{MO}	1	
amantadine hcl 50 mg/5 ml SOLUTION ^{MO}	1	
benztropine 0.5 mg, 1 mg, 2 mg TABLET ^{MO}	1	
benztropine 1 mg/ml SOLUTION ^{MO}	1	
bromocriptine 2.5 mg TABLET ^{MO}	1	
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING ^{MO}	1	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET ^{MO}	1	
carbidopa-levodopa 25-100 mg TABLET ^{MO}	1	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER ^{MO}	1	
carbidopa-levodopa-entacapone 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg TABLET ^{MO}	1	
entacapone 200 mg TABLET ^{MO}	1	QL(300 per 30 days)
INBRIJA 42 MG CAPSULE ^{DL}	1	PA,QL(300 per 30 days)
INBRIJA 42 MG CAPSULE, W/INHALATION DEVICE ^{DL}	1	PA,QL(300 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET ^{MO}	1	
rasagiline 0.5 mg, 1 mg TABLET ^{MO}	1	QL(30 per 30 days)
ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET ^{MO}	1	
RYTARY 23.75-95 MG, 48.75-195 MG CAPSULE, ER ^{MO}	1	ST,QL(360 per 30 days)
RYTARY 36.25-145 MG CAPSULE, ER ^{MO}	1	ST,QL(270 per 30 days)
RYTARY 61.25-245 MG CAPSULE, ER ^{MO}	1	ST,QL(300 per 30 days)
selegiline hcl 5 mg CAPSULE ^{MO}	1	
selegiline hcl 5 mg TABLET ^{MO}	1	
trihexyphenidyl 0.4 mg/ml ELIXIR ^{MO}	1	
trihexyphenidyl 2 mg, 5 mg TABLET ^{MO}	1	
ANTIPSYCHOTICS - Drugs used to treat mood and psychological conditions		
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, ER, SYRINGE	1	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE	1	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON ^{DL}	1	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE ^{DL}	1	QL(1 per 28 days)
ariPIPRAZOLE 1 mg/ml SOLUTION ^{MO}	1	QL(750 per 30 days)
ariPIPRAZOLE 10 mg, 15 mg TABLET, DISINTEGRATING ^{MO}	1	QL(60 per 30 days)
ariPIPRAZOLE 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET ^{MO}	1	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE	1	QL(3.9 per 56 days)

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ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE ^{DL}	1	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE ^{DL}	1	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE ^{DL}	1	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE ^{DL}	1	QL(2.4 per 42 days)
asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET ^{MO}	1	PA,QL(60 per 30 days)
CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE ^{DL}	1	PA,QL(30 per 30 days)
chlorpromazine 10 mg, 25 mg TABLET ^{MO}	1	BvsD
chlorpromazine 100 mg, 200 mg, 50 mg TABLET ^{MO}	1	
chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE ^{MO}	1	
chlorpromazine 25 mg/ml SOLUTION ^{MO}	1	
clozapine 100 mg TABLET ^{MO}	1	QL(270 per 30 days)
clozapine 100 mg TABLET, DISINTEGRATING ^{MO}	1	PA,QL(270 per 30 days)
clozapine 12.5 mg TABLET, DISINTEGRATING ^{MO}	1	PA
clozapine 150 mg TABLET, DISINTEGRATING ^{MO}	1	PA,QL(180 per 30 days)
clozapine 200 mg TABLET ^{MO}	1	QL(135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING ^{MO}	1	PA,QL(135 per 30 days)
clozapine 25 mg TABLET ^{MO}	1	QL(1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING ^{MO}	1	PA,QL(1080 per 30 days)
clozapine 50 mg TABLET ^{MO}	1	
droperidol 2.5 mg/ml SOLUTION ^{MO}	1	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
FANAPT 1MG(2)-2MG(2)-4MG(2)-6MG(2) TABLET, DOSE PACK ^{MO}	1	PA,QL(56 per 28 days)
fluphenazine decanoate 25 mg/ml SOLUTION ^{MO}	1	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	1	
fluphenazine hcl 2.5 mg/5 ml ELIXIR ^{MO}	1	
fluphenazine hcl 2.5 mg/ml SOLUTION ^{MO}	1	
fluphenazine hcl 5 mg/ml CONCENTRATE ^{MO}	1	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET ^{MO}	1	
haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION ^{MO}	1	
haloperidol lactate 2 mg/ml CONCENTRATE ^{MO}	1	
haloperidol lactate 5 mg/ml SOLUTION ^{MO}	1	
haloperidol lactate 5 mg/ml SYRINGE ^{MO}	1	
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE	1	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE	1	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE ^{DL}	1	QL(1.5 per 28 days)

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INVEGA SUSTENNA 156 MG/ML SYRINGE ^{DL}	1	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE ^{MO}	1	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE	1	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML SYRINGE	1	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE	1	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML SYRINGE	1	QL(2.63 per 90 days)
loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE ^{MO}	1	
lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET ^{MO}	1	QL(30 per 30 days)
lurasidone 80 mg TABLET ^{MO}	1	QL(60 per 30 days)
LYBALVI 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
molindone 10 mg TABLET ^{MO}	1	PA,QL(240 per 30 days)
molindone 25 mg TABLET ^{MO}	1	PA,QL(270 per 30 days)
molindone 5 mg TABLET ^{MO}	1	PA,QL(360 per 30 days)
NUPLAZID 10 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE ^{DL}	1	PA,QL(30 per 30 days)
olanzapine 10 mg RECON SOLUTION ^{MO}	1	
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET ^{MO}	1	
olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING ^{MO}	1	QL(30 per 30 days)
olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING ^{MO}	1	QL(60 per 30 days)
OPIPZA 10 MG FILM ^{DL}	1	PA,QL(90 per 30 days)
OPIPZA 2 MG FILM ^{DL}	1	PA,QL(30 per 30 days)
OPIPZA 5 MG FILM ^{DL}	1	PA,QL(180 per 30 days)
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR. ^{MO}	1	QL(30 per 30 days)
paliperidone 6 mg TABLET, ER 24 HR. ^{MO}	1	QL(60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET ^{MO}	1	
pimozide 1 mg, 2 mg TABLET ^{MO}	1	
quetiapine 100 mg TABLET ^{MO}	1	QL(90 per 30 days)
quetiapine 150 mg TABLET ^{MO}	1	QL(30 per 30 days)
quetiapine 150 mg TABLET, ER 24 HR. ^{MO}	1	QL(90 per 30 days)
quetiapine 200 mg TABLET ^{MO}	1	QL(120 per 30 days)
quetiapine 200 mg TABLET, ER 24 HR. ^{MO}	1	QL(30 per 30 days)
quetiapine 25 mg, 50 mg TABLET ^{MO}	1	QL(120 per 30 days)
quetiapine 300 mg, 400 mg TABLET ^{MO}	1	QL(60 per 30 days)
quetiapine 300 mg, 400 mg TABLET, ER 24 HR. ^{MO}	1	QL(60 per 30 days)
quetiapine 50 mg TABLET, ER 24 HR. ^{MO}	1	QL(120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)

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RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON ^{MO}	1	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON ^{DL}	1	QL(2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET ^{MO}	1	QL(60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET, DISINTEGRATING ^{MO}	1	ST,QL(60 per 30 days)
risperidone 0.5 mg TABLET ^{MO}	1	QL(120 per 30 days)
risperidone 0.5 mg TABLET, DISINTEGRATING ^{MO}	1	ST,QL(120 per 30 days)
risperidone 1 mg/ml SOLUTION ^{MO}	1	
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR. ^{DL}	1	PA,QL(30 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET ^{MO}	1	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE ^{MO}	1	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET ^{MO}	1	
VERSACLOZ 50 MG/ML SUSPENSION ^{DL}	1	PA,QL(540 per 30 days)
VRAYLAR 1.5 MG (1)- 3 MG (6) CAPSULE, DOSE PACK ^{MO}	1	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE ^{DL}	1	PA,QL(30 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE ^{MO}	1	
ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION ^{MO}	1	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION ^{MO}	1	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION ^{DL}	1	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION ^{DL}	1	QL(1 per 28 days)
ANTISPASTICITY AGENTS - Drugs used to relax muscle spasms		
baclofen 10 mg TABLET ^{MO}	1	
baclofen 20 mg TABLET ^{MO}	1	
baclofen 5 mg TABLET ^{MO}	1	QL(90 per 30 days)
dantrolene 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	1	
tizanidine 2 mg, 4 mg TABLET ^{MO}	1	
ANTIVIRALS - Drugs used to treat infections caused by viruses		
abacavir 20 mg/ml SOLUTION ^{MO}	1	QL(960 per 30 days)
abacavir 300 mg TABLET ^{MO}	1	QL(60 per 30 days)
abacavir-lamivudine 600-300 mg TABLET ^{MO}	1	QL(30 per 30 days)
acyclovir 200 mg CAPSULE ^{MO}	1	
acyclovir 400 mg, 800 mg TABLET ^{MO}	1	
acyclovir 5 % OINTMENT ^{MO}	1	PA,QL(30 per 30 days)
acyclovir sodium 50 mg/ml SOLUTION ^{MO}	1	BvsD

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adefovir 10 mg TABLET ^{MO}	1	
APTIVUS 250 MG CAPSULE ^{DL}	1	QL(120 per 30 days)
atazanavir 150 mg, 200 mg CAPSULE ^{MO}	1	QL(60 per 30 days)
atazanavir 300 mg CAPSULE ^{MO}	1	QL(30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION ^{DL}	1	QL(630 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET ^{DL}	1	QL(30 per 30 days)
CABENUVA 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML SUSPENSION, ER ^{DL}	1	QL(50 per 365 days)
cidofovir 75 mg/ml SOLUTION ^{DL}	1	
CIMDUO 300-300 MG TABLET ^{DL}	1	QL(30 per 30 days)
COMPLERA 200-25-300 MG TABLET ^{DL}	1	QL(30 per 30 days)
darunavir 600 mg TABLET ^{DL}	1	QL(60 per 30 days)
darunavir 800 mg TABLET ^{DL}	1	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET ^{DL}	1	QL(30 per 30 days)
DESCOVY 120-15 MG, 200-25 MG TABLET ^{DL}	1	QL(30 per 30 days)
didanosine 250 mg, 400 mg CAPSULE, DR/EC ^{MO}	1	QL(30 per 30 days)
DOVATO 50-300 MG TABLET ^{DL}	1	QL(30 per 30 days)
EDURANT 25 MG TABLET ^{DL}	1	QL(30 per 30 days)
EDURANT PED 2.5 MG TABLET FOR SUSPENSION ^{DL}	1	QL(180 per 30 days)
efavirenz 200 mg CAPSULE ^{MO}	1	QL(120 per 30 days)
efavirenz 50 mg CAPSULE ^{MO}	1	QL(480 per 30 days)
efavirenz 600 mg TABLET ^{MO}	1	QL(30 per 30 days)
efavirenz-emtricitabin-tenofovir 600-200-300 mg TABLET ^{MO}	1	QL(30 per 30 days)
efavirenz-lamivu-tenofovir disop 400-300-300 mg, 600-300-300 mg TABLET ^{DL}	1	QL(30 per 30 days)
emtricitabine-rilpivirine-tenofovir df 200-25-300 mg TABLET ^{DL}	1	QL(30 per 30 days)
emtricitabine 200 mg CAPSULE ^{MO}	1	QL(30 per 30 days)
emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET ^{MO}	1	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION ^{MO}	1	QL(680 per 28 days)
entecavir 0.5 mg, 1 mg TABLET ^{MO}	1	QL(30 per 30 days)
EPCLUSA 150-37.5 MG PELLETS IN PACKET ^{DL}	1	PA,QL(28 per 28 days)
EPCLUSA 200-50 MG PELLETS IN PACKET ^{DL}	1	PA,QL(56 per 28 days)
EPCLUSA 200-50 MG, 400-100 MG TABLET ^{DL}	1	PA,QL(28 per 28 days)
etravirine 100 mg TABLET ^{DL}	1	QL(120 per 30 days)
etravirine 200 mg TABLET ^{DL}	1	QL(60 per 30 days)

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EVOTAZ 300-150 MG TABLET ^{DL}	1	QL(30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg TABLET ^{MO}	1	QL(90 per 30 days)
fosamprenavir 700 mg TABLET ^{DL}	1	QL(120 per 30 days)
FUZEON 90 MG RECON SOLUTION ^{DL}	1	QL(60 per 30 days)
GENVOYA 150-150-200-10 MG TABLET ^{DL}	1	QL(30 per 30 days)
INTELENCE 25 MG TABLET ^{MO}	1	QL(120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET ^{DL}	1	QL(180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET ^{MO}	1	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET ^{MO}	1	QL(180 per 30 days)
ISENTRESS 400 MG TABLET ^{DL}	1	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET ^{DL}	1	QL(60 per 30 days)
JULUCA 50-25 MG TABLET ^{DL}	1	QL(30 per 30 days)
KALETRA 400-100 MG/5 ML SOLUTION ^{DL}	1	
lamivudine 10 mg/ml SOLUTION ^{MO}	1	QL(900 per 30 days)
lamivudine 100 mg TABLET ^{MO}	1	QL(90 per 30 days)
lamivudine 150 mg TABLET ^{MO}	1	QL(60 per 30 days)
lamivudine 300 mg TABLET ^{MO}	1	QL(30 per 30 days)
lamivudine-zidovudine 150-300 mg TABLET ^{MO}	1	QL(60 per 30 days)
LEXIVA 50 MG/ML SUSPENSION ^{MO}	1	QL(1575 per 28 days)
LIVTENCITY 200 MG TABLET ^{DL}	1	PA,QL(120 per 30 days)
lopinavir-ritonavir 100-25 mg TABLET ^{MO}	1	QL(300 per 30 days)
lopinavir-ritonavir 200-50 mg TABLET ^{MO}	1	QL(150 per 30 days)
lopinavir-ritonavir 400-100 mg/5 ml SOLUTION ^{MO}	1	
maraviroc 150 mg TABLET ^{DL}	1	QL(240 per 30 days)
maraviroc 300 mg TABLET ^{DL}	1	QL(120 per 30 days)
nevirapine 100 mg TABLET, ER 24 HR. ^{MO}	1	QL(120 per 30 days)
nevirapine 200 mg TABLET ^{MO}	1	QL(60 per 30 days)
nevirapine 400 mg TABLET, ER 24 HR. ^{MO}	1	QL(30 per 30 days)
nevirapine 50 mg/5 ml SUSPENSION ^{MO}	1	QL(1200 per 30 days)
NORVIR 100 MG CAPSULE ^{MO}	1	QL(360 per 30 days)
NORVIR 100 MG POWDER IN PACKET ^{MO}	1	QL(360 per 30 days)
ODEFSEY 200-25-25 MG TABLET ^{DL}	1	QL(30 per 30 days)
oseltamivir 30 mg CAPSULE ^{MO}	1	QL(224 per 365 days)
oseltamivir 45 mg, 75 mg CAPSULE ^{MO}	1	QL(112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION ^{MO}	1	QL(1440 per 365 days)
PAXLOVID 150 MG (10)- 100 MG (10) TABLET, DOSE PACK ^{MO}	1	QL(40 per 10 days)

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PAXLOVID 150 MG (6)- 100 MG (5) TABLET, DOSE PACK ^{MO}	1	QL(22 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK ^{MO}	1	QL(60 per 10 days)
PIFELTRO 100 MG TABLET ^{DL}	1	QL(60 per 30 days)
PREVYMIS 120 MG, 20 MG PELLETS IN PACKET ^{DL}	1	PA,QL(120 per 30 days)
PREVYMIS 240 MG TABLET ^{DL}	1	PA,QL(28 per 28 days)
PREVYMIS 480 MG TABLET ^{DL}	1	PA
PREZCOBIX 800-150 MG-MG TABLET ^{DL}	1	QL(30 per 30 days)
PREZISTA 100 MG/ML SUSPENSION ^{DL}	1	QL(360 per 30 days)
PREZISTA 150 MG TABLET ^{DL}	1	QL(240 per 30 days)
PREZISTA 75 MG TABLET ^{MO}	1	QL(480 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE ^{MO}	1	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION ^{MO}	1	
REYATAZ 50 MG POWDER IN PACKET ^{MO}	1	
ribavirin 200 mg CAPSULE ^{MO}	1	
ribavirin 200 mg TABLET ^{MO}	1	
rimantadine 100 mg TABLET ^{MO}	1	
ritonavir 100 mg TABLET ^{MO}	1	QL(360 per 30 days)
RUKOBIA 600 MG TABLET, ER 12 HR. ^{DL}	1	QL(60 per 30 days)
SELZENTRY 20 MG/ML SOLUTION ^{DL}	1	QL(1800 per 30 days)
SELZENTRY 25 MG TABLET ^{MO}	1	QL(240 per 30 days)
SELZENTRY 75 MG TABLET ^{DL}	1	QL(120 per 30 days)
stavudine 15 mg, 20 mg CAPSULE ^{MO}	1	QL(120 per 30 days)
stavudine 30 mg, 40 mg CAPSULE ^{MO}	1	QL(60 per 30 days)
STRIBILD 150-150-200-300 MG TABLET ^{DL}	1	QL(30 per 30 days)
SUNLENCA 300 MG TABLET ^{DL}	1	QL(10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION	1	QL(9 per 365 days)
SYMTUZA 800-150-200-10 MG TABLET ^{DL}	1	QL(30 per 30 days)
tenofovir disoproxil fumarate 300 mg TABLET ^{MO}	1	QL(30 per 30 days)
TIVICAY 10 MG TABLET ^{MO}	1	QL(60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET ^{DL}	1	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION ^{DL}	1	QL(180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET ^{DL}	1	QL(30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION ^{MO}	1	QL(180 per 30 days)
TRIZIVIR 300-150-300 MG TABLET ^{DL}	1	QL(60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION ^{DL}	1	
TYBOST 150 MG TABLET ^{MO}	1	QL(30 per 30 days)

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valacyclovir 1 gram, 500 mg TABLET ^{MO}	1	
valganciclovir 450 mg TABLET ^{MO}	1	QL(120 per 30 days)
valganciclovir 50 mg/ml RECON SOLUTION ^{DL}	1	QL(1056 per 30 days)
VEMLIDY 25 MG TABLET ^{DL}	1	QL(30 per 30 days)
VIRACEPT 250 MG TABLET ^{DL}	1	QL(300 per 30 days)
VIRACEPT 625 MG TABLET ^{DL}	1	QL(120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG TABLET ^{DL}	1	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER ^{DL}	1	QL(240 per 30 days)
VOCABRIA 30 MG TABLET ^{DL}	1	QL(30 per 30 days)
VOSEVI 400-100-100 MG TABLET ^{DL}	1	PA,QL(28 per 28 days)
zidovudine 10 mg/ml SYRUP ^{MO}	1	QL(1680 per 28 days)
zidovudine 100 mg CAPSULE ^{MO}	1	QL(180 per 30 days)
zidovudine 300 mg TABLET ^{MO}	1	QL(60 per 30 days)
ZIRGAN 0.15 % GEL ^{MO}	1	QL(5 per 30 days)
ANXIOLYTICS - Drugs used to treat anxiety		
alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET ^{DL}	1	QL(120 per 30 days)
alprazolam 2 mg TABLET ^{DL}	1	QL(150 per 30 days)
buspirone 10 mg, 5 mg TABLET ^{MO}	1	
buspirone 15 mg, 30 mg, 7.5 mg TABLET ^{MO}	1	
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING ^{DL}	1	
clonazepam 0.5 mg, 1 mg TABLET ^{DL}	1	
clonazepam 2 mg TABLET ^{DL}	1	
clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET ^{DL}	1	
diazepam 10 mg TABLET ^{DL}	1	QL(120 per 30 days)
diazepam 2 mg TABLET ^{DL}	1	QL(90 per 30 days)
diazepam 5 mg TABLET ^{DL}	1	QL(90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION ^{DL}	1	QL(1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE ^{DL}	1	QL(240 per 30 days)
diazepam intensol 5 mg/ml CONCENTRATE ^{DL}	1	QL(240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE ^{MO}	1	
doxepin 10 mg/ml CONCENTRATE ^{MO}	1	
hydroxyzine hcl 10 mg, 50 mg TABLET ^{MO}	1	
hydroxyzine hcl 10 mg/5 ml SOLUTION ^{MO}	1	
hydroxyzine hcl 25 mg TABLET ^{MO}	1	

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lorazepam 0.5 mg, 1 mg TABLET ^{DL}	1	QL(90 per 30 days)
lorazepam 2 mg TABLET ^{DL}	1	QL(150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE ^{DL}	1	QL(150 per 30 days)
lorazepam intensol 2 mg/ml CONCENTRATE ^{DL}	1	QL(150 per 30 days)
BIPOLAR AGENTS - Drugs used to stabilize mood		
lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE ^{MO}	1	
lithium carbonate 300 mg TABLET ^{MO}	1	
lithium carbonate 300 mg, 450 mg TABLET ER ^{MO}	1	
lithium citrate 8 meq/5 ml SOLUTION ^{MO}	1	
BLOOD GLUCOSE REGULATORS - Drugs used to control blood sugar levels		
acarbose 100 mg, 25 mg, 50 mg TABLET ^{MO}	1	
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL ^{MO}	1	
diazoxide 50 mg/ml SUSPENSION ^{DL}	1	
FARXIGA 10 MG, 5 MG TABLET ^{MO}	1	QL(30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN ^{CI,MO}	1	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE ^{CI,MO}	1	
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION ^{CI,MO}	1	
glimepiride 1 mg TABLET ^{MO}	1	
glimepiride 2 mg, 4 mg TABLET ^{MO}	1	
glipizide 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. ^{MO}	1	
glipizide 10 mg, 5 mg TABLET ^{MO}	1	
glipizide 2.5 mg TABLET ^{MO}	1	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET ^{MO}	1	
glyburide 1.25 mg, 2.5 mg, 5 mg TABLET ^{MO}	1	
glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET ^{MO}	1	
glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET ^{MO}	1	
GLYXAMBI 10-5 MG, 25-5 MG TABLET ^{MO}	1	QL(30 per 30 days)
HUMALOG JUNIOR KWIKPEN U-100 100 UNIT/ML INSULIN PEN, HALF-UNIT ^{CI,MO}	1	
HUMALOG KWIKPEN INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) INSULIN PEN ^{CI,MO}	1	
HUMALOG MIX 50-50 INSULIN U-100 100 UNIT/ML (50-50) SUSPENSION ^{CI,MO}	1	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50) INSULIN PEN ^{CI,MO}	1	

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HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML (75-25) INSULIN PEN ^{CI,MO}	1	
HUMALOG MIX 75-25(U-100)INSULN 100 UNIT/ML (75-25) SUSPENSION ^{CI,MO}	1	
HUMALOG U-100 INSULIN 100 UNIT/ML CARTRIDGE ^{CI,MO}	1	
HUMALOG U-100 INSULIN 100 UNIT/ML SOLUTION ^{CI,MO}	1	
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION ^{CI,MO}	1	
HUMULIN 70/30 U-100 KWIKPEN 100 UNIT/ML (70-30) INSULIN PEN ^{CI,MO}	1	
HUMULIN N NPH INSULIN KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN ^{CI,MO}	1	
HUMULIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION ^{CI,MO}	1	
HUMULIN R REGULAR U-100 INSULN 100 UNIT/ML SOLUTION ^{CI,MO}	1	
HUMULIN R U-500 (CONC) INSULIN 500 UNIT/ML SOLUTION ^{CI,DL}	1	
HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN ^{CI,DL}	1	
INSULIN LISPRO 100 UNIT/ML SOLUTION ^{CI,MO}	1	
INVOKAMET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET ^{MO}	1	QL(60 per 30 days)
INVOKAMET XR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	1	QL(60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET ^{MO}	1	QL(30 per 30 days)
JANUMET 50-1,000 MG, 50-500 MG TABLET ^{MO}	1	QL(60 per 30 days)
JANUMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE ^{MO}	1	QL(30 per 30 days)
JANUMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE ^{MO}	1	QL(60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET ^{MO}	1	QL(30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET ^{MO}	1	QL(30 per 30 days)
JENTADUETO 2.5-1,000 MG, 2.5-500 MG TABLET ^{MO}	1	QL(60 per 30 days)
JENTADUETO 2.5-850 MG TABLET ^{MO}	1	QL(60 per 30 days)
JENTADUETO XR 2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	1	QL(60 per 30 days)
JENTADUETO XR 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	1	QL(30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN ^{CI,MO}	1	
LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION ^{CI,MO}	1	
liraglutide 0.6 mg/0.1 ml (18 mg/3 ml) PEN INJECTOR ^{MO}	1	PA,QL(9 per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML INSULIN PEN ^{CI,MO}	1	

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LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) INSULIN PEN ^{CI,MO}	1	
LYUMJEV U-100 INSULIN 100 UNIT/ML SOLUTION ^{CI,MO}	1	
metformin 1,000 mg, 500 mg TABLET ^{MO}	1	
metformin 500 mg TABLET, ER 24 HR. ^{MO}	1	QL(120 per 30 days)
metformin 750 mg TABLET, ER 24 HR. ^{MO}	1	QL(60 per 30 days)
metformin 850 mg TABLET ^{MO}	1	
MOUNJARO 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR ^{MO}	1	PA,QL(2 per 28 days)
nateglinide 120 mg, 60 mg TABLET ^{MO}	1	
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN ^{CI,MO}	1	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION ^{CI,MO}	1	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN ^{CI,MO}	1	
NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION ^{CI,MO}	1	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN ^{CI,MO}	1	
NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION ^{CI,MO}	1	
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN ^{CI,MO}	1	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML (70-30) SOLUTION ^{CI,MO}	1	
NOVOLOG MIX 70-30FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN ^{CI,MO}	1	
NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE ^{CI,MO}	1	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION ^{CI,MO}	1	
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR ^{MO}	1	PA,QL(3 per 28 days)
pioglitazone 15 mg, 45 mg TABLET ^{MO}	1	QL(30 per 30 days)
pioglitazone 30 mg TABLET ^{MO}	1	QL(30 per 30 days)
pioglitazone-metformin 15-500 mg, 15-850 mg TABLET ^{MO}	1	QL(90 per 30 days)
repaglinide 0.5 mg, 1 mg, 2 mg TABLET ^{MO}	1	
RYBELSUS 14 MG, 3 MG, 7 MG TABLET ^{MO}	1	PA,QL(30 per 30 days)
saxagliptin 2.5 mg, 5 mg TABLET ^{MO}	1	QL(30 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN ^{CI,MO}	1	QL(15 per 24 days)
SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET ^{MO}	1	QL(60 per 30 days)

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SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	1	QL(30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	1	QL(60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN ^{CI,MO}	1	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN ^{CI,MO}	1	
TRADJENTA 5 MG TABLET ^{MO}	1	QL(30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN ^{CI,MO}	1	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN ^{CI,MO}	1	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION ^{CI,MO}	1	
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	1	QL(30 per 30 days)
TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	1	QL(60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML PEN INJECTOR ^{MO}	1	PA,QL(2 per 28 days)
XIGDUO XR 10-1,000 MG, 10-500 MG, 5-500 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	1	QL(30 per 30 days)
XIGDUO XR 2.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	1	QL(60 per 30 days)
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR ^{MO}	1	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE ^{MO}	1	
BLOOD PRODUCTS AND MODIFIERS		
anagrelide 0.5 mg, 1 mg CAPSULE ^{MO}	1	
aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR. ^{MO}	1	ST,QL(60 per 30 days)
BRILINTA 60 MG, 90 MG TABLET ^{MO}	1	QL(60 per 30 days)
cilostazol 100 mg, 50 mg TABLET ^{MO}	1	
clopidogrel 300 mg TABLET ^{MO}	1	
clopidogrel 75 mg TABLET ^{MO}	1	QL(30 per 30 days)
dabigatran etexilate 110 mg, 150 mg, 75 mg CAPSULE ^{MO}	1	QL(60 per 30 days)
ELIQUIS 2.5 MG TABLET ^{MO}	1	QL(60 per 30 days)
ELIQUIS 5 MG TABLET ^{MO}	1	QL(74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK ^{MO}	1	QL(74 per 30 days)
enoxaparin 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml SYRINGE ^{MO}	1	

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enoxaparin 300 mg/3 ml SOLUTION ^{MO}	1	
heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION ^{MO}	1	
heparin (porcine) 5,000 unit/ml (1 ml) CARTRIDGE ^{MO}	1	
heparin (porcine) 5,000 unit/ml SYRINGE ^{MO}	1	
heparin, porcine (pf) 1,000 unit/ml, 5,000 unit/0.5 ml SOLUTION ^{MO}	1	
heparin, porcine (pf) 5,000 unit/0.5 ml, 5,000 unit/ml SYRINGE ^{MO}	1	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET ^{MO}	1	
NIVESTYM 300 MCG/0.5 ML SYRINGE ^{DL}	1	PA,QL(7 per 30 days)
NIVESTYM 300 MCG/ML SOLUTION ^{DL}	1	PA,QL(14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SYRINGE ^{DL}	1	PA,QL(11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML SOLUTION ^{DL}	1	PA,QL(22.4 per 30 days)
prasugrel hcl 10 mg, 5 mg TABLET ^{MO}	1	QL(30 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET ^{DL}	1	PA,QL(360 per 30 days)
PROMACTA 12.5 MG, 25 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
PROMACTA 25 MG POWDER IN PACKET ^{DL}	1	PA,QL(180 per 30 days)
PROMACTA 50 MG TABLET ^{DL}	1	PA,QL(90 per 30 days)
PROMACTA 75 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION ^{MO}	1	PA,QL(14 per 30 days)
RETACRIT 40,000 UNIT/ML SOLUTION ^{DL}	1	PA,QL(14 per 30 days)
rivaroxaban 2.5 mg TABLET ^{MO}	1	QL(60 per 30 days)
ticagrelor 60 mg, 90 mg TABLET ^{MO}	1	QL(60 per 30 days)
tranexamic acid 650 mg TABLET ^{MO}	1	QL(30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE ^{DL}	1	PA,QL(1.2 per 28 days)
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR ^{DL}	1	PA,QL(1.2 per 28 days)
UDENYCA ONBODY 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR ^{DL}	1	PA,QL(1.2 per 28 days)
warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET ^{MO}	1	
warfarin 5 mg TABLET ^{MO}	1	
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION ^{MO}	1	ST,QL(600 per 30 days)
XARELTO 10 MG, 20 MG TABLET ^{MO}	1	QL(30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET ^{MO}	1	QL(60 per 30 days)
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK ^{MO}	1	QL(51 per 30 days)

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ZARXIO 300 MCG/0.5 ML SYRINGE ^{DL}	1	PA,QL(7 per 30 days)
ZARXIO 480 MCG/0.8 ML SYRINGE ^{DL}	1	PA,QL(11.2 per 30 days)
CARDIOVASCULAR AGENTS - Drugs used to treat heart-related conditions		
acebutolol 200 mg, 400 mg CAPSULE ^{MO}	1	
acetazolamide 125 mg, 250 mg TABLET ^{MO}	1	
acetazolamide 500 mg CAPSULE, ER ^{MO}	1	
adenosine 3 mg/ml SOLUTION ^{MO}	1	
adenosine 3 mg/ml SYRINGE ^{MO}	1	
aliskiren 150 mg, 300 mg TABLET ^{MO}	1	QL(30 per 30 days)
amiloride 5 mg TABLET ^{MO}	1	
amiloride-hydrochlorothiazide 5-50 mg TABLET ^{MO}	1	
amiodarone 100 mg, 400 mg TABLET ^{MO}	1	
amiodarone 150 mg/3 ml SYRINGE ^{MO}	1	
amiodarone 200 mg TABLET ^{MO}	1	
amiodarone 50 mg/ml SOLUTION ^{MO}	1	
amlodipine 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	1	
amlodipine-atorvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg TABLET ^{MO}	1	QL(30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE ^{MO}	1	QL(60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE ^{MO}	1	QL(30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg TABLET ^{MO}	1	QL(30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET ^{MO}	1	QL(30 per 30 days)
atenolol 100 mg TABLET ^{MO}	1	
atenolol 25 mg, 50 mg TABLET ^{MO}	1	
atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET ^{MO}	1	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET ^{MO}	1	
benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	1	
benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET ^{MO}	1	
bisoprolol fumarate 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	1	
bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET ^{MO}	1	
bumetanide 0.25 mg/ml SOLUTION ^{MO}	1	

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bumetanide 0.5 mg, 2 mg TABLET ^{MO}	1	
bumetanide 1 mg TABLET ^{MO}	1	
candesartan 16 mg, 4 mg, 8 mg TABLET ^{MO}	1	QL(60 per 30 days)
candesartan 32 mg TABLET ^{MO}	1	QL(30 per 30 days)
candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET ^{MO}	1	QL(30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET ^{MO}	1	
captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET ^{MO}	1	
cartia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	1	QL(60 per 30 days)
cartia xt 300 mg CAPSULE, ER 24 HR. ^{MO}	1	QL(30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET ^{MO}	1	
chlorothiazide sodium 500 mg RECON SOLUTION ^{MO}	1	
chlorthalidone 25 mg TABLET ^{MO}	1	
chlorthalidone 50 mg TABLET ^{MO}	1	
cholestyramine (with sugar) 4 gram POWDER ^{MO}	1	
cholestyramine (with sugar) 4 gram POWDER IN PACKET ^{MO}	1	
cholestyramine light 4 gram POWDER ^{MO}	1	
cholestyramine light 4 gram POWDER IN PACKET ^{MO}	1	
clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY ^{MO}	1	QL(4 per 28 days)
clonidine hcl 0.1 mg TABLET ^{MO}	1	
clonidine hcl 0.2 mg, 0.3 mg TABLET ^{MO}	1	
colestipol 1 gram TABLET ^{MO}	1	
colestipol 5 gram GRANULES ^{MO}	1	QL(1000 per 30 days)
colestipol 5 gram PACKET ^{MO}	1	
CORLOPAM 10 MG/ML SOLUTION ^{MO}	1	
digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET ^{MO}	1	QL(30 per 30 days)
digoxin 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET ^{MO}	1	QL(30 per 30 days)
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	1	QL(60 per 30 days)
diltiazem hcl 100 mg RECON SOLUTION ^{MO}	1	
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	1	QL(60 per 30 days)
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET ^{MO}	1	
diltiazem hcl 120 mg, 60 mg, 90 mg CAPSULE, ER 12 HR. ^{MO}	1	
diltiazem hcl 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. ^{MO}	1	QL(30 per 30 days)
diltiazem hcl 5 mg/ml SOLUTION ^{MO}	1	
DIURIL 250 MG/5 ML SUSPENSION ^{MO}	1	

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dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE ^{MO}	1	
doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET ^{MO}	1	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET ^{MO}	1	
enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET ^{MO}	1	
enalaprilat 1.25 mg/ml SOLUTION ^{MO}	1	
ENTRESTO 24-26 MG, 49-51 MG, 97-103 MG TABLET ^{MO}	1	QL(60 per 30 days)
ENTRESTO SPRINKLE 15-16 MG, 6-6 MG PELLET ^{MO}	1	QL(240 per 30 days)
ezetimibe 10 mg TABLET ^{MO}	1	QL(30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET ^{MO}	1	QL(30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. ^{MO}	1	QL(30 per 30 days)
fenofibrate 160 mg TABLET ^{MO}	1	QL(30 per 30 days)
fenofibrate 54 mg TABLET ^{MO}	1	QL(60 per 30 days)
fenofibrate micronized 130 mg, 43 mg CAPSULE ^{MO}	1	ST,QL(30 per 30 days)
fenofibrate micronized 134 mg, 200 mg CAPSULE ^{MO}	1	QL(30 per 30 days)
fenofibrate micronized 67 mg CAPSULE ^{MO}	1	QL(60 per 30 days)
fenofibrate nanocrystallized 145 mg TABLET ^{MO}	1	QL(30 per 30 days)
fenofibrate nanocrystallized 48 mg TABLET ^{MO}	1	QL(60 per 30 days)
fenofibric acid 105 mg, 35 mg TABLET ^{MO}	1	QL(30 per 30 days)
flecainide 100 mg, 150 mg, 50 mg TABLET ^{MO}	1	
fluvastatin 20 mg, 40 mg CAPSULE ^{MO}	1	ST,QL(60 per 30 days)
fluvastatin 80 mg TABLET, ER 24 HR. ^{MO}	1	ST,QL(30 per 30 days)
fosinopril 10 mg, 20 mg, 40 mg TABLET ^{MO}	1	
fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET ^{MO}	1	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION ^{MO}	1	
furosemide 20 mg, 40 mg TABLET ^{MO}	1	
furosemide 80 mg TABLET ^{MO}	1	
gemfibrozil 600 mg TABLET ^{MO}	1	QL(60 per 30 days)
guanfacine 1 mg, 2 mg TABLET ^{MO}	1	
hydralazine 10 mg, 100 mg TABLET ^{MO}	1	
hydralazine 20 mg/ml SOLUTION ^{MO}	1	
hydralazine 25 mg, 50 mg TABLET ^{MO}	1	
hydrochlorothiazide 12.5 mg CAPSULE ^{MO}	1	
hydrochlorothiazide 12.5 mg, 25 mg TABLET ^{MO}	1	
hydrochlorothiazide 50 mg TABLET ^{MO}	1	
ibutilide fumarate 0.1 mg/ml SOLUTION ^{MO}	1	

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indapamide 1.25 mg, 2.5 mg TABLET ^{MO}	1	
irbesartan 150 mg, 300 mg, 75 mg TABLET ^{MO}	1	QL(30 per 30 days)
irbesartan-hydrochlorothiazide 150-12.5 mg TABLET ^{MO}	1	QL(60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET ^{MO}	1	QL(30 per 30 days)
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg TABLET ^{MO}	1	
isosorbide mononitrate 10 mg, 20 mg TABLET ^{MO}	1	
isosorbide mononitrate 120 mg TABLET, ER 24 HR. ^{MO}	1	
isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR. ^{MO}	1	
isosorbide-hydralazine 20-37.5 mg TABLET ^{MO}	1	QL(180 per 30 days)
ISUPREL 0.2 MG/ML SOLUTION ^{MO}	1	
KERENDIA 10 MG, 20 MG TABLET ^{MO}	1	PA,QL(30 per 30 days)
labetalol 100 mg, 200 mg, 300 mg, 400 mg TABLET ^{MO}	1	
labetalol 5 mg/ml SOLUTION ^{MO}	1	
lidocaine (pf) 20 mg/ml (2 %) SOLUTION ^{MO}	1	
lidocaine in 5 % dextrose (pf) 4 mg/ml (0.4 %), 8 mg/ml (0.8 %) PARENTERAL SOLUTION ^{MO}	1	
lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	1	
lisinopril 30 mg TABLET ^{MO}	1	
lisinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET ^{MO}	1	
losartan 100 mg, 25 mg, 50 mg TABLET ^{MO}	1	QL(60 per 30 days)
losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET ^{MO}	1	QL(60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg TABLET ^{MO}	1	
methyldopa 250 mg, 500 mg TABLET ^{MO}	1	
methyldopa-hydrochlorothiazide 250-15 mg, 250-25 mg TABLET ^{MO}	1	
metolazone 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	1	
metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. ^{MO}	1	
metoprolol succinate 200 mg TABLET, ER 24 HR. ^{MO}	1	
metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET ^{MO}	1	
metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET ^{MO}	1	
metoprolol tartrate 37.5 mg, 75 mg TABLET ^{MO}	1	
metoprolol tartrate 5 mg/5 ml SOLUTION ^{MO}	1	
metyrosine 250 mg CAPSULE ^{DL}	1	
midodrine 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	1	
minoxidil 10 mg, 2.5 mg TABLET ^{MO}	1	

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moexipril 15 mg, 7.5 mg TABLET ^{MO}	1	
MULTAQ 400 MG TABLET ^{MO}	1	QL(60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg TABLET ^{MO}	1	
nebivolol 10 mg TABLET ^{MO}	1	QL(120 per 30 days)
nebivolol 2.5 mg, 5 mg TABLET ^{MO}	1	QL(30 per 30 days)
nebivolol 20 mg TABLET ^{MO}	1	QL(60 per 30 days)
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) SOLUTION ^{MO}	1	
niacin 1,000 mg, 500 mg, 750 mg TABLET, ER 24 HR. ^{MO}	1	
niacin 500 mg TABLET ^{MO}	1	
niacor 500 mg TABLET ^{MO}	1	
nifedipine 30 mg, 60 mg, 90 mg TABLET ER ^{MO}	1	QL(60 per 30 days)
nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR. ^{MO}	1	QL(60 per 30 days)
nimodipine 30 mg CAPSULE ^{MO}	1	
nimodipine 60 mg/20 ml SOLUTION ^{DL}	1	QL(2838 per 28 days)
nisoldipine 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg TABLET, ER 24 HR. ^{MO}	1	QL(30 per 30 days)
nisoldipine 25.5 mg, 30 mg TABLET, ER 24 HR. ^{MO}	1	QL(60 per 30 days)
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr PATCH, 24 HR. ^{MO}	1	
nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET ^{MO}	1	
nitroglycerin 0.4 mg SUBLINGUAL TABLET ^{MO}	1	
nitroglycerin 50 mg/10 ml (5 mg/ml) SOLUTION ^{MO}	1	
nitroglycerin in 5 % dextrose 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml) SOLUTION ^{MO}	1	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET ^{MO}	1	
norepinephrine bitartrate 1 mg/ml SOLUTION ^{MO}	1	
olmesartan 20 mg TABLET ^{MO}	1	QL(30 per 30 days)
olmesartan 40 mg TABLET ^{MO}	1	QL(30 per 30 days)
olmesartan 5 mg TABLET ^{MO}	1	QL(60 per 30 days)
olmesartan-amlodipin-hctiazid 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg TABLET ^{MO}	1	QL(30 per 30 days)
olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET ^{MO}	1	QL(30 per 30 days)
omega-3 acid ethyl esters 1 gram CAPSULE ^{MO}	1	QL(120 per 30 days)
PACERONE 100 MG, 400 MG TABLET ^{MO}	1	
pacerone 200 mg TABLET ^{MO}	1	
pentoxifylline 400 mg TABLET ER ^{MO}	1	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
perindopril erbumine 2 mg, 4 mg, 8 mg TABLET ^{MO}	1	
pravastatin 10 mg, 80 mg TABLET ^{MO}	1	
pravastatin 20 mg, 40 mg TABLET ^{MO}	1	
prazosin 1 mg, 2 mg, 5 mg CAPSULE ^{MO}	1	
prevalite 4 gram POWDER ^{MO}	1	
prevalite 4 gram POWDER IN PACKET ^{MO}	1	
procainamide 100 mg/ml, 500 mg/ml SOLUTION ^{MO}	1	
propafenone 150 mg, 225 mg, 300 mg TABLET ^{MO}	1	
propafenone 225 mg, 325 mg, 425 mg CAPSULE, ER 12 HR. ^{MO}	1	
propranolol 1 mg/ml SOLUTION ^{MO}	1	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET ^{MO}	1	
propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR. ^{MO}	1	
propranolol-hydrochlorothiazid 40-25 mg, 80-25 mg TABLET ^{MO}	1	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	1	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET ^{MO}	1	
quinidine sulfate 200 mg, 300 mg TABLET ^{MO}	1	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE ^{MO}	1	
ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR. ^{MO}	1	QL(120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR ^{MO}	1	PA,QL(3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML PEN INJECTOR ^{MO}	1	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE ^{MO}	1	PA,QL(3 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	1	
simvastatin 10 mg, 20 mg, 40 mg TABLET ^{MO}	1	
simvastatin 5 mg, 80 mg TABLET ^{MO}	1	
sorine 120 mg, 160 mg, 240 mg, 80 mg TABLET ^{MO}	1	
sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET ^{MO}	1	
sotalol af 120 mg, 160 mg, 80 mg TABLET ^{MO}	1	
spironolacton-hydrochlorothiaz 25-25 mg TABLET ^{MO}	1	
spironolactone 100 mg TABLET ^{MO}	1	
spironolactone 25 mg, 50 mg TABLET ^{MO}	1	
taztia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	1	QL(60 per 30 days)
taztia xt 300 mg, 360 mg CAPSULE, ER 24 HR. ^{MO}	1	QL(30 per 30 days)
telmisartan 20 mg, 40 mg TABLET ^{MO}	1	QL(30 per 30 days)
telmisartan 80 mg TABLET ^{MO}	1	QL(60 per 30 days)

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telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET ^{MO}	1	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 40-12.5 mg, 80-25 mg TABLET ^{MO}	1	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 80-12.5 mg TABLET ^{MO}	1	QL(60 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE ^{MO}	1	
tiadylt er 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	1	QL(60 per 30 days)
tiadylt er 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. ^{MO}	1	QL(30 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg TABLET ^{MO}	1	
torsemide 10 mg, 100 mg, 5 mg TABLET ^{MO}	1	
torsemide 20 mg TABLET ^{MO}	1	
trandolapril 1 mg, 2 mg, 4 mg TABLET ^{MO}	1	
trandolapril-verapamil 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	1	
triamterene-hydrochlorothiazid 37.5-25 mg CAPSULE ^{MO}	1	
triamterene-hydrochlorothiazid 37.5-25 mg TABLET ^{MO}	1	
triamterene-hydrochlorothiazid 75-50 mg TABLET ^{MO}	1	
valsartan 160 mg TABLET ^{MO}	1	QL(60 per 30 days)
valsartan 320 mg, 40 mg, 80 mg TABLET ^{MO}	1	QL(60 per 30 days)
valsartan-hydrochlorothiazide 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET ^{MO}	1	QL(30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE ^{MO}	1	QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE ^{MO}	1	QL(120 per 30 days)
verapamil 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg CAPSULE ER PELLETS 24 HR. ^{MO}	1	
verapamil 120 mg, 180 mg, 240 mg TABLET ER ^{MO}	1	
verapamil 120 mg, 40 mg, 80 mg TABLET ^{MO}	1	
verapamil 2.5 mg/ml SOLUTION ^{MO}	1	
verapamil 2.5 mg/ml SYRINGE ^{MO}	1	
VERQUVO 10 MG, 2.5 MG, 5 MG TABLET ^{MO}	1	PA,QL(30 per 30 days)
ZYPITAMAG 2 MG, 4 MG TABLET ^{MO}	1	ST,QL(30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS - Drugs used to treat brain, spinal, and nerve conditions		
atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE ^{MO}	1	QL(60 per 30 days)
atomoxetine 100 mg, 60 mg, 80 mg CAPSULE ^{MO}	1	QL(30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET ^{DL}	1	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. ^{DL}	1	PA,QL(90 per 30 days)

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AUSTEDO XR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG TABLET, ER 24 HR. ^{DL}	1	PA,QL(30 per 30 days)
AUSTEDO XR 24 MG TABLET, ER 24 HR. ^{DL}	1	PA,QL(60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) 12-18-24-30 MG TABLET, ER 24 HR., DOSE PACK ^{DL}	1	PA,QL(28 per 28 days)
AUSTEDO XR TITRATION KT(WK1-4) 6 MG (14)-12 MG (14)-24 MG (14) TABLET, ER 24 HR., DOSE PACK ^{DL}	1	PA,QL(42 per 28 days)
BETASERON 0.3 MG KIT ^{DL}	1	PA,QL(15 per 30 days)
COPAXONE 20 MG/ML SYRINGE ^{DL}	1	PA,QL(30 per 30 days)
COPAXONE 40 MG/ML SYRINGE ^{DL}	1	PA,QL(12 per 28 days)
dalfampridine 10 mg TABLET, ER 12 HR. ^{MO}	1	PA,QL(60 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	1	QL(60 per 30 days)
dextroamphetamine sulfate 10 mg TABLET ^{MO}	1	QL(180 per 30 days)
dextroamphetamine sulfate 15 mg TABLET ^{MO}	1	QL(120 per 30 days)
dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET ^{MO}	1	QL(90 per 30 days)
dextroamphetamine sulfate 30 mg TABLET ^{MO}	1	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg TABLET ^{MO}	1	QL(150 per 30 days)
dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET ^{MO}	1	QL(90 per 30 days)
dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR. ^{MO}	1	QL(30 per 30 days)
dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR. ^{MO}	1	QL(60 per 30 days)
dextroamphetamine-amphetamine 30 mg TABLET ^{MO}	1	QL(60 per 30 days)
dimethyl fumarate 120 mg (14)- 240 mg (46) CAPSULE, DR/EC ^{MO}	1	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC ^{MO}	1	PA,QL(14 per 30 days)
dimethyl fumarate 240 mg CAPSULE, DR/EC ^{MO}	1	PA,QL(60 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE ^{MO}	1	PA,QL(60 per 30 days)
duloxetine 20 mg CAPSULE, DR/EC ^{MO}	1	QL(120 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC ^{MO}	1	QL(90 per 30 days)
duloxetine 60 mg CAPSULE, DR/EC ^{MO}	1	QL(60 per 30 days)
fingolimod 0.5 mg CAPSULE ^{MO}	1	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET ^{DL}	1	PA,QL(240 per 30 days)
glatiramer 20 mg/ml SYRINGE ^{DL}	1	PA,QL(30 per 30 days)
glatiramer 40 mg/ml SYRINGE ^{DL}	1	PA,QL(12 per 28 days)
glatopa 20 mg/ml SYRINGE ^{DL}	1	PA,QL(30 per 30 days)

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glatopa 40 mg/ml SYRINGE ^{DL}	1	PA,QL(12 per 28 days)
guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. ^{MO}	1	QL(30 per 30 days)
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR ^{DL}	1	PA,QL(1.2 per 28 days)
methylphenidate hcl 10 mg TABLET ER ^{MO}	1	QL(180 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET ^{MO}	1	QL(90 per 30 days)
methylphenidate hcl 20 mg TABLET ER ^{MO}	1	QL(90 per 30 days)
NUEDEXTA 20-10 MG CAPSULE ^{DL}	1	PA,QL(60 per 30 days)
pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE ^{MO}	1	QL(90 per 30 days)
pregabalin 20 mg/ml SOLUTION ^{MO}	1	QL(900 per 30 days)
pregabalin 200 mg, 25 mg CAPSULE ^{MO}	1	QL(90 per 30 days)
pregabalin 225 mg, 300 mg CAPSULE ^{MO}	1	QL(60 per 30 days)
RADICAVA ORS 105 MG/5 ML SUSPENSION ^{DL}	1	PA,QL(70 per 28 days)
RADICAVA ORS STARTER KIT SUSP 105 MG/5 ML SUSPENSION ^{DL}	1	PA,QL(70 per 28 days)
riluzole 50 mg TABLET ^{MO}	1	
teriflunomide 14 mg, 7 mg TABLET ^{MO}	1	PA,QL(30 per 30 days)
tetrabenazine 12.5 mg TABLET ^{MO}	1	PA,QL(240 per 30 days)
tetrabenazine 25 mg TABLET ^{MO}	1	PA,QL(120 per 30 days)
VUMERTY 231 MG CAPSULE, DR/EC ^{DL}	1	PA,QL(120 per 30 days)
DENTAL & ORAL AGENTS - Drugs used to treat conditions involving the mouth and teeth		
chlorhexidine gluconate 0.12 % MOUTHWASH ^{MO}	1	
periogard 0.12 % MOUTHWASH ^{MO}	1	
pilocarpine hcl 5 mg, 7.5 mg TABLET ^{MO}	1	
triamcinolone acetonide 0.1 % PASTE ^{MO}	1	
DERMATOLOGICAL AGENTS - Drugs used to treat skin conditions		
accutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE ^{MO}	1	
acitretin 10 mg, 17.5 mg, 25 mg CAPSULE ^{MO}	1	PA
adapalene 0.3 % GEL ^{MO}	1	QL(45 per 30 days)
adapalene 0.3 % GEL WITH PUMP ^{MO}	1	QL(45 per 30 days)
ammonium lactate 12 % CREAM ^{MO}	1	
ammonium lactate 12 % LOTION ^{MO}	1	
amnesteem 10 mg, 20 mg, 30 mg, 40 mg CAPSULE ^{MO}	1	
azelaic acid 15 % GEL ^{MO}	1	ST,QL(50 per 30 days)
betamethasone dipropionate 0.05 % CREAM ^{MO}	1	QL(90 per 30 days)
betamethasone dipropionate 0.05 % LOTION ^{MO}	1	QL(120 per 30 days)
betamethasone dipropionate 0.05 % OINTMENT ^{MO}	1	QL(90 per 30 days)
betamethasone valerate 0.1 % CREAM ^{MO}	1	QL(180 per 30 days)

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betamethasone valerate 0.1 % LOTION ^{MO}	1	QL(120 per 30 days)
betamethasone valerate 0.1 % OINTMENT ^{MO}	1	QL(180 per 30 days)
betamethasone, augmented 0.05 % CREAM ^{MO}	1	QL(100 per 30 days)
betamethasone, augmented 0.05 % GEL ^{MO}	1	QL(100 per 30 days)
betamethasone, augmented 0.05 % LOTION ^{MO}	1	QL(120 per 30 days)
betamethasone, augmented 0.05 % OINTMENT ^{MO}	1	QL(100 per 30 days)
calcipotriene 0.005 % CREAM ^{MO}	1	PA,QL(120 per 30 days)
calcipotriene 0.005 % SOLUTION ^{MO}	1	QL(60 per 30 days)
claravis 10 mg, 20 mg, 30 mg, 40 mg CAPSULE ^{MO}	1	
clindamycin phosphate 1 % GEL ^{MO}	1	QL(60 per 30 days)
clindamycin phosphate 1 % SOLUTION ^{MO}	1	QL(60 per 30 days)
clindamycin phosphate 1 % SWAB ^{MO}	1	
clindamycin-benzoyl peroxide 1-5 % GEL ^{MO}	1	QL(50 per 30 days)
clindamycin-benzoyl peroxide 1.2 %(1 % base) -5 % GEL ^{MO}	1	QL(45 per 30 days)
clobetasol 0.05 % CREAM ^{MO}	1	QL(120 per 30 days)
clobetasol 0.05 % FOAM ^{MO}	1	QL(100 per 28 days)
clobetasol 0.05 % GEL ^{MO}	1	QL(120 per 28 days)
clobetasol 0.05 % LOTION ^{MO}	1	QL(240 per 28 days)
clobetasol 0.05 % OINTMENT ^{MO}	1	QL(120 per 28 days)
clobetasol 0.05 % SHAMPOO ^{MO}	1	QL(240 per 30 days)
clobetasol 0.05 % SOLUTION ^{MO}	1	QL(100 per 30 days)
clobetasol-emollient 0.05 % CREAM ^{MO}	1	QL(120 per 30 days)
diclofenac sodium 3 % GEL ^{MO}	1	PA
ENSTILAR 0.005-0.064 % FOAM ^{MO}	1	QL(120 per 30 days)
ery pads 2 % SWAB ^{MO}	1	QL(60 per 30 days)
erythromycin with ethanol 2 % SOLUTION ^{MO}	1	QL(120 per 30 days)
fluocinolone 0.01 % OIL ^{MO}	1	QL(118.28 per 30 days)
fluocinolone 0.01 % SOLUTION ^{MO}	1	QL(180 per 30 days)
fluocinolone 0.025 % CREAM ^{MO}	1	QL(120 per 30 days)
fluocinolone 0.025 % OINTMENT ^{MO}	1	QL(120 per 30 days)
fluocinolone and shower cap 0.01 % OIL ^{MO}	1	QL(118.28 per 30 days)
fluocinonide 0.05 % CREAM ^{MO}	1	QL(120 per 30 days)
fluocinonide 0.05 % GEL ^{MO}	1	QL(120 per 30 days)
fluocinonide 0.05 % OINTMENT ^{MO}	1	QL(120 per 30 days)
fluocinonide 0.05 % SOLUTION ^{MO}	1	QL(120 per 30 days)
fluorouracil 2 % SOLUTION ^{MO}	1	QL(30 per 30 days)

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fluorouracil 5 % CREAM ^{MO}	1	
fluorouracil 5 % SOLUTION ^{MO}	1	QL(60 per 30 days)
fluticasone propionate 0.005 % OINTMENT ^{MO}	1	QL(240 per 30 days)
fluticasone propionate 0.05 % CREAM ^{MO}	1	QL(240 per 30 days)
hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR ^{MO}	1	QL(28.4 per 30 days)
hydrocortisone 1 %, 2.5 % CREAM ^{MO}	1	QL(240 per 30 days)
hydrocortisone 1 %, 2.5 % OINTMENT ^{MO}	1	QL(240 per 30 days)
hydrocortisone 10 mg, 20 mg, 5 mg TABLET ^{MO}	1	
hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	1	QL(60 per 30 days)
hydrocortisone 2.5 % LOTION ^{MO}	1	QL(236 per 30 days)
HYFTOR 0.2 % GEL ^{DL}	1	PA
imiquimod 5 % CREAM IN PACKET ^{MO}	1	QL(12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg, 40 mg CAPSULE ^{MO}	1	
lindane 1 % SHAMPOO ^{MO}	1	QL(60 per 30 days)
LOCOID LIPOCREAM 0.1 % CREAM ^{MO}	1	QL(240 per 30 days)
malathion 0.5 % LOTION ^{MO}	1	
mometasone 0.1 % CREAM ^{MO}	1	QL(180 per 30 days)
mometasone 0.1 % OINTMENT ^{MO}	1	QL(180 per 30 days)
mometasone 0.1 % SOLUTION ^{MO}	1	QL(180 per 30 days)
mupirocin 2 % OINTMENT ^{MO}	1	
permethrin 5 % CREAM ^{MO}	1	
pimecrolimus 1 % CREAM ^{MO}	1	PA,QL(100 per 30 days)
podofilox 0.5 % SOLUTION ^{MO}	1	QL(7 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	1	QL(60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	1	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	1	QL(60 per 30 days)
SANTYL 250 UNIT/GRAM OINTMENT ^{MO}	1	PA,QL(180 per 30 days)
selenium sulfide 2.5 % LOTION ^{MO}	1	QL(120 per 30 days)
silver sulfadiazine 1 % CREAM ^{MO}	1	
SSD 1 % CREAM ^{MO}	1	
tacrolimus 0.03 %, 0.1 % OINTMENT ^{MO}	1	QL(200 per 30 days)
tazarotene 0.1 % CREAM ^{MO}	1	QL(120 per 30 days)
tretinoin 0.01 % GEL ^{MO}	1	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 % GEL ^{MO}	1	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM ^{MO}	1	PA,QL(45 per 30 days)
zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE ^{MO}	1	

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ELECTROLYTES/MINERALS/METALS/VITAMINS - Drugs used to treat vitamin deficiencies		
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION ^{MO}	1	BvsD
bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP ^{MO}	1	
c-nate dha 28 mg iron-1 mg -200 mg CAPSULE ^{MO}	1	
calcium chloride 100 mg/ml (10 %) SOLUTION ^{MO}	1	
calcium chloride 100 mg/ml (10 %) SYRINGE ^{MO}	1	
calcium gluconate 100 mg/ml (10%) SOLUTION ^{MO}	1	
carglumic acid 200 mg TABLET, DISPERSIBLE ^{DL}	1	PA
CHEMET 100 MG CAPSULE ^{DL}	1	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION ^{MO}	1	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION ^{MO}	1	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION ^{MO}	1	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION ^{MO}	1	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION ^{MO}	1	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION ^{MO}	1	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION ^{MO}	1	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION ^{MO}	1	BvsD
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION ^{MO}	1	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION ^{MO}	1	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION ^{MO}	1	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION ^{MO}	1	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION ^{MO}	1	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION ^{MO}	1	BvsD
CLINISOL SF 15 % 15 % PARENTERAL SOLUTION ^{MO}	1	BvsD
CLINOLIPID 20 % EMULSION ^{MO}	1	BvsD
complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK ^{MO}	1	
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION ^{MO}	1	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION ^{MO}	1	

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d5 % (d-glucose)-0.9 % sodchl PARENTERAL SOLUTION ^{MO}	1	
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION ^{MO}	1	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION ^{MO}	1	
deferasirox 180 mg, 360 mg TABLET ^{MO}	1	PA
deferasirox 90 mg TABLET ^{MO}	1	PA
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION ^{MO}	1	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION ^{MO}	1	
dextrose 25 % in water (d25w) SYRINGE ^{MO}	1	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION ^{MO}	1	
dextrose 5 % in water (d5w) 5 % PIGGYBACK ^{MO}	1	
dextrose 5 %-lactated ringers PARENTERAL SOLUTION ^{MO}	1	
dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION ^{MO}	1	
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION ^{MO}	1	
dextrose 50 % in water (d50w) PARENTERAL SOLUTION ^{MO}	1	
dextrose 50 % in water (d50w) SYRINGE ^{MO}	1	
dextrose 70 % in water (d70w) PARENTERAL SOLUTION ^{MO}	1	
electrolyte-148 PARENTERAL SOLUTION ^{MO}	1	
electrolyte-48 in d5w PARENTERAL SOLUTION ^{MO}	1	
electrolyte-a PARENTERAL SOLUTION ^{MO}	1	
GLYCOPHOS 1 MMOL/ML SOLUTION ^{MO}	1	
INTRALIPID 20 %, 30 % EMULSION ^{MO}	1	BvsD
IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION ^{MO}	1	
ISOLYTE S PH 7.4 PARENTERAL SOLUTION ^{MO}	1	
ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION ^{MO}	1	
ISOLYTE-S PARENTERAL SOLUTION ^{MO}	1	
KABIVEN 3.31-10.8-3.9 % EMULSION ^{MO}	1	BvsD
kionex (with sorbitol) 15-20 gram/60 ml SUSPENSION ^{MO}	1	
KLOR-CON 10 10 MEQ TABLET ER ^{MO}	1	
KLOR-CON 8 8 MEQ TABLET ER ^{MO}	1	
klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	1	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS ^{MO}	1	
klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	1	
lactated ringers PARENTERAL SOLUTION ^{MO}	1	
levocarnitine 330 mg TABLET ^{MO}	1	
levocarnitine (with sugar) 100 mg/ml SOLUTION ^{MO}	1	
LOKELMA 10 GRAM, 5 GRAM POWDER IN PACKET ^{MO}	1	QL(30 per 30 days)

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on use (tier level)
m-natal plus 27 mg iron- 1 mg TABLET ^{MO}	1	
magnesium sulfate 500 mg/ml (50 %) SOLUTION ^{MO}	1	
magnesium sulfate 500 mg/ml (50 %) SYRINGE ^{MO}	1	
magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK ^{MO}	1	
magnesium sulfate in water 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %) PIGGYBACK ^{MO}	1	
magnesium sulfate in water 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %) PARENTERAL SOLUTION ^{MO}	1	
neo-vital rx 27 mg iron- 1 mg TABLET ^{MO}	1	
NEONATAL COMPLETE 29-1 MG TABLET ^{MO}	1	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET ^{MO}	1	
NEONATAL-DHA 29-1-200-500 MG COMBO PACK ^{MO}	1	
NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTION ^{MO}	1	
NUTRILIPID 20 % EMULSION ^{MO}	1	BvsD
penicillamine 250 mg TABLET ^{DL}	1	
PERIKABIVEN 2.36-7.5-3.5 % EMULSION ^{MO}	1	BvsD
PLASMA-LYTE 148 PARENTERAL SOLUTION ^{MO}	1	
PLASMA-LYTE A PARENTERAL SOLUTION ^{MO}	1	
PLENAMINE 15 % PARENTERAL SOLUTION ^{MO}	1	BvsD
potassium acetate 2 meq/ml SOLUTION ^{MO}	1	
potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION ^{MO}	1	
potassium chloride 10 meq CAPSULE, ER ^{MO}	1	
potassium chloride 10 meq, 20 meq TABLET ER ^{MO}	1	
potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	1	
potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	1	
potassium chloride 15 meq, 8 meq TABLET ER ^{MO}	1	
potassium chloride 2 meq/ml SOLUTION ^{MO}	1	
potassium chloride 20 meq/15 ml, 40 meq/15 ml LIQUID ^{MO}	1	
potassium chloride 8 meq CAPSULE, ER ^{MO}	1	
potassium chloride in 0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION ^{MO}	1	
potassium chloride in 5 % dex 10 meq/l, 20 meq/l PARENTERAL SOLUTION ^{MO}	1	
potassium chloride in lr-d5 20 meq/l PARENTERAL SOLUTION ^{MO}	1	
potassium chloride in water 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml PIGGYBACK ^{MO}	1	

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potassium chloride-0.45 % nacl 20 meq/l PARENTERAL SOLUTION ^{MO}	1	
potassium chloride-d5-0.2%nacl 20 meq/l PARENTERAL SOLUTION ^{MO}	1	
potassium chloride-d5-0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION ^{MO}	1	
potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER ^{MO}	1	
pr natal 400 29-1-400 mg COMBO PACK ^{MO}	1	
pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP ^{MO}	1	
pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK ^{MO}	1	
pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP ^{MO}	1	
PREMASOL 10 % 10 % PARENTERAL SOLUTION ^{MO}	1	BvsD
PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET ^{MO}	1	
PRENATABS FA 29-1 MG TABLET ^{MO}	1	
prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET ^{MO}	1	
prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET ^{MO}	1	
PRENATE ELITE 26 MG IRON- 1 MG TABLET ^{MO}	1	
PROSOL 20 % PARENTERAL SOLUTION ^{MO}	1	BvsD
ringer's PARENTERAL SOLUTION ^{MO}	1	
se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET ^{MO}	1	
SMOFLIPID 20 % EMULSION ^{MO}	1	BvsD
sodium bicarbonate 8.4 % (1 meq/ml) SYRINGE ^{MO}	1	
sodium chloride 2.5 meq/ml SOLUTION ^{MO}	1	
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION ^{MO}	1	
sodium chloride 0.9 % PARENTERAL SOLUTION ^{MO}	1	
sodium chloride 0.9 % PIGGYBACK ^{MO}	1	
sodium chloride 0.9 % SOLUTION ^{MO}	1	
sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION ^{MO}	1	
sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION ^{MO}	1	
sodium phosphate 3 mmol/ml SOLUTION ^{MO}	1	
sodium polystyrene sulfonate POWDER ^{MO}	1	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION ^{MO}	1	
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION ^{MO}	1	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION ^{MO}	1	BvsD
trientine 250 mg CAPSULE ^{DL}	1	QL(240 per 30 days)
trientine 500 mg CAPSULE ^{DL}	1	QL(120 per 30 days)
trinatal rx 1 60 mg iron-1 mg TABLET ^{MO}	1	

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TROPHAMINE 10 % 10 % PARENTERAL SOLUTION ^{MO}	1	BvsD
virt-nate dha 28 mg iron-1 mg -200 mg CAPSULE ^{MO}	1	
wesnatal dha complete 29 mg iron- 1 mg-200 mg COMBO PACK ^{MO}	1	
wesnate dha 28 mg iron-1 mg -200 mg CAPSULE ^{MO}	1	
westab plus 27 mg iron- 1 mg TABLET ^{MO}	1	
GASTROINTESTINAL AGENTS - Drugs used to treat stomach and intestinal conditions		
alosetron 0.5 mg, 1 mg TABLET ^{MO}	1	PA,QL(60 per 30 days)
cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET ^{MO}	1	
cimetidine hcl 300 mg/5 ml SOLUTION ^{MO}	1	
constulose 10 gram/15 ml SOLUTION ^{MO}	1	
dexlansoprazole 30 mg, 60 mg CAPSULE, DR, BIPHASIC ^{MO}	1	QL(30 per 30 days)
dicyclomine 10 mg CAPSULE ^{MO}	1	
dicyclomine 10 mg/5 ml SOLUTION ^{MO}	1	
dicyclomine 20 mg TABLET ^{MO}	1	
diphenoxylate-atropine 2.5-0.025 mg TABLET ^{MO}	1	
enulose 10 gram/15 ml SOLUTION ^{MO}	1	
esomeprazole magnesium 20 mg CAPSULE, DR/EC ^{MO}	1	QL(60 per 30 days)
esomeprazole magnesium 40 mg CAPSULE, DR/EC ^{MO}	1	QL(60 per 30 days)
famotidine 10 mg/ml SOLUTION ^{MO}	1	
famotidine 20 mg, 40 mg TABLET ^{MO}	1	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION ^{MO}	1	
famotidine (pf) 20 mg/2 ml SOLUTION ^{MO}	1	
famotidine (pf)-nacl (iso-os) 20 mg/50 ml PIGGYBACK ^{MO}	1	
gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION ^{MO}	1	
gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION ^{MO}	1	
gavilyte-n 420 gram RECON SOLUTION ^{MO}	1	
generlac 10 gram/15 ml SOLUTION ^{MO}	1	
glycopyrrolate 0.2 mg/ml SOLUTION ^{MO}	1	
glycopyrrolate 1 mg, 2 mg TABLET ^{MO}	1	
lactulose 10 gram/15 ml SOLUTION ^{MO}	1	
lansoprazole 15 mg, 30 mg CAPSULE, DR/EC ^{MO}	1	QL(60 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE ^{MO}	1	QL(30 per 30 days)
loperamide 2 mg CAPSULE ^{MO}	1	
lubiprostone 24 mcg, 8 mcg CAPSULE ^{MO}	1	QL(60 per 30 days)
methscopolamine 2.5 mg, 5 mg TABLET ^{MO}	1	

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misoprostol 100 mcg, 200 mcg TABLET ^{MO}	1	
MOVANTIK 12.5 MG, 25 MG TABLET ^{MO}	1	QL(30 per 30 days)
nizatidine 150 mg, 300 mg CAPSULE ^{MO}	1	
omeprazole 10 mg CAPSULE, DR/EC ^{MO}	1	QL(60 per 30 days)
omeprazole 20 mg, 40 mg CAPSULE, DR/EC ^{MO}	1	QL(60 per 30 days)
omeprazole-sodium bicarbonate 20-1,680 mg, 40-1,680 mg PACKET ^{DL}	1	ST,QL(30 per 30 days)
omeprazole-sodium bicarbonate 20-1.1 mg-gram, 40-1.1 mg-gram CAPSULE ^{MO}	1	QL(30 per 30 days)
pantoprazole 20 mg, 40 mg TABLET, DR/EC ^{MO}	1	QL(60 per 30 days)
pantoprazole 40 mg RECON SOLUTION ^{MO}	1	
pantoprazole in 0.9% sod chlor 40 mg/100 ml (0.4 mg/ml), 40 mg/50 ml (0.8 mg/ml), 80 mg/100 ml (0.8 mg/ml) PIGGYBACK ^{MO}	1	
PANTOPRAZOLE IN 0.9% SOD CHLOR 40 MG/50 ML (0.8 MG/ML) PIGGYBACK ^{MO}	1	
peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION ^{MO}	1	
peg-electrolyte soln 420 gram RECON SOLUTION ^{MO}	1	
rabeprazole 20 mg TABLET, DR/EC ^{MO}	1	QL(60 per 30 days)
sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION ^{MO}	1	
sucralfate 1 gram TABLET ^{MO}	1	
sucralfate 100 mg/ml SUSPENSION ^{MO}	1	
SUFLAVE 178.7-7.3-0.5 GRAM RECON SOLUTION ^{MO}	1	
SUTAB 1.479-0.188- 0.225 GRAM TABLET ^{MO}	1	
TALICIA 10-250-12.5 MG CAPSULE, IR/DR, BIPHASIC ^{MO}	1	
ursodiol 250 mg TABLET ^{MO}	1	
ursodiol 300 mg CAPSULE ^{MO}	1	
ursodiol 500 mg TABLET ^{MO}	1	
VOWST CAPSULE ^{DL}	1	PA
XIFAXAN 200 MG TABLET ^{MO}	1	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET ^{DL}	1	PA,QL(84 per 28 days)
GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
betaine 1 gram/scoop POWDER ^{DL}	1	
CREON 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT CAPSULE, DR/EC ^{MO}	1	
CYSTAGON 150 MG, 50 MG CAPSULE ^{MO}	1	
ELELYSO 200 UNIT RECON SOLUTION ^{DL}	1	PA

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nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE ^{DL}	1	
sapropterin 100 mg POWDER IN PACKET ^{DL}	1	PA
sodium phenylbutyrate 0.94 gram/gram POWDER ^{DL}	1	
sodium phenylbutyrate 500 mg TABLET ^{DL}	1	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 80 MG/0.8 ML SOLUTION ^{DL}	1	PA
STRENSIQ 40 MG/ML SOLUTION ^{DL}	1	PA
VYNDAMAX 61 MG CAPSULE ^{DL}	1	PA,QL(30 per 30 days)
WELIREG 40 MG TABLET ^{DL}	1	PA,QL(90 per 30 days)
ZEMAIRA 1,000 MG RECON SOLUTION ^{DL}	1	PA
ZEMAIRA 4,000 MG, 5,000 MG RECON SOLUTION ^{DL}	1	PA
ZENPEP 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT CAPSULE, DR/EC ^{MO}	1	
GENITOURINARY AGENTS - Drugs used to treat conditions such as bladder or prostate problems		
alfuzosin 10 mg TABLET, ER 24 HR. ^{MO}	1	
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET ^{MO}	1	
darifenacin 15 mg, 7.5 mg TABLET, ER 24 HR. ^{MO}	1	QL(30 per 30 days)
dutasteride 0.5 mg CAPSULE ^{MO}	1	QL(30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR. ^{MO}	1	QL(30 per 30 days)
ELMIRON 100 MG CAPSULE ^{MO}	1	QL(90 per 30 days)
fesoterodine 4 mg, 8 mg TABLET, ER 24 HR. ^{MO}	1	QL(30 per 30 days)
finasteride 5 mg TABLET ^{MO}	1	QL(30 per 30 days)
GEMTESA 75 MG TABLET ^{MO}	1	QL(30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. ^{MO}	1	QL(30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON ^{MO}	1	QL(300 per 30 days)
oxybutynin chloride 10 mg TABLET, ER 24 HR. ^{MO}	1	QL(60 per 30 days)
oxybutynin chloride 15 mg, 5 mg TABLET, ER 24 HR. ^{MO}	1	QL(60 per 30 days)
oxybutynin chloride 5 mg TABLET ^{MO}	1	
oxybutynin chloride 5 mg/5 ml SYRUP ^{MO}	1	
silodosin 4 mg, 8 mg CAPSULE ^{MO}	1	QL(30 per 30 days)
solifenacain 10 mg, 5 mg TABLET ^{MO}	1	QL(30 per 30 days)
tadalafil 5 mg TABLET ^{MO}	1	PA
tamsulosin 0.4 mg CAPSULE ^{MO}	1	
tolterodine 1 mg, 2 mg TABLET ^{MO}	1	QL(60 per 30 days)

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tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR ^{MO}	1	QL(30 per 30 days)
trospium 20 mg TABLET ^{MO}	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - Drugs used to treat inflammation		
betamethasone acet,sod phos 6 mg/ml SUSPENSION ^{MO}	1	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET ^{MO}	1	
dexamethasone 0.5 mg/5 ml ELIXIR ^{MO}	1	
dexamethasone 0.5 mg/5 ml SOLUTION ^{MO}	1	
dexamethasone intensol 1 mg/ml DROPS ^{MO}	1	
dexamethasone sodium phos (pf) 10 mg/ml SOLUTION ^{MO}	1	
dexamethasone sodium phos (pf) 10 mg/ml SYRINGE ^{MO}	1	
dexamethasone sodium phosphate 10 mg/ml, 4 mg/ml SOLUTION ^{MO}	1	
dexamethasone sodium phosphate 4 mg/ml SYRINGE ^{MO}	1	
fludrocortisone 0.1 mg TABLET ^{MO}	1	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET ^{MO}	1	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK ^{MO}	1	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION ^{MO}	1	
methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg RECON SOLUTION ^{MO}	1	
prednisolone 15 mg/5 ml SOLUTION ^{MO}	1	
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml) SOLUTION ^{MO}	1	
prednisolone sodium phosphate 20 mg/5 ml (4 mg/ml) SOLUTION ^{MO}	1	
prednisolone sodium phosphate 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION ^{MO}	1	
prednisone 1 mg, 2.5 mg, 50 mg TABLET ^{MO}	1	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET ^{MO}	1	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK ^{MO}	1	
prednisone 5 mg/5 ml SOLUTION ^{MO}	1	BvsD
prednisone intensol 5 mg/ml CONCENTRATE ^{MO}	1	BvsD
SOLU-MEDROL 2 GRAM RECON SOLUTION ^{MO}	1	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION ^{MO}	1	
triamcinolone acetonide 0.025 %, 0.1 % LOTION ^{MO}	1	
triamcinolone acetonide 0.025 %, 0.1 %, 0.5 % OINTMENT ^{MO}	1	
triamcinolone acetonide 0.025 %, 0.5 % CREAM ^{MO}	1	
triamcinolone acetonide 0.1 % CREAM ^{MO}	1	
triderm 0.1 %, 0.5 % CREAM ^{MO}	1	

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HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - Drugs used to treat low levels of pituitary hormones		
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION ^{MO}	1	PA
desmopressin 0.1 mg TABLET ^{MO}	1	
desmopressin 0.2 mg TABLET ^{MO}	1	
EGRIFTA SV 2 MG RECON SOLUTION ^{DL}	1	PA,QL(30 per 30 days)
INCRELEX 10 MG/ML SOLUTION ^{DL}	1	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE ^{DL}	1	PA
OMNITROPE 5.8 MG RECON SOLUTION ^{DL}	1	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - Drugs used for sex hormone imbalances		
afirmelle 0.1-20 mg-mcg TABLET ^{MO}	1	
altavera (28) 0.15-0.03 mg TABLET ^{MO}	1	
alyacen 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	1	
alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	1	
amabelz 0.5-0.1 mg, 1-0.5 mg TABLET ^{MO}	1	
amethia 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	1	QL(91 per 90 days)
amethyst (28) 90-20 mcg (28) TABLET ^{MO}	1	
apri 0.15-0.03 mg TABLET ^{MO}	1	
aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET ^{MO}	1	
ashlyna 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	1	QL(91 per 90 days)
aubra 0.1-20 mg-mcg TABLET ^{MO}	1	
aubra eq 0.1-20 mg-mcg TABLET ^{MO}	1	
aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	1	
aurovela 1/20 (21) 1-20 mg-mcg TABLET ^{MO}	1	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	1	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	1	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	1	
aviane 0.1-20 mg-mcg TABLET ^{MO}	1	
ayuna 0.15-0.03 mg TABLET ^{MO}	1	
azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	1	
balziva (28) 0.4-35 mg-mcg TABLET ^{MO}	1	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	1	

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blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	1	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	1	
briellyn 0.4-35 mg-mcg TABLET ^{MO}	1	
camila 0.35 mg TABLET ^{MO}	1	
camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	1	QL(91 per 90 days)
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	1	QL(91 per 90 days)
chateal eq (28) 0.15-0.03 mg TABLET ^{MO}	1	
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY ^{MO}	1	QL(8 per 28 days)
cryselle (28) 0.3-30 mg-mcg TABLET ^{MO}	1	
cyred 0.15-0.03 mg TABLET ^{MO}	1	
cyred eq 0.15-0.03 mg TABLET ^{MO}	1	
danazol 100 mg, 200 mg, 50 mg CAPSULE ^{MO}	1	
dasetta 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	1	
dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	1	
daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	1	QL(91 per 90 days)
deblitane 0.35 mg TABLET ^{MO}	1	
DEPO-ESTRADIOL 5 MG/ML OIL ^{MO}	1	QL(5 per 30 days)
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE ^{MO}	1	QL(0.65 per 90 days)
desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	1	
dolishale 90-20 mcg (28) TABLET ^{MO}	1	
dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY ^{MO}	1	QL(8 per 28 days)
drospirenone-ethynodiol 3-0.02 mg, 3-0.03 mg TABLET ^{MO}	1	
DUAVEE 0.45-20 MG TABLET ^{MO}	1	PA,QL(30 per 30 days)
elinest 0.3-30 mg-mcg TABLET ^{MO}	1	
eluryng 0.12-0.015 mg/24 hr RING ^{MO}	1	QL(1 per 28 days)
emzahh 0.35 mg TABLET ^{MO}	1	
ENDOMETRIN 100 MG INSERT ^{MO}	1	
enilloring 0.12-0.015 mg/24 hr RING ^{MO}	1	QL(1 per 28 days)
enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	1	
enskyce 0.15-0.03 mg TABLET ^{MO}	1	
errin 0.35 mg TABLET ^{MO}	1	
estarylla 0.25-0.035 mg TABLET ^{MO}	1	

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Name of drug	What the drug will cost you	Necessary actions, restrictions, or limits on (tier level) use
estradiol 0.01 % (0.1 mg/gram) CREAM ^{MO}	1	
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, WEEKLY ^{MO}	1	QL(4 per 28 days)
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY ^{MO}	1	QL(8 per 28 days)
estradiol 0.5 mg, 1 mg, 2 mg TABLET ^{MO}	1	
estradiol 10 mcg TABLET ^{MO}	1	
estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL ^{MO}	1	
estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET ^{MO}	1	
ESTRING 2 MG (7.5 MCG /24 HOUR) RING ^{MO}	1	QL(1 per 90 days)
ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET ^{MO}	1	
etonogestrel-ethynodiol estradiol 0.12-0.015 mg/24 hr RING ^{MO}	1	QL(1 per 28 days)
falmina (28) 0.1-20 mg-mcg TABLET ^{MO}	1	
feirza 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	1	
FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATING ^{MO}	1	
gallifrey 5 mg TABLET ^{MO}	1	
hailey 1.5-30 mg-mcg TABLET ^{MO}	1	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	1	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	1	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	1	
haloette 0.12-0.015 mg/24 hr RING ^{MO}	1	QL(1 per 28 days)
heather 0.35 mg TABLET ^{MO}	1	
iclevia 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH ^{MO}	1	QL(91 per 90 days)
incassia 0.35 mg TABLET ^{MO}	1	
isibloom 0.15-0.03 mg TABLET ^{MO}	1	
jaimiess 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	1	QL(91 per 90 days)
jasmiel (28) 3-0.02 mg TABLET ^{MO}	1	
jencycla 0.35 mg TABLET ^{MO}	1	
juleber 0.15-0.03 mg TABLET ^{MO}	1	
junel 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	1	
junel 1/20 (21) 1-20 mg-mcg TABLET ^{MO}	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	1	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	1	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	1	
kalliga 0.15-0.03 mg TABLET ^{MO}	1	

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kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	1	
kelnor 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	1	
kelnor 1/50 (28) 1-50 mg-mcg TABLET ^{MO}	1	
kurvelo (28) 0.15-0.03 mg TABLET ^{MO}	1	
l norgest/e.estradiol-e.estrad 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	1	QL(91 per 90 days)
larin 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	1	
larin 1/20 (21) 1-20 mg-mcg TABLET ^{MO}	1	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	1	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	1	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	1	
leena 28 0.5/1/0.5-35 mg-mcg TABLET ^{MO}	1	
lessina 0.1-20 mg-mcg TABLET ^{MO}	1	
levonest (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	1	
levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	1	
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28) TABLET ^{MO}	1	
levonorgestrel-ethinyl estrad 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH ^{MO}	1	QL(91 per 90 days)
levora-28 0.15-0.03 mg TABLET ^{MO}	1	
lo-zumandimine (28) 3-0.02 mg TABLET ^{MO}	1	
LOESTRIN 1.5/30 (21) 1.5-30 MG-MCG TABLET ^{MO}	1	
LOESTRIN 1/20 (21) 1-20 MG-MCG TABLET ^{MO}	1	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET ^{MO}	1	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET ^{MO}	1	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	1	QL(91 per 90 days)
loryna (28) 3-0.02 mg TABLET ^{MO}	1	
low-ogestrel (28) 0.3-30 mg-mcg TABLET ^{MO}	1	
lutera (28) 0.1-20 mg-mcg TABLET ^{MO}	1	
lyleq 0.35 mg TABLET ^{MO}	1	
lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY ^{MO}	1	QL(8 per 28 days)
lyza 0.35 mg TABLET ^{MO}	1	
marlissa (28) 0.15-0.03 mg TABLET ^{MO}	1	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	1	

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medroxyprogesterone 150 mg/ml SUSPENSION ^{MO}	1	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE ^{MO}	1	QL(1 per 90 days)
megestrol 20 mg, 40 mg TABLET ^{MO}	1	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml) SUSPENSION ^{MO}	1	
megestrol 625 mg/5 ml (125 mg/ml) SUSPENSION ^{MO}	1	
meleya 0.35 mg TABLET ^{MO}	1	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET ^{MO}	1	
microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	1	
microgestin 1/20 (21) 1-20 mg-mcg TABLET ^{MO}	1	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	1	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	1	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	1	
mili 0.25-0.035 mg TABLET ^{MO}	1	
mono-linyah 0.25-0.035 mg TABLET ^{MO}	1	
NATAZIA 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG TABLET ^{MO}	1	
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET ^{MO}	1	
NEXPLANON 68 MG IMPLANT ^{DL}	1	
nikki (28) 3-0.02 mg TABLET ^{MO}	1	
nora-be 0.35 mg TABLET ^{MO}	1	
NORA-BE 0.35 MG TABLET ^{MO}	1	
norelgestromin-ethin estradiol 150-35 mcg/24 hr PATCH, WEEKLY ^{MO}	1	QL(3 per 28 days)
noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET ^{MO}	1	
norethindrone (contraceptive) 0.35 mg TABLET ^{MO}	1	
norethindrone ac-eth estradiol 1-20 mg-mcg TABLET ^{MO}	1	
norethindrone ac-eth estradiol 1.5-30 mg-mcg TABLET ^{MO}	1	
norethindrone acetate 5 mg TABLET ^{MO}	1	
norethindrone-e.estradiol-iron 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	1	
norgestimate-ethinyl estradiol 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg TABLET ^{MO}	1	
nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET ^{MO}	1	
nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET ^{MO}	1	
nortrel 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	1	
nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	1	

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nylia 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	1	
nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	1	
nymyo 0.25-35 mg-mcg TABLET ^{MO}	1	
ocella 3-0.03 mg TABLET ^{MO}	1	
OSPHENA 60 MG TABLET ^{MO}	1	PA
oxandrolone 10 mg TABLET ^{MO}	1	PA,QL(60 per 30 days)
oxandrolone 2.5 mg TABLET ^{MO}	1	PA,QL(120 per 30 days)
philith 0.4-35 mg-mcg TABLET ^{MO}	1	
pimtrea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	1	
portia 28 0.15-0.03 mg TABLET ^{MO}	1	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET ^{MO}	1	
PREMARIN 0.625 MG/GRAM CREAM ^{MO}	1	
progesterone 50 mg/ml OIL ^{MO}	1	
progesterone micronized 100 mg, 200 mg CAPSULE ^{MO}	1	
raloxifene 60 mg TABLET ^{MO}	1	QL(30 per 30 days)
reclipsen (28) 0.15-0.03 mg TABLET ^{MO}	1	
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH ^{MO}	1	QL(91 per 90 days)
sharobel 0.35 mg TABLET ^{MO}	1	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	1	
simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	1	QL(91 per 90 days)
sprintec (28) 0.25-0.035 mg TABLET ^{MO}	1	
sronyx 0.1-20 mg-mcg TABLET ^{MO}	1	
syeda 3-0.03 mg TABLET ^{MO}	1	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	1	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	1	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	1	
testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET ^{MO}	1	PA,QL(37.5 per 30 days)
testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET ^{MO}	1	PA,QL(150 per 30 days)
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP ^{MO}	1	PA,QL(150 per 30 days)
testosterone cypionate 100 mg/ml, 200 mg/ml OIL ^{MO}	1	PA
testosterone enanthate 200 mg/ml OIL ^{MO}	1	PA,QL(25 per 90 days)
tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET ^{MO}	1	
tri-estarrylla 0.18/0.215/0.25 mg-0.035mg (28) TABLET ^{MO}	1	
tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET ^{MO}	1	

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tri-linyah 0.18/0.215/0.25 mg-0.035mg (28) TABLET ^{MO}	1	
tri-lo-estarrylla 0.18/0.215/0.25 mg-0.025 mg TABLET ^{MO}	1	
tri-lo-marzia 0.18/0.215/0.25 mg-0.025 mg TABLET ^{MO}	1	
tri-lo-mili 0.18/0.215/0.25 mg-0.025 mg TABLET ^{MO}	1	
tri-lo-sprintec 0.18/0.215/0.25 mg-0.025 mg TABLET ^{MO}	1	
tri-mili 0.18/0.215/0.25 mg-0.035mg (28) TABLET ^{MO}	1	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	1	
tri-sprintec (28) 0.18/0.215/0.25 mg-0.035mg (28) TABLET ^{MO}	1	
tri-vylibra 0.18/0.215/0.25 mg-0.035mg (28) TABLET ^{MO}	1	
tri-vylibra lo 0.18/0.215/0.25 mg-0.025 mg TABLET ^{MO}	1	
trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	1	
tulana 0.35 mg TABLET ^{MO}	1	
turqoz (28) 0.3-30 mg-mcg TABLET ^{MO}	1	
valtya 1-50 mg-mcg TABLET ^{MO}	1	
velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET ^{MO}	1	
vestura (28) 3-0.02 mg TABLET ^{MO}	1	
vienna 0.1-20 mg-mcg TABLET ^{MO}	1	
viorele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	1	
volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	1	
vyfemla (28) 0.4-35 mg-mcg TABLET ^{MO}	1	
vylibra 0.25-0.035 mg TABLET ^{MO}	1	
wera (28) 0.5-35 mg-mcg TABLET ^{MO}	1	
wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET ^{MO}	1	
xarah fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET ^{MO}	1	
xelria fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET ^{MO}	1	
xulane 150-35 mcg/24 hr PATCH, WEEKLY ^{MO}	1	QL(3 per 28 days)
zafemy 150-35 mcg/24 hr PATCH, WEEKLY ^{MO}	1	QL(3 per 28 days)
zarah 3-0.03 mg TABLET ^{MO}	1	
zovia 1-35 (28) 1-35 mg-mcg TABLET ^{MO}	1	
zumandimine (28) 3-0.03 mg TABLET ^{MO}	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - Drugs used for thyroid hormone replacement		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET ^{MO}	1	
EUTHYROX 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	1	

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LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO} levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET ^{MO}	1	
levothyroxine 175 mcg, 200 mcg, 300 mcg TABLET ^{MO}	1	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	1	
liothyronine 10 mcg/ml SOLUTION ^{MO}	1	
liothyronine 25 mcg, 5 mcg, 50 mcg TABLET ^{MO}	1	
np thyroid 120 mg, 15 mg, 30 mg, 60 mg, 90 mg TABLET ^{MO}	1	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	1	
TIROSINT-SOL 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML SOLUTION ^{MO}	1	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	1	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline 0.5 mg TABLET ^{MO}	1	
ELIGARD 7.5 MG (1 MONTH) SYRINGE ^{MO}	1	PA
ELIGARD (3 MONTH) 22.5 MG SYRINGE ^{MO}	1	PA
ELIGARD (4 MONTH) 30 MG SYRINGE ^{MO}	1	PA
ELIGARD (6 MONTH) 45 MG SYRINGE ^{MO}	1	PA
FIRMAGON 120 MG RECON SOLUTION ^{DL}	1	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION ^{DL}	1	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION ^{MO}	1	PA
lanreotide 120 mg/0.5 ml SYRINGE ^{DL}	1	PA,QL(0.5 per 28 days)
lanreotide 60 mg/0.2 ml SYRINGE ^{DL}	1	PA,QL(0.2 per 28 days)
lanreotide 90 mg/0.3 ml SYRINGE ^{DL}	1	PA,QL(0.3 per 28 days)
leuprolide 1 mg/0.2 ml KIT ^{MO}	1	
leuprolide (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION ^{MO}	1	PA,QL(1 per 90 days)
LUPRON DEPOT 3.75 MG SYRINGE KIT ^{MO}	1	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT ^{DL}	1	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG SYRINGE KIT ^{MO}	1	PA,QL(1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG SYRINGE KIT ^{MO}	1	PA,QL(1 per 112 days)

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LUPRON DEPOT (6 MONTH) 45 MG SYRINGE KIT	1	PA,QL(1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) KIT ^{DL}	1	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 45 MG SYRINGE KIT	1	PA,QL(1 per 168 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG, 30 MG SYRINGE KIT	1	PA,QL(1 per 90 days)
LUTRATE DEPOT (3 MONTH) 22.5 MG SUSPENSION FOR RECONSTITUTION ^{MO}	1	PA,QL(1 per 90 days)
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml SOLUTION ^{MO}	1	PA
octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE ^{MO}	1	PA
octreotide acetate 50 mcg/ml SOLUTION ^{MO}	1	PA
octreotide,microspheres 10 mg, 20 mg, 30 mg SUSPENSION, ER, RECON ^{DL}	1	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON ^{DL}	1	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION ^{DL}	1	PA,QL(60 per 30 days)
SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION ^{DL}	1	PA,QL(60 per 30 days)
SOMAVERT 25 MG, 30 MG RECON SOLUTION ^{DL}	1	PA,QL(30 per 30 days)
TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG SUSPENSION FOR RECONSTITUTION ^{MO}	1	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID) - Drugs used to treat an overactive thyroid		
methimazole 10 mg, 5 mg TABLET ^{MO}	1	
propylthiouracil 50 mg TABLET ^{MO}	1	
IMMUNOLOGICAL AGENTS - Drugs used to treat immune system conditions and vaccines		
ABRYSVO (PF) 120 MCG/0.5 ML RECON SOLUTION ^{AV,DL}	1	
ACTHIB (PF) 10 MCG/0.5 ML RECON SOLUTION ^{DL}	1	
ACTIMMUNE 100 MCG/0.5 ML SOLUTION ^{DL}	1	PA
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SUSPENSION ^{AV,DL}	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SYRINGE ^{AV,DL}	1	
ADALIMUMAB-ADAZ 10 MG/0.1 ML SYRINGE ^{DL}	1	PA,QL(0.2 per 28 days)
ADALIMUMAB-ADAZ 20 MG/0.2 ML SYRINGE ^{DL}	1	PA,QL(1.2 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML PEN INJECTOR ^{DL}	1	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML SYRINGE ^{DL}	1	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 80 MG/0.8 ML PEN INJECTOR ^{DL}	1	PA,QL(4.8 per 28 days)
ADALIMUMAB-ADBM 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT ^{DL}	1	PA,QL(2 per 28 days)

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ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	1	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT ^{DL}	1	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	1	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	1	PA,QL(6 per 28 days)
ARCALYST 220 MG RECON SOLUTION ^{DL}	1	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION ^{AV,DL}	1	
azathioprine 50 mg TABLET ^{MO}	1	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION ^{AV,DL}	1	
BENLYSTA 120 MG RECON SOLUTION ^{DL}	1	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML AUTO-INJECTOR ^{DL}	1	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE ^{DL}	1	PA,QL(8 per 28 days)
BENLYSTA 400 MG RECON SOLUTION ^{DL}	1	PA,QL(6 per 28 days)
BESREMI 500 MCG/ML SYRINGE ^{DL}	1	PA,QL(2 per 28 days)
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE ^{AV,DL}	1	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SUSPENSION ^{AV,DL}	1	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE ^{AV,DL}	1	
COSENTYX 150 MG/ML SYRINGE ^{DL}	1	PA,QL(8 per 28 days)
COSENTYX 75 MG/0.5 ML SYRINGE ^{DL}	1	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE ^{DL}	1	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR ^{DL}	1	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR ^{DL}	1	PA,QL(8 per 28 days)
COSENTYX UNREADY PEN 300 MG/2 ML PEN INJECTOR ^{DL}	1	PA,QL(8 per 28 days)
cyclosporine 100 mg, 25 mg CAPSULE ^{MO}	1	BvsD
cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	1	BvsD
cyclosporine modified 100 mg/ml SOLUTION ^{MO}	1	BvsD
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION ^{DL}	1	
DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION ^{DL}	1	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR ^{DL}	1	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR ^{DL}	1	PA,QL(8 per 28 days)
DUPIXENT SYRINGE 100 MG/0.67 ML SYRINGE ^{DL}	1	PA,QL(1.34 per 28 days)

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DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE ^{DL}	1	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE ^{DL}	1	PA,QL(8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML SUSPENSION ^{AV,DL}	1	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE ^{AV,DL}	1	BvsD
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE ^{AV,DL}	1	BvsD
ENVARSUS XR 0.75 MG, 1 MG TABLET, ER 24 HR. ^{MO}	1	PA
ENVARSUS XR 4 MG TABLET, ER 24 HR. ^{DL}	1	PA
everolimus (immunosuppressive) 0.25 mg TABLET ^{MO}	1	BvsD,QL(60 per 30 days)
everolimus (immunosuppressive) 0.5 mg TABLET ^{DL}	1	BvsD,QL(120 per 30 days)
everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET ^{DL}	1	BvsD,QL(60 per 30 days)
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION ^{DL}	1	PA
GAMUNEX-C 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION ^{DL}	1	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION ^{AV,DL}	1	
GARDASIL 9 (PF) 0.5 ML SYRINGE ^{AV,DL}	1	
HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION ^{DL}	1	PA,QL(24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML SYRINGE ^{AV,DL}	1	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML SYRINGE ^{DL}	1	
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE ^{AV,DL}	1	BvsD
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION ^{DL}	1	
HUMIRA 40 MG/0.8 ML SYRINGE KIT ^{DL}	1	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	1	PA,QL(6 per 28 days)
HUMIRA PEN CROHNS-UC-HS START 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	1	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT ^{DL}	1	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT ^{DL}	1	PA,QL(6 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SYRINGE KIT ^{DL}	1	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT ^{DL}	1	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT ^{DL}	1	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC 80 MG/0.8 ML PEN INJECTOR KIT ^{DL}	1	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG/0.8 ML-40 MG/0.4 ML PEN INJECTOR KIT ^{DL}	1	PA,QL(6 per 28 days)
icatibant 30 mg/3 ml SYRINGE ^{DL}	1	PA,QL(18 per 30 days)
IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION ^{AV,DL}	1	BvsD
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE ^{DL}	1	

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IPOL 40-8-32 UNIT/0.5 ML SUSPENSION ^{AV,DL}	1	
IXCHIQ (PF) 1,000 TCID50/0.5 ML RECON SOLUTION ^{AV,DL}	1	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE ^{AV,DL}	1	
JYLAMVO 2 MG/ML SOLUTION ^{DL}	1	PA
JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 SUSPENSION ^{AV,DL}	1	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE ^{DL}	1	
leflunomide 10 mg, 20 mg TABLET ^{MO}	1	QL(30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION ^{AV,DL}	1	
MENACTRA (PF) 4 MCG/0.5 ML SOLUTION ^{AV,DL}	1	
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION ^{AV,DL}	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT ^{AV,DL}	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION ^{AV,DL}	1	
methotrexate sodium 2.5 mg TABLET ^{MO}	1	BvsD
methotrexate sodium 25 mg/ml SOLUTION ^{MO}	1	
methotrexate sodium (pf) 1 gram RECON SOLUTION ^{MO}	1	
methotrexate sodium (pf) 25 mg/ml SOLUTION ^{MO}	1	
MRESVIA (PF) 50 MCG/0.5 ML SYRINGE ^{AV,DL}	1	
mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION ^{MO}	1	BvsD
mycophenolate mofetil 250 mg CAPSULE ^{MO}	1	BvsD
mycophenolate mofetil 500 mg TABLET ^{MO}	1	BvsD
mycophenolate mofetil (hcl) 500 mg RECON SOLUTION ^{MO}	1	BvsD
mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC ^{MO}	1	BvsD
OTULFI 45 MG/0.5 ML SYRINGE ^{DL}	1	PA,QL(1.5 per 84 days)
OTULFI 90 MG/ML SYRINGE ^{DL}	1	PA,QL(3 per 84 days)
PEDIARIX (PF) 10 MCG-25LF-25 MCG-10LF/0.5 ML SYRINGE ^{DL}	1	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML SOLUTION ^{DL}	1	
PEGASYS 180 MCG/0.5 ML SYRINGE ^{DL}	1	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION ^{DL}	1	PA,QL(4 per 28 days)
PENBRAYA (PF) 5-120 MCG/0.5 ML KIT ^{AV,DL}	1	
PENTACEL (PF) 15LF-20MCG-5LF- 62 DU/0.5 ML KIT ^{DL}	1	
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION ^{AV,DL}	1	
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET ^{MO}	1	BvsD
PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION ^{DL}	1	

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QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION ^{DL}	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE ^{DL}	1	
RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION ^{AV,DL}	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION ^{AV,DL}	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE ^{AV,DL}	1	BvsD
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML SYRINGE ^{MO}	1	
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. ^{DL}	1	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET, ER 24 HR. ^{DL}	1	PA,QL(168 per 365 days)
RINVOQ LQ 1 MG/ML SOLUTION ^{DL}	1	PA,QL(360 per 30 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION ^{DL}	1	
ROTARIX 10EXP6 CCID50/ML SUSPENSION FOR RECONSTITUTION ^{DL}	1	
ROTAQUE VACCINE 2 ML SOLUTION ^{DL}	1	
sajazir 30 mg/3 ml SYRINGE ^{DL}	1	PA,QL(18 per 30 days)
SANDIMMUNE 100 MG/ML SOLUTION ^{MO}	1	BvsD
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION ^{AV,DL}	1	
sirolimus 0.5 mg, 1 mg, 2 mg TABLET ^{MO}	1	BvsD
sirolimus 1 mg/ml SOLUTION ^{MO}	1	BvsD
SKYRIZI 150 MG/ML PEN INJECTOR	1	PA,QL(2 per 84 days)
SKYRIZI 150 MG/ML SYRINGE	1	PA,QL(2 per 84 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR ^{DL}	1	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR ^{DL}	1	PA,QL(16.8 per 365 days)
STELARA 45 MG/0.5 ML SOLUTION ^{DL}	1	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE ^{DL}	1	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE ^{DL}	1	PA,QL(3 per 84 days)
tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE ^{MO}	1	BvsD
TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION ^{AV,DL}	1	
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION ^{AV,DL}	1	
TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE ^{AV,DL}	1	
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE ^{AV,DL}	1	
TREMFYA 100 MG/ML AUTO-INJECTOR	1	PA,QL(3 per 84 days)
TREMFYA 100 MG/ML SYRINGE	1	PA,QL(3 per 84 days)
TREMFYA 200 MG/2 ML SYRINGE ^{DL}	1	PA,QL(2 per 28 days)
TREMFYA 200 MG/20 ML (10 MG/ML) SOLUTION ^{DL}	1	PA,QL(120 per 365 days)
TREMFYA PEN 100 MG/ML PEN INJECTOR	1	PA,QL(3 per 84 days)

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TREMFYA PEN 200 MG/2 ML PEN INJECTOR ^{DL}	1	PA,QL(2 per 28 days)
TREMFYA PEN INDUCTION PK-CROHN 200 MG/2 ML PEN INJECTOR ^{DL}	1	PA,QL(2 per 28 days)
TRUMENBA 120 MCG/0.5 ML SYRINGE ^{AV,DL}	1	
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE ^{AV,DL}	1	
TYPHIM VI 25 MCG/0.5 ML SOLUTION ^{AV,DL}	1	
TYPHIM VI 25 MCG/0.5 ML SYRINGE ^{AV,DL}	1	
VAQTA (PF) 25 UNIT/0.5 ML SUSPENSION ^{DL}	1	
VAQTA (PF) 25 UNIT/0.5 ML SYRINGE ^{DL}	1	
VAQTA (PF) 50 UNIT/ML SUSPENSION ^{AV,DL}	1	
VAQTA (PF) 50 UNIT/ML SYRINGE ^{AV,DL}	1	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION ^{AV,DL}	1	
VAXCHORA VACCINE 4X10EXP8 TO 2X 10EXP9 CF UNIT SUSPENSION FOR RECONSTITUTION ^{AV,MO}	1	
VIMKUNYA 40 MCG/0.8 ML SYRINGE ^{AV,DL}	1	
VIVOTIF 2 BILLION UNIT CAPSULE, DR/EC ^{AV,MO}	1	
XATMEP 2.5 MG/ML SOLUTION ^{MO}	1	PA
XOLAIR 150 MG/ML, 300 MG/2 ML AUTO-INJECTOR ^{DL,LA}	1	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML SYRINGE ^{DL,LA}	1	PA,QL(8 per 28 days)
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR ^{DL,LA}	1	PA,QL(4 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE ^{DL,LA}	1	PA,QL(4 per 28 days)
YESINTEK 45 MG/0.5 ML SOLUTION ^{DL}	1	PA,QL(1.5 per 84 days)
YESINTEK 45 MG/0.5 ML SYRINGE ^{DL}	1	PA,QL(1.5 per 84 days)
YESINTEK 90 MG/ML SYRINGE ^{DL}	1	PA,QL(3 per 84 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION ^{AV,DL}	1	
INFLAMMATORY BOWEL DISEASE AGENTS - Drugs used to treat stomach and intestinal inflammation		
balsalazide 750 mg CAPSULE ^{MO}	1	
budesonide 3 mg CAPSULE, DR/EC ^{MO}	1	
budesonide 9 mg TABLET, DR/ER ^{DL}	1	PA,QL(30 per 30 days)
hydrocortisone 100 mg/60 ml ENEMA ^{MO}	1	
mesalamine 0.375 gram CAPSULE, ER 24 HR. ^{MO}	1	QL(120 per 30 days)
mesalamine 1,000 mg SUPPOSITORY ^{MO}	1	QL(30 per 30 days)
mesalamine 4 gram/60 ml ENEMA ^{MO}	1	QL(1800 per 30 days)
sulfasalazine 500 mg TABLET ^{MO}	1	
sulfasalazine 500 mg TABLET, DR/EC ^{MO}	1	

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METABOLIC BONE DISEASE AGENTS - Drugs used to treat bone weakening		
alendronate 10 mg, 5 mg TABLET ^{MO}	1	QL(30 per 30 days)
alendronate 35 mg TABLET ^{MO}	1	QL(4 per 28 days)
alendronate 70 mg TABLET ^{MO}	1	QL(4 per 28 days)
calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL ^{MO}	1	QL(3.7 per 28 days)
calcitriol 0.25 mcg, 0.5 mcg CAPSULE ^{MO}	1	
calcitriol 1 mcg/ml SOLUTION ^{MO}	1	
cinacalcet 30 mg, 60 mg TABLET ^{MO}	1	QL(60 per 30 days)
cinacalcet 90 mg TABLET ^{MO}	1	QL(120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE ^{MO}	1	
doxercalciferol 4 mcg/2 ml SOLUTION ^{MO}	1	
FORTEO 20 MCG/DOSE (560MCG/2.24ML) PEN INJECTOR ^{DL}	1	PA,QL(2.4 per 28 days)
ibandronate 150 mg TABLET ^{MO}	1	QL(1 per 28 days)
ibandronate 3 mg/3 ml SOLUTION ^{MO}	1	PA,QL(3 per 90 days)
ibandronate 3 mg/3 ml SYRINGE ^{MO}	1	PA,QL(3 per 90 days)
pamidronate 30 mg/10 ml (3 mg/ml) SOLUTION ^{MO}	1	QL(30 per 21 days)
pamidronate 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml) SOLUTION ^{MO}	1	QL(10 per 21 days)
paricalcitol 1 mcg, 2 mcg, 4 mcg CAPSULE ^{MO}	1	
paricalcitol 2 mcg/ml SOLUTION ^{MO}	1	QL(24 per 30 days)
paricalcitol 5 mcg/ml SOLUTION ^{MO}	1	QL(48 per 28 days)
PROLIA 60 MG/ML SYRINGE ^{MO}	1	QL(1 per 180 days)
risedronate 150 mg TABLET ^{MO}	1	QL(1 per 30 days)
risedronate 30 mg, 5 mg TABLET ^{MO}	1	QL(30 per 30 days)
risedronate 35 mg TABLET ^{MO}	1	QL(4 per 28 days)
risedronate 35 mg TABLET, DR/EC ^{MO}	1	QL(4 per 28 days)
TYMOLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR ^{DL}	1	PA,QL(1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION ^{DL}	1	PA,QL(1.7 per 28 days)
zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK ^{MO}	1	QL(300 per 21 days)
zoledronic acid 4 mg RECON SOLUTION ^{MO}	1	
zoledronic acid 4 mg/5 ml SOLUTION ^{MO}	1	QL(15 per 21 days)
zoledronic acid-mannitol-water 4 mg/100 ml PIGGYBACK ^{MO}	1	QL(300 per 21 days)
zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK ^{MO}	1	PA,QL(100 per 365 days)
MISCELLANEOUS THERAPEUTIC AGENTS - Other drugs that do not fit into another category		
acetic acid 0.25 % SOLUTION ^{MO}	1	
acetylcysteine 200 mg/ml (20 %) SOLUTION ^{MO}	1	

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ADSTILADRIN 3X10EXP11 VP/ML SUSPENSION	1	PA
ALCOHOL PADS PADS, MEDICATED ^{MO}	1	
ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	1	
ALCOHOL SWABS PADS, MEDICATED ^{MO}	1	
ALCOHOL WIPES PADS, MEDICATED ^{MO}	1	
AUTOJECT 2 INJECTION DEVICE INSULIN PEN ^{MO}	1	
AUTOPEN 1 TO 21 UNITS INSULIN PEN ^{MO}	1	
AUTOPEN 2 TO 42 UNITS INSULIN PEN ^{MO}	1	
AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE ^{PDS,MO}	1	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE ^{MO}	1	
BD ALCOHOL SWABS PADS, MEDICATED ^{MO}	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE ^{PDS,MO}	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE ^{PDS,MO}	1	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE ^{PDS,MO}	1	
BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE ^{PDS,MO}	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE ^{PDS,MO}	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE ^{PDS,MO}	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" SYRINGE ^{PDS,MO}	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE ^{PDS,MO}	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE ^{PDS,MO}	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE ^{PDS,MO}	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE ^{PDS,MO}	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE ^{PDS,MO}	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE ^{PDS,MO}	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE ^{PDS,MO}	1	
BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE ^{PDS,MO}	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE ^{PDS,MO}	1	

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BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE ^{PDS,MO}	1	
BD VEO INSULIN SYRINGE UF 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" SYRINGE ^{PDS,MO}	1	
BORDERED GAUZE 2 X 2 " BANDAGE ^{MO}	1	
butalbital-acetaminop-caf-cod 50-325-40-30 mg CAPSULE ^{DL}	1	QL(360 per 30 days)
butalbital-acetaminophen-caff 50-325-40 mg CAPSULE ^{MO}	1	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-325-40 mg TABLET ^{MO}	1	QL(180 per 30 days)
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED ^{MO}	1	
CEQUR SIMPLICITY 2 UNIT DEVICE ^{MO}	1	
CEQUR SIMPLICITY INSERTER MISCELLANEOUS ^{MO}	1	
COBENFY 100-20 MG, 125-30 MG, 50-20 MG CAPSULE ^{DL}	1	PA,QL(60 per 30 days)
COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG CAPSULE, DOSE PACK ^{DL}	1	PA,QL(56 per 28 days)
CURITY ALCOHOL SWABS PADS, MEDICATED ^{MO}	1	
CURITY GAUZE 2 X 2 " BANDAGE ^{MO}	1	
DERMACEA 2 X 2 " BANDAGE ^{MO}	1	
DROPLET INSULIN SYR(HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" SYRINGE ^{PDS,MO}	1	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 SYRINGE ^{PDS,MO}	1	
DROPLET INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" SYRINGE ^{PDS,MO}	1	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE ^{PDS,MO}	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE ^{PDS,MO}	1	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE ^{PDS,MO}	1	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE ^{MO}	1	

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EASY COMFORT ALCOHOL PAD PADS, MEDICATED ^{MO}	1	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	1	
flumazenil 0.1 mg/ml SOLUTION ^{MO}	1	
GAUZE BANDAGE 2 X 2 " BANDAGE ^{MO}	1	
GAUZE PAD 2 X 2 " BANDAGE ^{MO}	1	
INCONTROL ALCOHOL PADS PADS, MEDICATED ^{MO}	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" SYRINGE ^{PDS,MO}	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE ^{PDS,MO}	1	
INSULIN SYRINGE-NEEDLE U-100 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE ^{PDS,MO}	1	
INSULIN U-500 SYRINGE-NEEDLE 1/2 ML 31 GAUGE X 15/64" SYRINGE ^{PDS,MO}	1	
IV PREP WIPES PADS, MEDICATED ^{MO}	1	
lactated ringers SOLUTION ^{MO}	1	
mifepristone 300 mg TABLET ^{DL}	1	PA,QL(120 per 30 days)
MIRENA 21 MCG/24HR (UP TO 8 YRS) 52 MG IUD ^{MO}	1	
NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE ^{PDS,MO}	1	
NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE ^{PDS,MO}	1	
nitroglycerin 0.4 % (w/w) OINTMENT ^{MO}	1	QL(30 per 30 days)
NOVOPEN ECHO INSULIN PEN ^{MO}	1	
OMNIPOD 5 (G6/LIBRE 2 PLUS) CARTRIDGE ^{MO}	1	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) CARTRIDGE ^{MO}	1	
OMNIPOD 5 G6-G7 PODS (GEN 5) CARTRIDGE ^{MO}	1	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) CARTRIDGE ^{MO}	1	
OMNIPOD CLASSIC PODS (GEN 3) CARTRIDGE ^{MO}	1	
OMNIPOD DASH INTRO KIT (GEN 4) CARTRIDGE ^{MO}	1	
OMNIPOD DASH PODS (GEN 4) CARTRIDGE ^{MO}	1	
OMNIPOD GO PODS CARTRIDGE ^{MO}	1	
OMNIPOD GO PODS 10 UNITS/DAY CARTRIDGE ^{MO}	1	
OMNIPOD GO PODS 15 UNITS/DAY CARTRIDGE ^{MO}	1	
OMNIPOD GO PODS 20 UNITS/DAY CARTRIDGE ^{MO}	1	
OMNIPOD GO PODS 25 UNITS/DAY CARTRIDGE ^{MO}	1	
OMNIPOD GO PODS 30 UNITS/DAY CARTRIDGE ^{MO}	1	
OMNIPOD GO PODS 40 UNITS/DAY CARTRIDGE ^{MO}	1	

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PEN NEEDLE, DIABETIC 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE ^{PDS,MO}	1	
PRO COMFORT ALCOHOL PADS PADS, MEDICATED ^{MO}	1	
protamine 10 mg/ml SOLUTION ^{MO}	1	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED ^{MO}	1	
ringer's SOLUTION ^{MO}	1	
sodium chloride 0.9 % SOLUTION ^{MO}	1	
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	1	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	1	
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED ^{MO}	1	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED ^{MO}	1	
ULITLET ALCOHOL SWAB PADS, MEDICATED ^{MO}	1	
ULTRA-FINE INS SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" SYRINGE ^{PDS,MO}	1	
ULTRA-FINE INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64" SYRINGE ^{PDS,MO}	1	
ULTRA-FINE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" NEEDLE ^{PDS,MO}	1	
water for irrigation, sterile SOLUTION ^{MO}	1	
WEBCOL PADS, MEDICATED ^{MO}	1	
XDEMVY 0.25 % DROPS ^{MO}	1	PA,QL(10 per 42 days)
ZEVALIN (Y-90) 3.2 MG/2 ML KIT ^{DL}	1	PA
OPHTHALMIC AGENTS - Drugs used to treat conditions involving the eye		
ALCAINE 0.5 % DROPS ^{MO}	1	
ALPHAGAN P 0.1 % DROPS ^{MO}	1	ST
apraclonidine 0.5 % DROPS ^{MO}	1	
atropine 1 % DROPS ^{MO}	1	
ATROPINE SULFATE (PF) 1 % DROPPERETTE ^{MO}	1	
azelastine 0.05 % DROPS ^{MO}	1	
bacitracin 500 unit/gram OINTMENT ^{MO}	1	
bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT ^{MO}	1	
BETADINE OPHTHALMIC PREP 5 % SOLUTION ^{MO}	1	
betaxolol 0.5 % DROPS ^{MO}	1	

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brimonidine 0.1 % DROPS ^{MO}	1	ST
brimonidine 0.2 % DROPS ^{MO}	1	
carteolol 1 % DROPS ^{MO}	1	
ciprofloxacin hcl 0.3 % DROPS ^{MO}	1	
COMBIGAN 0.2-0.5 % DROPS ^{MO}	1	QL(5 per 25 days)
cromolyn 4 % DROPS ^{MO}	1	
cyclosporine 0.05 % DROPPERETTE ^{MO}	1	QL(60 per 30 days)
CYSTARAN 0.44 % DROPS ^{DL}	1	PA,QL(60 per 28 days)
dexamethasone sodium phosphate 0.1 % DROPS ^{MO}	1	
diclofenac sodium 0.1 % DROPS ^{MO}	1	
dorzolamide 2 % DROPS ^{MO}	1	
dorzolamide-timolol 22.3-6.8 mg/ml DROPS ^{MO}	1	
erythromycin 5 mg/gram (0.5 %) OINTMENT ^{MO}	1	QL(3.5 per 28 days)
EYSUVIS 0.25 % DROPS, SUSPENSION ^{MO}	1	QL(16.6 per 30 days)
fluorometholone 0.1 % DROPS, SUSPENSION ^{MO}	1	
flurbiprofen sodium 0.03 % DROPS ^{MO}	1	
gatifloxacin 0.5 % DROPS ^{MO}	1	QL(2.5 per 25 days)
gentamicin 0.3 % DROPS ^{MO}	1	
ILEVRO 0.3 % DROPS, SUSPENSION ^{MO}	1	QL(3 per 30 days)
ketorolac 0.4 %, 0.5 % DROPS ^{MO}	1	QL(10 per 30 days)
latanoprost 0.005 % DROPS ^{MO}	1	QL(5 per 25 days)
levobunolol 0.5 % DROPS ^{MO}	1	
LOTEMAX SM 0.38 % DROPS, GEL ^{MO}	1	
LUMIGAN 0.01 % DROPS ^{MO}	1	QL(2.5 per 25 days)
methazolamide 25 mg, 50 mg TABLET ^{MO}	1	
moxifloxacin 0.5 % DROPS ^{MO}	1	
NATACYN 5 % DROPS, SUSPENSION ^{MO}	1	
neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT ^{MO}	1	
neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT ^{MO}	1	
neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT ^{MO}	1	
neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION ^{MO}	1	
neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS ^{MO}	1	

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neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION ^{MO}	1	
ofloxacin 0.3 % DROPS ^{MO}	1	
olopatadine 0.1 % DROPS ^{MO}	1	
olopatadine 0.2 % DROPS ^{MO}	1	
pilocarpine hcl 1 %, 2 %, 4 % DROPS ^{MO}	1	
polycin 500-10,000 unit/gram OINTMENT ^{MO}	1	
polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS ^{MO}	1	
prednisolone acetate 1 % DROPS, SUSPENSION ^{MO}	1	
prednisolone sodium phosphate 1 % DROPS ^{MO}	1	
proparacaine 0.5 % DROPS ^{MO}	1	
RHOPRESSA 0.02 % DROPS ^{MO}	1	ST,QL(2.5 per 25 days)
ROCKLATAN 0.02-0.005 % DROPS ^{MO}	1	ST,QL(2.5 per 25 days)
SIMBRINZA 1-0.2 % DROPS, SUSPENSION ^{MO}	1	QL(16 per 30 days)
sulfacetamide sodium 10 % DROPS ^{MO}	1	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS ^{MO}	1	
timolol maleate 0.25 % DROPS ^{MO}	1	
timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION ^{MO}	1	
timolol maleate 0.5 % DROPS ^{MO}	1	
tobramycin 0.3 % DROPS ^{MO}	1	
tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION ^{MO}	1	
travoprost 0.004 % DROPS ^{MO}	1	QL(2.5 per 25 days)
trifluridine 1 % DROPS ^{MO}	1	
VYZULTA 0.024 % DROPS ^{MO}	1	QL(2.5 per 25 days)
ZERVIADE 0.24 % DROPPERETTE ^{MO}	1	QL(60 per 30 days)
OTIC AGENTS - Drugs used to treat conditions involving the ear		
fluocinolone acetonide oil 0.01 % DROPS ^{MO}	1	
hydrocortisone-acetic acid 1-2 % DROPS ^{MO}	1	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION ^{MO}	1	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION ^{MO}	1	
ofloxacin 0.3 % DROPS ^{MO}	1	
RESPIRATORY TRACT/PULMONARY AGENTS - Drugs used to treat lung problems, such as asthma and COPD		
acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION ^{MO}	1	BvsD
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET ^{DLLA}	1	PA,QL(90 per 30 days)

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ADVAIR DISKUS 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE BLISTER WITH DEVICE ^{MO}	1	PA,QL(60 per 30 days)
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	1	QL(12 per 30 days)
AIRSUPRA 90-80 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	1	QL(32.1 per 30 days)
albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml, 5 mg/ml SOLUTION FOR NEBULIZATION ^{MO}	1	BvsD
albuterol sulfate 2 mg, 4 mg TABLET ^{MO}	1	
albuterol sulfate 2 mg/5 ml SYRUP ^{MO}	1	
albuterol sulfate 2.5 mg /3 ml (0.083 %) SOLUTION FOR NEBULIZATION ^{MO}	1	BvsD
albuterol sulfate 4 mg, 8 mg TABLET, ER 12 HR. ^{MO}	1	
albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER ^{MO}	1	QL(36 per 30 days)
alyq 20 mg TABLET ^{MO}	1	PA,QL(60 per 30 days)
ambrisentan 10 mg, 5 mg TABLET ^{DL}	1	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION ^{MO}	1	
arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION ^{MO}	1	BvsD,QL(120 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE ^{MO}	1	QL(30 per 30 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	1	PA,QL(25.8 per 30 days)
AUVI-Q 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML AUTO-INJECTOR ^{MO}	1	QL(4 per 30 days)
azelastine 137 mcg (0.1 %) SPRAY, NON-AEROSOL ^{MO}	1	QL(30 per 25 days)
azelastine 205.5 mcg (0.15 %) SPRAY, NON-AEROSOL ^{MO}	1	QL(30 per 25 days)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE BLISTER WITH DEVICE ^{MO}	1	QL(60 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	1	QL(10.7 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml SUSPENSION FOR NEBULIZATION ^{MO}	1	BvsD
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION ^{DL}	1	PA,QL(84 per 28 days)
cetirizine 1 mg/ml SOLUTION ^{MO}	1	QL(300 per 30 days)
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST ^{MO}	1	QL(4 per 20 days)
cromolyn 100 mg/5 ml CONCENTRATE ^{MO}	1	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION ^{MO}	1	BvsD
desloratadine 5 mg TABLET ^{MO}	1	QL(30 per 30 days)
diphenhydramine hcl 50 mg/ml SOLUTION ^{MO}	1	

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epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR ^{MO}	1	QL(4 per 30 days)
FASENRA PEN 30 MG/ML AUTO-INJECTOR ^{DL}	1	PA,QL(1 per 28 days)
flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL ^{MO}	1	QL(50 per 30 days)
fluticasone propion-salmeterol 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE ^{MO}	1	QL(60 per 30 days)
fluticasone propion-salmeterol 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation AEROSOL POWDER BREATH ACTIV. ^{MO}	1	QL(1 per 30 days)
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION ^{MO}	1	QL(16 per 30 days)
hydroxyzine pamoate 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	1	
ipratropium bromide 0.02 % SOLUTION ^{MO}	1	BvsD
ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL ^{MO}	1	QL(30 per 30 days)
ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL ^{MO}	1	QL(45 per 30 days)
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION ^{MO}	1	BvsD
KALYDECO 150 MG TABLET ^{DL}	1	PA,QL(60 per 30 days)
levalbuterol tartrate 45 mcg/actuation HFA AEROSOL INHALER ^{MO}	1	ST,QL(30 per 30 days)
levocetirizine 5 mg TABLET ^{MO}	1	QL(30 per 30 days)
mometasone 50 mcg/actuation SPRAY, NON-AEROSOL ^{MO}	1	QL(34 per 30 days)
montelukast 10 mg TABLET ^{MO}	1	QL(30 per 30 days)
montelukast 4 mg GRANULES IN PACKET ^{MO}	1	QL(30 per 30 days)
montelukast 4 mg, 5 mg CHEWABLE TABLET ^{MO}	1	QL(30 per 30 days)
NUCALA 100 MG/ML AUTO-INJECTOR ^{DL}	1	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE ^{DL}	1	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE ^{DL}	1	PA,QL(0.4 per 28 days)
OFEV 100 MG, 150 MG CAPSULE ^{DL,LA}	1	PA,QL(60 per 30 days)
OPSUMIT 10 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
OPSYNVI 10-20 MG, 10-40 MG TABLET ^{DL}	1	PA,QL(30 per 30 days)
pirfenidone 267 mg CAPSULE ^{DL}	1	PA,QL(270 per 30 days)
pirfenidone 267 mg TABLET ^{DL}	1	PA,QL(270 per 30 days)
pirfenidone 534 mg, 801 mg TABLET ^{DL}	1	PA,QL(90 per 30 days)
PULMOZYME 1 MG/ML SOLUTION ^{DL}	1	BvsD
roflumilast 250 mcg TABLET ^{MO}	1	QL(28 per 365 days)
roflumilast 500 mcg TABLET ^{MO}	1	QL(30 per 30 days)
sildenafil (pulm.hypertension) 20 mg TABLET ^{MO}	1	PA,QL(90 per 30 days)

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SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST ^{MO}	1	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE ^{MO}	1	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST ^{MO}	1	QL(4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST ^{MO}	1	QL(4 per 30 days)
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	1	QL(30.6 per 30 days)
tadalafil (pulm. hypertension) 20 mg TABLET ^{MO}	1	PA,QL(60 per 30 days)
theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR. ^{MO}	1	
theophylline 400 mg, 600 mg TABLET, ER 24 HR. ^{MO}	1	
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE ^{MO}	1	QL(60 per 30 days)
TRIKAFFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL ^{DL}	1	PA,QL(84 per 28 days)
TRIKAFFTA 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) GRANULES IN PACKET, SEQUENTIAL ^{DL}	1	PA,QL(56 per 28 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	1	QL(36 per 30 days)
wixela inhale 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE ^{MO}	1	QL(60 per 30 days)
zafirlukast 10 mg, 20 mg TABLET ^{MO}	1	QL(60 per 30 days)
SKELETAL MUSCLE RELAXANTS - Drugs used to relax muscles		
carisoprodol 350 mg TABLET ^{MO}	1	QL(120 per 30 days)
cyclobenzaprine 10 mg, 5 mg TABLET ^{MO}	1	
methocarbamol 500 mg, 750 mg TABLET ^{MO}	1	
SLEEP DISORDER AGENTS - Drugs used to treat sleep conditions		
BELSOMRA 10 MG TABLET ^{MO}	1	QL(60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET ^{MO}	1	QL(30 per 30 days)
BELSOMRA 5 MG TABLET ^{MO}	1	QL(120 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg TABLET ^{MO}	1	QL(30 per 30 days)
modafinil 100 mg, 200 mg TABLET ^{MO}	1	PA,QL(60 per 30 days)
sodium oxybate 500 mg/ml SOLUTION ^{DL}	1	PA,QL(540 per 30 days)
tasimelteon 20 mg CAPSULE ^{DL}	1	PA,QL(30 per 30 days)
temazepam 15 mg, 30 mg CAPSULE ^{DL}	1	QL(30 per 30 days)
zaleplon 10 mg, 5 mg CAPSULE ^{MO}	1	QL(30 per 30 days)
zolpidem 10 mg, 5 mg TABLET ^{MO}	1	QL(30 per 30 days)
zolpidem 12.5 mg, 6.25 mg TABLET, ER MULTIPHASE ^{MO}	1	QL(30 per 30 days)

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balsalazide	90	benztropine	45
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betaxolol	95	buprenorphine	15
bethanechol chloride	75	buprenorphine hcl	17
bexarotene	33	buprenorphine-naloxone	17
BEXSERO	86	bupropion hcl	27
bicalutamide	33	bupropion hcl (smoking deter)	17
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BICILLIN L-A	19	busulfan	33
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blisovi fe 1/20 (28)	78	calcipotriene	67
BOOSTRIX TDAP	86	calcitonin (salmon)	91
BORDERED GAUZE	93	calcitriol	91
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briellyn	78	camrese lo	78
BRILINTA	56	candesartan	59

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CAPLYTA	46	ceftriaxone in dextrose,iso-os	19
CAPRELSA	33	cefuroxime axetil	20
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captopril-hydrochlorothiazide	59	celecoxib	15
carbamazepine	23	cephalexin	20
carbidopa-levodopa	45	CEQUR SIMPLICITY	93
carbidopa-levodopa-entacapone	45	CEQUR SIMPLICITY INSERTER	93
carboplatin	33	cetirizine	98
CARETOUCH ALCOHOL PREP PAD	93	chateal eq (28)	78
carglumic acid	69	CHEMET	69
carisoprodol	100	chloramphenicol sod succinate	20
carmustine	33	chlorhexidine gluconate	66
carteolol	96	chloroquine phosphate	44
cartia xt	59	chlorothiazide sodium	59
carvedilol	59	chlorpromazine	46
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cefepime	19	cilostazol	56
cefepime in dextrose 5 %	19	CIMDUO	49
cefepime in dextrose,iso-osm	19	cimetidine	73
cefixime	19	cimetidine hcl	73
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cefoxitin in dextrose, iso-osm	19	ciprofloxacin in 5 % dextrose	20
cefpodoxime	19	cisplatin	33
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ceftazidime	19	cladribine	33

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claravis	67	clonidine	59
clarithromycin	20	clonidine hcl	59
CLEOCIN	20	clopidogrel	56
clindamycin hcl	20	clorazepate dipotassium	52
clindamycin in 0.9 % sod chlor	20	clotrimazole	30
clindamycin in 5 % dextrose	20	clotrimazole-betamethasone	30
clindamycin palmitate hcl	20	clozapine	46
clindamycin pediatric	20	COARTEM	44
clindamycin phosphate	20, 67	COBENFY	93
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CLINIMIX 4.25%/D10W SULF FREE	69	colchicine	31
CLINIMIX 4.25%/D5W SULFIT FREE	69	colestipol	59
CLINIMIX 5%-D20W(SULFITE-FREE)	69	colistin (colistimethate na)	20
CLINIMIX 5%/D15W SULFITE FREE	69	COLUMVI	34
CLINIMIX 6%-D5W (SULFITE-FREE)	69	COMBIGAN	96
CLINIMIX 8%-D10W(SULFITE-FREE)	69	COMBIPATCH	78
CLINIMIX 8%-D14W(SULFITE-FREE)	69	COMBIVENT RESPIMAT	98
CLINIMIX E 2.75%/D5W SULF FREE	69	COMETRIQ	34
CLINIMIX E 4.25%/D10W SUL FREE	69	COMPLERA	49
CLINIMIX E 4.25%/D5W SULF FREE	69	complete natal dha	69
CLINIMIX E 5%/D15W SULFIT FREE	69	compro	29
CLINIMIX E 5%/D20W SULFIT FREE	69	constulose	73
CLINIMIX E 8%-D10W SULFITEFREE	69	COPAXONE	65
CLINIMIX E 8%-D14W SULFITEFREE	69	COPIKTRA	34
CLINISOL SF 15 %	69	CORLOPAM	59
CLINOLIPID	69	COSENTYX	86
clobazam	23	COSENTYX (2 SYRINGES)	86
clobetasol	67	COSENTYX PEN	86
clobetasol-emollient	67	COSENTYX PEN (2 PENS)	86
clofarabine	34	COSENTYX UNOREADY PEN	86
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clonazepam	52	CREON	74

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cromolyn	96, 98	darifenacin	75
cryselle (28)	78	darunavir	49
CURITY ALCOHOL SWABS	93	DARZALEX	34
CURITY GAUZE	93	DARZALEX FASPRO	34
cyclobenzaprine	100	dasatinib	34
cyclophosphamide	34	dasetta 1/35 (28)	78
cyclosporine	86, 96	dasetta 7/7/7 (28)	78
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CYRAMZA	34	daunorubicin	34
cyred	78	DAURISMO	34
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CYSTAGON	74	deblitane	78
CYSTARAN	96	decitabine	34
cytarabine	34	deferasirox	70
cytarabine (pf)	34	DELSTRIGO	49
D			
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d2.5 %-0.45 % sodium chloride	69	DEPO-ESTRADIOL	78
d5 % (d-glucose)-0.9 % sodchl	70	DEPO-SUBQ PROVERA 104	78
d5 % and 0.9 % sodium chloride	70	DERMACEA	93
d5 %-0.45 % sodium chloride	70	DESCOVY	49
dabigatran etexilate	56	desipramine	27
dacarbazine	34	desloratadine	98
dactinomycin	34	desmopressin	77
dalfampridine	65	desvenlafaxine succinate	27
danazol	78	dexamethasone	76
dantrolene	48	dexamethasone intensol	76
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DANZITEN	34	dexamethasone sodium phosphate	76, 96
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DAPTACEL (DTAP PEDIATRIC) (PF)	86	dexmethylphenidate	65
daptomycin	20	dexrazoxane hcl	34
daptomycin in 0.9 % sod chlor	20	dextroamphetamine sulfate	65

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dextroamphetamine-amphetamine	65	dolishale	78
dextrose 10 % and 0.2 % nacl	70	donepezil	26
dextrose 10 % in water (d10w)	70	dorzolamide	96
dextrose 25 % in water (d25w)	70	dorzolamide-timolol	96
dextrose 5 % in water (d5w)	70	dotti	78
dextrose 5 %-lactated ringers	70	DOVATO	49
dextrose 5%-0.2 % sod chloride	70	doxazosin	60
dextrose 5%-0.3 % sod.chloride	70	doxepin	52
dextrose 50 % in water (d50w)	70	doxercalciferol	91
dextrose 70 % in water (d70w)	70	doxorubicin	35
DIACOMIT	23	doxorubicin, peg-liposomal	35
diazepam	23, 52	doxy-100	20
diazepam intensol	52	doxycycline hydiate	20, 21
diazoxide	53	doxycycline monohydrate	21
diclofenac potassium	15	DRIZALMA SPRINKLE	65
diclofenac sodium	15, 67, 96	dronabinol	29
dicloxacillin	20	droperidol	46
dicyclomine	73	DROPLET INSULIN SYR(HALF UNIT)	93
didanosine	49	DROPLET INSULIN SYRINGE	93
DIFICID	20	DROPLET MICRON PEN NEEDLE	93
digitek	59	DROPLET PEN NEEDLE	93
digoxin	59	DROPSAFE ALCOHOL PREP PADS	93
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dilt-xr	59	drospirenone-ethinyl estradiol	78
diltiazem hcl	59	DROXIA	93
dimethyl fumarate	65	DUAVEE	78
diphenhydramine hcl	98	duloxetine	65
diphenoxylate-atropine	73	DUPIXENT PEN	86
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divalproex	23, 24	dutasteride-tamsulosin	75
docetaxel	34	E	
dofetilide	60	EASY COMFORT ALCOHOL PAD	94

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EASY TOUCH ALCOHOL PREP PADS	94	emzahh	78
EDURANT	49	enalapril maleate	60
EDURANT PED	49	enalapril-hydrochlorothiazide	60
efavirenz	49	enalaprilat	60
efavirenz-emtricitabin-tenofov	49	endocet	15
efavirenz-lamivu-tenofov disop	49	ENDOMETRIN	78
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ELREXFIO	35	EPCLUSA	49
eluryng	78	EPIDIOLEX	24
ELZONRIS	35	epinephrine	99
EMCYT	35	epirubicin	35
EMGALITY PEN	31	epitol	24
EMGALITY SYRINGE	31	EPKINLY	35
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EMRELIS	35	ERBITUX	35
EMSAM	27	ergotamine-caffeine	31
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emtricitabine	49	ERIVEDGE	35
emtricitabine-tenofovir (tdf)	49	ERLEADA	35
EMTRIVA	49	erlotinib	35

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errin	78	ezetimibe	60
ertapenem	21	ezetimibe-simvastatin	60
ery pads	67		F
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erythromycin lactobionate	21	famotidine	73
erythromycin with ethanol	67	famotidine (pf)	73
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estarrylla	78	FASENRA PEN	99
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estradiol-norethindrone acet	79	felbamate	24
ESTRING	79	felodipine	60
eszopiclone	100	FEMLYV	79
ethambutol	32	fenofibrate	60
ethosuximide	24	fenofibrate micronized	60
ethynodiol diac-eth estradiol	79	fenofibrate nanocrystallized	60
etodolac	15	fenofibric acid	60
etonogestrel-ethinyl estradiol	79	fentanyl	15
ETOPOPHOS	35	fentanyl citrate	15
etoposide	35	fentanyl citrate (pf)	15
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EULEXIN	35	FETZIMA	27, 28
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EVOTAZ	50	fingolimod	65
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FIRMAGON KIT W DILUENT SYRINGE	84	furosemide	60
flecainide	60	FUZEON	50
flouxuridine	35	FYARRO	36
fluconazole	30	FYCOMPA	24
fluconazole in nacl (iso-osm)	30		G
flucytosine	30	gabapentin	24
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fluocinolone acetonide oil	97	GAUZE BANDAGE	94
fluocinolone and shower cap	67	GAUZE PAD	94
fluocinonide	67	gavilyte-c	73
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fluphenazine hcl	46	gefitinib	36
flurbiprofen	15	gemcitabine	36
flurbiprofen sodium	96	gemfibrozil	60
fluticasone propion-salmeterol	99	GEMTESA	75
fluticasone propionate	68, 99	generlac	73
fluvastatin	60	gentamicin	21, 96
fluvoxamine	28	gentamicin in nacl (iso-osm)	21
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glipizide-metformin	53	HUMALOG MIX 50-50 KWIKPEN	53
glyburide	53	HUMALOG MIX 75-25 KWIKPEN	54
glyburide micronized	53	HUMALOG MIX 75-25(U-100)INSULN	54
glyburide-metformin	53	HUMALOG U-100 INSULIN	54
GLYCOPHOS	70	HUMATIN	21
glycopyrrolate	73	HUMIRA	87
GLYXAMBI	53	HUMIRA PEN	87
GOMEKLI	36	HUMIRA PEN CROHNS-UC-HS START	87
GRAFAPEX	36	HUMIRA(CF)	87
granisetron hcl	29	HUMIRA(CF) PEDI CROHNS STARTER	87
griseofulvin microsize	30	HUMIRA(CF) PEN	87
griseofulvin ultramicrosize	30	HUMIRA(CF) PEN CROHNS-UC-HS	87
guanfacine	60, 66	HUMIRA(CF) PEN PEDIATRIC UC	87
H			
HAEGARDA	87	HUMIRA(CF) PEN PSOR-UV-ADOL HS	87
hailey	79	HUMULIN 70/30 U-100 INSULIN	54
hailey 24 fe	79	HUMULIN 70/30 U-100 KWIKPEN	54
hailey fe 1.5/30 (28)	79	HUMULIN N NPH INSULIN KWIKPEN	54
hailey fe 1/20 (28)	79	HUMULIN N NPH U-100 INSULIN	54
HALAVEN	36	HUMULIN R REGULAR U-100 INSULN	54
haloette	79	HUMULIN R U-500 (CONC) INSULIN	54
haloperidol	46	hydralazine	60
haloperidol decanoate	46	hydrochlorothiazide	60
haloperidol lactate	46	hydrocodone-acetaminophen	15
HAVRIX (PF)	87	hydrocodone-ibuprofen	15
heather	79	hydrocortisone	68, 90
heparin (porcine)	57	hydrocortisone-acetic acid	97
heparin, porcine (pf)	57	hydromorphone	16
HEPLISAV-B (PF)	87	hydroxychloroquine	44
HIBERIX (PF)	87	hydroxyurea	36
HUMALOG JUNIOR KWIKPEN U-100	53	hydroxyzine hcl	52
HUMALOG KWIKPEN INSULIN	53	hydroxyzine pamoate	99
HUMALOG MIX 50-50 INSULN U-100	53	HYFTOR	68

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I

ibandronate	91	INLYTA	37
IBRANCE	36	INQOVI	37
IBTROZI	36	INREBIC	37
ibu	16	INSULIN LISPRO	54
ibuprofen	16	INSULIN SYRINGE	94
ibutilide fumarate	60	INSULIN SYRINGE MICROFINE	94
icatibant	87	INSULIN SYRINGE-NEEDLE U-100	94
iclevia	79	INSULIN U-500 SYRINGE-NEEDLE	94
ICLUSIG	36	INTELENCE	50
idarubicin	36	INTRALIPID	70
IDHIFA	36	INVEGA HAFYERA	46
ifosfamide	36	INVEGA SUSTENNA	46, 47
ILEVRO	96	INVOKAMET	54
imatinib	36	INVOKAMET XR	54
IMBRUVICA	36	INVOKANA	54
IMDELLTRA	36	IONOSOL-MB IN D5W	70
IMFINZI	36	IPOL	88
imipenem-cilastatin	21	ipratropium bromide	99
imipramine hcl	28	ipratropium-albuterol	99
imipramine pamoate	28	irbesartan	61
imiquimod	68	irbesartan-hydrochlorothiazide	61
IMJUDO	36	irinotecan	37
IMKELDI	37	ISENTRESS	50
IMLYGIC	37	ISENTRESS HD	50
IMOVAX RABIES VACCINE (PF)	87	isibloom	79
INBRIJA	45	ISOLYTE S PH 7.4	70
incassia	79	ISOLYTE-P IN 5 % DEXTROSE	70
INCONTROL ALCOHOL PADS	94	ISOLYTE-S	70
INCRELEX	77	isoniazid	32
indapamide	61	isosorbide dinitrate	61
indomethacin	16	isosorbide mononitrate	61
INFANRIX (DTAP) (PF)	87	isosorbide-hydralazine	61

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isotretinoin	68	junel fe 24	79
ISTODAX	37	JYLAMVO	88
ISUPREL	61	JYNNEOS (PF)	88
ITOVEBI	37		K
itraconazole	30	KABIVEN	70
IV PREP WIPES	94	KADCYLA	37
ivermectin	44	KALETRA	50
IVRA	37	kalliga	79
IWILFIN	37	KALYDECO	99
IXCHIQ (PF)	88	KANJINTI	37
IXEMPRA	37	kariva (28)	80
IXIARO (PF)	88	kelnor 1/35 (28)	80
		kelnor 1/50 (28)	80
	J		
jaimiess	79	KERENDIA	61
JAKAFI	37	KESIMPTA PEN	66
jantoven	57	ketoconazole	30
JANUMET	54	ketorolac	16, 96
JANUMET XR	54	KEYTRUDA	37
JANUVIA	54	KIMMTRAK	37
JARDIANCE	54	KINRIX (PF)	88
jasmiel (28)	79	kionex (with sorbitol)	70
JAYPIRCA	37	KISQALI	37
JEMPERLI	37	KISQALI FEMARA CO-PACK	37
jencycla	79	klayesta	30
JENTADUETO	54	KLOR-CON 10	70
JENTADUETO XR	54	KLOR-CON 8	70
JEVTANA	37	klor-con m10	70
juleber	79	KLOR-CON M15	70
JULUCA	50	klor-con m20	70
junel 1.5/30 (21)	79	KLOXXADO	17
junel 1/20 (21)	79	KOSELUGO	37
junel fe 1.5/30 (28)	79	KRAZATI	37
junel fe 1/20 (28)	79	kurvelo (28)	80

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KYPROLIS	37, 38	levalbuterol tartrate	99
	L		
Inorgest/e.estriadiol-e.estrad	80	levetiracetam	24, 25
labetalol	61	levetiracetam in nacl (iso-os)	25
lacosamide	24	LEVO-T	84
lactated ringers	70, 94	levobunolol	96
lactulose	73	levocarnitine	70
lamivudine	50	levocetirizine	99
lamivudine-zidovudine	50	levofloxacin	21
lamotrigine	24	levofloxacin in d5w	21
LAMPIT	44	levoleucovorin calcium	38
lanreotide	84	levonest (28)	80
lansoprazole	73	levonorg-eth estrad triphasic	80
LANTUS SOLOSTAR U-100 INSULIN	54	levonorgestrel-ethinyl estrad	80
LANTUS U-100 INSULIN	54	levora-28	80
lapatinib	38	levothyroxine	84
larin 1.5/30 (21)	80	LEVOXYL	84
larin 1/20 (21)	80	LEVULAN	38
larin 24 fe	80	LEXIVA	50
larin fe 1.5/30 (28)	80	LIBERVANT	25
larin fe 1/20 (28)	80	LIBTAYO	38
latanoprost	96	lidocaine	17
LAZCLUZE	38	lidocaine (pf)	61
leena 28	80	lidocaine hcl	17
leflunomide	88	lidocaine in 5 % dextrose (pf)	61
lenalidomide	38	lidocaine viscous	17
LENVIMA	38	lidocaine-epinephrine	17
lessina	80	lidocaine-prilocaine	17
letrozole	38	lincomycin	21
leucovorin calcium	38	lindane	68
LEUKERAN	38	linezolid	21
leuprolide	84	linezolid in dextrose 5%	21
leuprolide (3 month)	84	linezolid-0.9% sodium chloride	21

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LINZESS	73	LUNSUMIO	38
liothyronine	84	LUPRON DEPOT	84
liraglutide	54	LUPRON DEPOT (3 MONTH)	84
lisinopril	61	LUPRON DEPOT (4 MONTH)	84
lisinopril-hydrochlorothiazide	61	LUPRON DEPOT (6 MONTH)	85
lithium carbonate	53	LUPRON DEPOT-PED	85
lithium citrate	53	LUPRON DEPOT-PED (3 MONTH)	85
LIVTENCITY	50	lurasidone	47
lo-zumandimine (28)	80	lurbipro	16
LOCOID LIPOCREAM	68	lutera (28)	80
LOESTRIN 1.5/30 (21)	80	LUTRATE DEPOT (3 MONTH)	85
LOESTRIN 1/20 (21)	80	LYBALVI	47
LOESTRIN FE 1.5/30 (28-DAY)	80	lyeq	80
LOESTRIN FE 1/20 (28-DAY)	80	lyllana	80
lojaimiess	80	LYNPARZA	38
LOKELMA	70	LYSODREN	38
LONSURF	38	LYTGOBI	38
loperamide	73	LYUMJEV KWIKPEN U-100 INSULIN	54
lopinavir-ritonavir	50	LYUMJEV KWIKPEN U-200 INSULIN	55
LOQTORZI	38	LYUMJEV U-100 INSULIN	55
lorazepam	53	lyza	80
lorazepam intensol	53		M
LORBRENA	38	M-M-R II (PF)	88
loryna (28)	80	m-natal plus	71
losartan	61	magnesium sulfate	71
losartan-hydrochlorothiazide	61	magnesium sulfate in d5w	71
LOTEMAX SM	96	magnesium sulfate in water	71
lovastatin	61	malathion	68
low-ogestrel (28)	80	maraviroc	50
loxapine succinate	47	MARGENZA	38
lubiprostone	73	marlissa (28)	80
LUMAKRAS	38	MARPLAN	28
LUMIGAN	96	MATULANE	38

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meclizine	29	methyldopa-hydrochlorothiazide	61
medroxyprogesterone	80, 81	methylphenidate hcl	66
mefloquine	44	methylprednisolone	76
megestrol	81	methylprednisolone acetate	76
MEKINIST	38, 39	methylprednisolone sodium succ	76
MEKTOVI	39	metoclopramide hcl	29
meleya	81	metolazone	61
meloxicam	16	metoprolol succinate	61
melphalan	39	metoprolol ta-hydrochlorothiaz	61
melphalan hcl	39	metoprolol tartrate	61
memantine	27	metronidazole	21, 22
MENACTRA (PF)	88	metronidazole in nacl (iso-os)	22
MENEST	81	metyrosine	61
MENQUADFI (PF)	88	micafungin	30
MENVEO A-C-Y-W-135-DIP (PF)	88	MICAFUNGIN IN 0.9 % SODIUM CHL	30
mercaptopurine	39	miconazole-3	30
meropenem	21	microgestin 1.5/30 (21)	81
meropenem-0.9% sodium chloride	21	microgestin 1/20 (21)	81
mesalamine	90	microgestin 24 fe	81
mesna	39	microgestin fe 1.5/30 (28)	81
MESNEX	39	microgestin fe 1/20 (28)	81
metformin	55	midodrine	61
methadone	16	mifepristone	94
methadone intensol	16	mili	81
methazolamide	96	minocycline	22
methenamine hippurate	21	minoxidil	61
methimazole	85	MIRENA	94
methocarbamol	100	mirtazapine	28
methotrexate sodium	88	misoprostol	74
methotrexate sodium (pf)	88	mitomycin	39
methscopolamine	73	mitoxantrone	39
methsuximide	25	modafinil	100
methyldopa	61	moexipril	62

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molindone	47	naratriptan	31
mometasone	68, 99	NATACYN	96
monodoxine nl	22	NATAZIA	81
mono-linyah	81	nateglinide	55
montelukast	99	NAYZILAM	25
morphine	16	nebivolol	62
morphine concentrate	16	necon 0.5/35 (28)	81
MOUNJARO	55	nefazodone	28
MOVANTIK	74	nelarabine	39
moxifloxacin	22, 96	neo-vital rx	71
moxifloxacin-sod.chloride(iso)	22	neomycin	22
MRESVIA (PF)	88	neomycin-bacitracin-poly-hc	96
MULTAQ	62	neomycin-bacitracin-polymyxin	96
mupirocin	68	neomycin-polymyxin b-dexameth	96
MUTAMYCIN	39	neomycin-polymyxin-gramicidin	96
MVASI	39	neomycin-polymyxin-hc	97
mycophenolate mofetil	88	NEONATAL COMPLETE	71
mycophenolate mofetil (hcl)	88	NEONATAL PLUS VITAMIN	71
mycophenolate sodium	88	NEONATAL-DHA	71
MYLOTARG	39	NERLYNX	39
MYRBETRIQ	75	nevirapine	50
N			
nabumetone	16	NEXPLANON	81
nadolol	62	NEXTERONE	62
nafcillin	22	niacin	62
nafcillin in dextrose iso-osm	22	niacor	62
naloxone	17, 18	NICOTROL NS	18
naltrexone	18	nifedipine	62
NAMZARIC	27	nikki (28)	81
NANO 2ND GEN PEN NEEDLE	94	nilotinib hcl	39
NANO PEN NEEDLE	94	nilotinib tartrate	39
naproxen	16	nilutamide	39
naproxen sodium	16	nimodipine	62
		NINLARO	39

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NIPENT	39	NOVOLOG FLEXPEN U-100 INSULIN	55
nisoldipine	62	NOVOLOG MIX 70-30 U-100 INSULN	55
nitazoxanide	44	NOVOLOG MIX 70-30FLEXPEN U-100	55
nitisinone	75	NOVOLOG PENFILL U-100 INSULIN	55
nitrofurantoin macrocrystal	22	NOVOLOG U-100 INSULIN ASPART	55
nitrofurantoin monohyd/m-cryst	22	NOVOPEN ECHO	94
nitroglycerin	62, 94	np thyroid	84
nitroglycerin in 5 % dextrose	62	NUBEQA	39
NITROSTAT	62	NUCALA	99
NIVESTYM	57	NUEDEXTA	66
nizatidine	74	NUPLAZID	47
nora-be	81	NUTRILIPID	71
norelgestromin-ethin.estradiol	81	nyamyc	30
norepinephrine bitartrate	62	nylia 1/35 (28)	82
noreth-ethinyl estradiol-iron	81	nylia 7/7/7 (28)	82
norethindrone (contraceptive)	81	nymyo	82
norethindrone ac-eth estradiol	81	nystatin	30
norethindrone acetate	81	nystatin-triamcinolone	30
norethindrone-e.estradiol-iron	81	nystop	31
norgestimate-ethinyl estradiol	81	0	
NORMOSOL-M IN 5 % DEXTROSE	71	ocella	82
nortrel 0.5/35 (28)	81	octreotide acetate	85
nortrel 1/35 (21)	81	octreotide,microspheres	85
nortrel 1/35 (28)	81	ODEFSEY	50
nortrel 7/7/7 (28)	81	ODOMZO	39
nortriptyline	28	OFEV	99
NORVIR	50	ofloxacin	22, 97
NOVOLIN 70-30 FLEXPEN U-100	55	OGSIVEO	39
NOVOLIN 70/30 U-100 INSULIN	55	OJEMDA	39
NOVOLIN N FLEXPEN	55	OJJAARA	39
NOVOLIN N NPH U-100 INSULIN	55	olanzapine	47
NOVOLIN R FLEXPEN	55	olmesartan	62
NOVOLIN R REGULAR U100 INSULIN	55	olmesartan-amlodipin-hcthiazid	62

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olmesartan-hydrochlorothiazide	62	ORGOVYX	40
olopatadine	97	ORSERDU	40
omega-3 acid ethyl esters	62	oseltamivir	50
omeprazole	74	OSPHENA	82
omeprazole-sodium bicarbonate	74	OTULFI	88
OMNIPOD 5 (G6/LIBRE 2 PLUS)	94	oxacillin	22
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	94	oxacillin in dextrose(iso-osm)	22
OMNIPOD 5 G6-G7 PODS (GEN 5)	94	oxaliplatin	40
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	94	oxandrolone	82
OMNIPOD CLASSIC PODS (GEN 3)	94	oxcarbazepine	25
OMNIPOD DASH INTRO KIT (GEN 4)	94	oxybutynin chloride	75
OMNIPOD DASH PODS (GEN 4)	94	oxycodone	16, 17
OMNIPOD GO PODS	94	oxycodone-acetaminophen	17
OMNIPOD GO PODS 10 UNITS/DAY	94	OZEMPIC	55
OMNIPOD GO PODS 15 UNITS/DAY	94	P	
OMNIPOD GO PODS 20 UNITS/DAY	94	PACERONE	62
OMNIPOD GO PODS 25 UNITS/DAY	94	paclitaxel	40
OMNIPOD GO PODS 30 UNITS/DAY	94	paclitaxel protein-bound	40
OMNIPOD GO PODS 40 UNITS/DAY	94	PADCEV	40
OMNITROPE	77	paliperidone	47
ONCASPAR	39	pamidronate	91
ondansetron	29	PANRETIN	40
ondansetron hcl	29	pantoprazole	74
ondansetron hcl (pf)	29	pantoprazole in 0.9% sod chlor	74
ONIVYDE	39	paraplatin	40
ONUREG	39	paricalcitol	91
OPDIVO	39	paroxetine hcl	28
OPDIVO QVANTIG	39	PAXLOVID	50, 51
OPDUALAG	40	pazopanib	40
OPIPZA	47	PEDIARIX (PF)	88
OPSUMIT	99	PEDVAX HIB (PF)	88
OPSYNVI	99	peg 3350-electrolytes	74
OPVEE	18	peg-electrolyte soln	74

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PEGASYS	88	pimecrolimus	68
PEMAZYRE	40	pimozide	47
pemetrexed	40	pimtrea (28)	82
pemetrexed disodium	40	pioglitazone	55
PEMRYDI RTU	40	pioglitazone-metformin	55
PEN NEEDLE, DIABETIC	95	piperacillin-tazobactam	22
PENBRAYA (PF)	88	PIQRAY	40
penicillamine	71	pirfenidone	99
penicillin g pot in dextrose	22	piroxicam	17
penicillin g potassium	22	PLASMA-LYTE 148	71
penicillin g sodium	22	PLASMA-LYTE A	71
penicillin v potassium	22	PLENAMINE	71
PENTACEL (PF)	88	podofilox	68
pentamidine	44	POLIVY	40
pentoxifylline	62	polocaine	17
perampanel	25	polocaine-mpf	17
PERIKABIVEN	71	polycin	97
perindopril erbumine	63	polymyxin b sulf-trimethoprim	97
periogard	66	polymyxin b sulfate	22
PERJETA	40	POMALYST	40
permethrin	68	portia 28	82
perphenazine	47	PORTRAZZA	40
perphenazine-amitriptyline	28	posaconazole	31
pfizerpen-g	22	potassium acetate	71
phenelzine	28	potassium chlorid-d5-0.45%nacl	71
phenobarbital	25	potassium chloride	71
PHENYTEK	25	potassium chloride in 0.9%nacl	71
phenytoin	25	potassium chloride in 5 % dex	71
phenytoin sodium	25	potassium chloride in lr-d5	71
phenytoin sodium extended	25	potassium chloride in water	71
philith	82	potassium chloride-0.45 % nacl	72
PIFELTRO	51	potassium chloride-d5-0.2%nacl	72
pilocarpine hcl	66, 97	potassium chloride-d5-0.9%nacl	72

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potassium citrate	72	PRIORIX (PF)	88
POTELIGEO	40	PRO COMFORT ALCOHOL PADS	95
pr natal 400	72	probenecid	31
pr natal 400 ec	72	probenecid-colchicine	31
pr natal 430	72	procainamide	63
pr natal 430 ec	72	prochlorperazine	29
pralatrexate	40	prochlorperazine edisylate	29
pramipexole	45	prochlorperazine maleate	29
prasugrel hcl	57	proto-med hc	68
pravastatin	63	proctosol hc	68
praziquantel	44	proctozone-hc	68
prazosin	63	progesterone	82
prednisolone	76	progesterone micronized	82
prednisolone acetate	97	PROGRAF	88
prednisolone sodium phosphate	76, 97	PROLIA	91
prednisone	76	PROMACTA	57
prednisone intensol	76	promethazine	29
pregabalin	66	propafenone	63
PREMARIN	82	proparacaine	97
PREMASOL 10 %	72	propranolol	63
PRENATA	72	propranolol-hydrochlorothiazid	63
PRENATABS FA	72	propylthiouracil	85
prenatal plus (calcium carb)	72	PROQUAD (PF)	88
prenatal plus vitamin-mineral	72	PROSOL 20 %	72
PRENATE ELITE	72	protamine	95
prevalite	63	protriptyline	28
PREVYMIS	51	PULMOZYME	99
PREZCOBIX	51	PURE COMFORT ALCOHOL PADS	95
PREZISTA	51	PURIXAN	40
PRIFTIN	32	pyrazinamide	32
primaquine	44	pyridostigmine bromide	32
primidone	25	pyrimethamine	44
PRIMSOL	22		Q

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QINLOCK	40	RHOPRESSA	97
QUADRACEL (PF)	89	RIABNI	41
quetiapine	47	ribavirin	51
quinapril	63	rifabutin	32
quinapril-hydrochlorothiazide	63	rifampin	32
quinidine sulfate	63	riluzole	66
quinine sulfate	44	rimantadine	51
QULIPTA	31	ringer's	72, 95
R			
		RINVOQ	89
RABAVERT (PF)	89	RINVOQ LQ	89
rabeprazole	74	risedronate	91
RADICAVA ORS	66	RISPERDAL CONSTA	48
RADICAVA ORS STARTER KIT SUSP	66	risperidone	48
RALDESY	28	ritonavir	51
raloxifene	82	rivaroxaban	57
ramipril	63	rivastigmine	27
ranolazine	63	rivastigmine tartrate	27
rasagiline	45	rizatriptan	31
reclipsen (28)	82	ROCKLATAN	97
RECOMBIVAX HB (PF)	89	roflumilast	99
RELENZA DISKHALER	51	romidepsin	41
repaglinide	55	ROMVIMZA	41
REPATHA PUSHTRONEX	63	ropinirole	45
REPATHA SURECLICK	63	ropivacaine (pf)	17
REPATHA SYRINGE	63	rosuvastatin	63
RETACRIT	57	ROTARIX	89
RETEVMO	40, 41	ROTATEQ VACCINE	89
RETROVIR	51	roweepra	25
REVUFORJ	41	roweepra xr	25
REXULTI	47	ROZLYTREK	41
REYATAZ	51	RUBRACA	41
REZLIDHIA	41	rufinamide	25
RHOPHYLAC	89	RUKOBIA	51

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RUXIENCE	41	simvastatin	63
RYBELSUS	55	sirolimus	89
RYBREVANT	41	SIRTURO	32
RYDAPT	41	SKYRIZI	89
RYLAZE	41	SMOFLIPID	72
RYTARY	45	sodium bicarbonate	72
RYTELO	41	sodium chloride	72, 95
S			
sajazir	89	sodium chloride 0.45 %	72
SANDIMMUNE	89	sodium chloride 0.9 %	72
SANDOSTATIN LAR DEPOT	85	sodium chloride 3 % hypertonic	72
SANTYL	68	sodium chloride 5 % hypertonic	72
sapropterin	75	sodium oxybate	100
SARCLISA	41	sodium phenylbutyrate	75
saxagliptin	55	sodium phosphate	72
SCEMBLIX	41	sodium polystyrene sulfonate	72
scopolamine base	29	solifenacin	75
se-natal 19 chewable	72	SOLIQUA 100/33	55
SECUADO	48	SOLTAMOX	41
selegiline hcl	45	SOLU-MEDROL	76
selenium sulfide	68	SOLU-MEDROL (PF)	76
SELZENTRY	51	SOMAVERT	85
sertraline	28	sorafenib	41
setlakin	82	sorine	63
sharobel	82	sotalol	63
SHINGRIX (PF)	89	sotalol af	63
SIGNIFOR	85	SPIRIVA RESPIMAT	100
sildenafil (pulm.hypertension)	99	SPIRIVA WITH HANDIHALER	100
silodosin	75	spironolacton-hydrochlorothiaz	63
silver sulfadiazine	68	spironolactone	63
SIMBRINZA	97	sprintec (28)	82
simliya (28)	82	SPRITAM	25
simpesse	82	SPRYCEL	41

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SPS (WITH SORBITOL)	72	SYMPAZAN	26
sronyx	82	SYMTUZA	51
SSD	68	SYNJARDY	55
stavudine	51	SYNJARDY XR	56
STELARA	89	SYNRIBO	41
STIOLTO RESPIMAT	100	SYNTROID	84
STIVARGA	41		T
STRENSIQ	75	TABLOID	41
streptomycin	22	TABRECTA	41
STRIBILD	51	tacrolimus	68, 89
STRIVERDI RESPIMAT	100	tadalafil	75
subvenite	25	tadalafil (pulm. hypertension)	100
subvenite starter (blue) kit	25	TAFINLAR	41
subvenite starter (green) kit	25	TAGRISSO	41
subvenite starter (orange) kit	26	TALICIA	74
sucralfate	74	TALVEY	41
SUFLAVE	74	TALZENNA	41, 42
sulfacetamide sodium	22, 97	tamoxifen	42
sulfacetamide sodium (acne)	22	tamsulosin	75
sulfacetamide-prednisolone	97	tarina 24 fe	82
sulfadiazine	22	tarina fe 1-20 eq (28)	82
sulfamethoxazole-trimethoprim	22	tarina fe 1/20 (28)	82
sulfasalazine	90	TASIGNA	42
sulindac	17	tasimelteon	100
sumatriptan	31	tazarotene	68
sumatriptan succinate	31	taztia xt	63
sunitinib malate	41	TAZVERIK	42
SUNLENCA	51	TDVAX	89
SURE COMFORT ALCOHOL PREP PADS	95	TECENTRIQ	42
SURE-PREP ALCOHOL PREP PADS	95	TECENTRIQ HYBREZA	42
SUTAB	74	TECVAYLI	42
syeda	82	TEFLARO	22
SYMBICORT	100	telmisartan	63

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telmisartan-amlodipine	64	TIVICAY PD	51
telmisartan-hydrochlorothiazid	64	tizanidine	48
temazepam	100	tobramycin	97
temsirolimus	42	tobramycin in 0.225 % nacl	23
TENIVAC (PF)	89	tobramycin sulfate	23
tenofovir disoproxil fumarate	51	tobramycin-dexamethasone	97
TEPMETKO	42	tolterodine	75, 76
terazosin	64	topiramate	26
terbinafine hcl	31	topotecan	42
terconazole	31	toremifene	42
teriflunomide	66	torpenz	42
testosterone	82	torsemide	64
testosterone cypionate	82	TOUJEO MAX U-300 SOLOSTAR	56
testosterone enanthate	82	TOUJEO SOLOSTAR U-300 INSULIN	56
tetrabenazine	66	TPN ELECTROLYTES	72
TEVIMBRA	42	TRADJENTA	56
THALOMID	42	tramadol	17
theophylline	100	trandolapril	64
thioridazine	48	trandolapril-verapamil	64
thiotepa	42	tranexamic acid	57
thiothixene	48	tranylcypromine	28
tiadylt er	64	TRAVASOL 10 %	72
tiagabine	26	travoprost	97
TIBSOVO	42	TRAZIMERA	42
ticagrelor	57	trazodone	28
TICOVAC	89	TRECATOR	32
tigecycline	23	TRELEGY ELLIPTA	100
tilia fe	82	TRELSTAR	85
timolol maleate	64, 97	TREMFYA	89
tinidazole	23	TREMFYA PEN	89, 90
TIROSINT-SOL	84	TREMFYA PEN INDUCTION PK-CROHN	90
TIVDAK	42	TRESIBA FLEXTOUCH U-100	56
TIVICAY	51	TRESIBA FLEXTOUCH U-200	56

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TRESIBA U-100 INSULIN	56	TRODELVY	42
tretinoin	68	TROGARZO	51
tretinoin (antineoplastic)	42	TROPHAMINE 10 %	73
tri-estarrylla	82	trospium	76
tri-legest fe	82	TRUE COMFORT ALCOHOL PADS	95
tri-linyah	83	TRUE COMFORT PRO ALCOHOL PADS	95
tri-lo-estarrylla	83	TRULICITY	56
tri-lo-marzia	83	TRUMENBA	90
tri-lo-mili	83	TRUQAP	42
tri-lo-sprintec	83	TUKYSA	42
tri-mili	83	tulana	83
tri-nymyo	83	TURALIO	42
tri-sprintec (28)	83	turqoz (28)	83
tri-vylibra	83	TWINRIX (PF)	90
tri-vylibra lo	83	TYBOST	51
triamcinolone acetonide	66, 76	TYMLOS	91
triamterene-hydrochlorothiazid	64	TYPHIM VI	90
triderm	76		U
trientine	72	UBRELVY	31
trifluoperazine	48	UDENYCA	57
trifluridine	97	UDENYCA AUTOINJECTOR	57
trihexyphenidyl	45	UDENYCA ONBODY	57
TRIJARDY XR	56	ULTILET ALCOHOL SWAB	95
TRIKAFTA	100	ULTRA-FINE INS SYR (HALF UNIT)	95
trimethoprim	23	ULTRA-FINE INSULIN SYRINGE	95
trimipramine	28	ULTRA-FINE PEN NEEDLE	95
trinalta rx 1	72	UNITHROID	84
TRINTELLIX	28	UNITUXIN	42
TRISENOX	42	ursodiol	74
TRIUMEQ	51		V
TRIUMEQ PD	51	valacyclovir	52
trivora (28)	83	VALCHLOR	42
TRIZIVIR	51	valganciclovir	52

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valproate sodium	26	vigadronе	26
valproic acid	26	VIGAFYDE	26
valproic acid (as sodium salt)	26	vigpoder	26
valrubicin	42	vilazodone	29
valsartan	64	VIMKUNYA	90
valsartan-hydrochlorothiazide	64	vinblastine	43
VALSTAR	42	vincasar pfs	43
VALTOCO	26	vincristine	43
valtya	83	vinorelbine	43
vancomycin	23	viorele (28)	83
vancomycin in 0.9 % sodium chl	23	VIRACEPT	52
vancomycin in dextrose 5 %	23	VIREAD	52
vancomycin-diluent combo no.1	23	virt-nate dha	73
VANFLYTA	42	VITRAKVI	43
VAQTA (PF)	90	VIVITROL	18
varenicline tartrate	18	VIVOTIF	90
VARIVAX (PF)	90	VIZIMPRO	43
VASCEPA	64	VOCABRIA	52
VAXCHORA VACCINE	90	volnea (28)	83
VECTIBIX	43	VONJO	43
velvet triphasic regimen (28)	83	VORANIGO	43
VEMLIDY	52	voriconazole	31
VENCLEXTA	43	VOSEVI	52
VENCLEXTA STARTING PACK	43	VOWST	74
venlafaxine	28, 29	VRAYLAR	48
VENTOLIN HFA	100	VUMERTY	66
verapamil	64	vyfemla (28)	83
VERQUVO	64	vylibra	83
VERSACLOZ	48	VYLOY	43
VERZENIO	43	VYNDAMAX	75
vestura (28)	83	VYVGART	32
vienna	83	VYVGART HYTRULO	32
vigabatrin	26	VYXEOS	43

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VYZULTA	97	YESINTEK	90
		YF-VAX (PF)	90
W			
warfarin	57	YONDELIS	44
water for irrigation, sterile	95		Z
WEBCOL	95	zafemy	83
WELIREG	75	zaflurkast	100
wera (28)	83	zaleplon	100
wesnatal dha complete	73	ZALTRAP	44
wesnate dha	73	ZANOSAR	44
westab plus	73	zarah	83
wixela inhuh	100	ZARXIO	58
wymzya fe	83	ZEGALOGUE AUTOINJECTOR	56
		ZEGALOGUE SYRINGE	56
X			
XALKORI	43	ZEJULA	44
xarah fe	83	ZELBORAF	44
XARELTO	57	ZEMAIRA	75
XARELTO DVT-PE TREAT 30D START	57	zenatane	68
XATMEP	90	ZENPEP	75
XCOPRI	26	ZEPZELCA	44
XCOPRI MAINTENANCE PACK	26	ZERVIATE	97
XCOPRI TITRATION PACK	26	ZEVALIN (Y-90)	95
XDEMVY	95	zidovudine	52
xelria fe	83	ZIIHERA	44
XGEVA	91	ziprasidone hcl	48
XIFAXAN	74	ziprasidone mesylate	48
XIGDUO XR	56	ZIRABEV	44
XOLAIR	90	ZIRGAN	52
XOSPATA	43	zoledronic ac-mannitol-0.9nacl	91
XPOVIO	43	zoledronic acid	91
XTANDI	43	zoledronic acid-mannitol-water	91
xulane	83	ZOLINZA	44
		zolpidem	100
Y			
YERVOY	44	ZONISADE	26

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zonisamide	26
zovia 1-35 (28)	83
ZTALMY	26
ZUBSOLV	18
zumandimine (28)	83
ZURZUVAE	29
ZYDELIG	44
ZYKADIA	44
ZYNLONTA	44
ZYNYZ	44
ZYPITAMAG	64
ZYPREXA RELPREVV	48

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Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果 您需要此翻译服务，请致电 1-877-320-1235 (听障专线: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如 需翻譯服務，請致電 1-877-320-1235 (聽障專線: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными

услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي سؤال تتعلق بخطتنا الصحية أو خطة الأدوية الموصوفة لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-320-1235 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-320-1235 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-320-1235 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-320-1235 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と処方薬プランに関するご質問にお答えするために、無料の通訳サービスをご用意しています。通訳をご用命になるには、1-877-320-1235 (TTY : 711) にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。

Amharic: ከላ ጠና መያዣ የሚታወቃነት ዕቅናትን በተማለከት ማንኛውም የለቻሁን ቅየቻቻ ለማመላስ ነፋ የአስተርጋሚ አገልግሎቶች አገኘ:: አስተርጋሚ ለማንኛት:: በ 1-877-320-1235 (TTY:- 711) ይደረግ:: እንዲሁም የሚኖገር ስሙ ለረዳቶች ይችላል:: ይህ ነፋ አገልግሎት ነው::

Bengali: আমরা বিনামূলে একজন অনুবাদকের পরিষেবা প্রদান করি, যিনি আপনার স্বাস্থ্য ও ড্রাগ প্ল্যান সংক্রান্ত যেকোনো প্রশ্ন থাকলে তার উত্তর দেবেন। অনুবাদকের প্রয়োজন হলে অনুগ্রহ করে আমাদের 1-877-320-1235 (TTY: 711) নম্বরে কল করুন। বাংলা জানেন এমন একজন ব্যক্তি আপনার সাহায্য করবেন। এই পরিষেবাটি বিনামূলে উপলব্ধ।

Nepali: हाम्रो स्वास्थ्य वा औषधि योजनाका बारेमा तपाईंसँग हुन सक्ने कुनै पनि प्रश्नहरूको जवाफ दिन हामीसँग निःशुल्क दोभाषे सेवाहरू छन्। दोभाषे प्राप्त गर्न, हामीलाई 1-877-320-1235 (TTY: 711) मा फोन गर्नुहोस्।

Farsi: ما خدمات مترجم رایگان جهت پاسخگویی به هر سؤالی که ممکن است شما در مورد طرح سلامت یا داروی خود داشته باشید داریم. به منظور دریافت مترجم، فقط از طریق شماره 1-877-320-1235 (TTY: 711) با ما تماس بگیرید. فردی که زبان انگلیسی صحبت می کند می تواند به شما کمک کند. این سرویس رایگان است.

Dari: جهت پاسخگویی به هر سوال که ممکن شما در مورد پلان صحي و ادویه جات ما داشته باشید ما برای ترجمان خدمات رایگان داریم. به منظور دریافت ترجمان، فقط ذریعه این نمبر ذکر شده 1235-320-877-1 (TTY: 711) با ما تماس بگیرید. شخصی که انگلیسی صحبت میکند میتواند همراهی شما کمک کند. این یک خدمت رایگان میباشد.

Bassa: Dì gwèe bàhièl màhōp inyùu holā wè i tìmbhè màmbadgà mɔŋ ma mā bèŋge mboo yɔŋ nì i bɛe ù nlama yɔŋ. Inyùu kòsnà hièl màhōp, sèbel ndigi bɛs i nɔmbà 1-877-320-1235 (TTY: 711). Mùt wàdā nû ā pɔt ŋgisì ā nlà hola wê. Bā ñsaa bee maholā mâ.

Igbo: Anyị nwere օրụ ntụgharị okwu efu iji zaa ajụjụ օ bụla gi nwere ike ịnwe gbasara atụmatụ ahụike ma օ bụ օgwụ anyị. Ichọ ịnweta onye ntụgharị okwu, naani kpọọ anyị na 1-877-320-1235 (TTY: 711). Onye na-asụ asusụ Bekee nwere ike ịnyere gi aka. Nkea bụ օրụ efu.

Telugu: మా ఆరోగ్యం లేదా ద్రగ్ ప్లాన్ గురించి మీకు ఏవైనా సందేహాలు ఉంటే వాటికి సమాధానమివ్వడానికి మా వర్ధ ఉచిత వ్యాఖ్యాత సేవలు ఉన్నాయి. వ్యాఖ్యాతను పొందడానికి, 1-877-320-1235 (TTY: 711) వర్ధ మాకు కాల్ చేయండి. ఇంగ్లీష్ మాట్లాడే ఎవరైనా మీకు సహాయం చేయగలరు. ఇది ఉచిత సేవ.

Urdu: ہمارے صحت یا ادویات کے پلان کے بارے میں آپ کے کسی بھی سوال کا جواب دینے کے لیے ہمارے پاس مترجم کی مفت خدمات دستیاب ہیں۔ مترجم کی خدمات لینے کے لیے، بس ہمیں کال کریں 1-877-320-1235 (TTY: 711)۔ انگریزی بولنے والا کوئی شخص آپ کی مدد کر سکتا ہے۔ یہ ایک مفت سروس ہے۔

Yoruba: A ní àwọn isé ìtójú ògbifò lófèé láti dákun àwọn ibéèrè yòówù tí o lè ní nípa ètò ilera tàbí oògùn wa. Láti gba ògbifò kan, sá pè wá ní 1-877-320-1235 (TTY: 711). Èníkan tí ó nsø èdè Gèyésì lè ràn ó lówó. Isé ìtójú ọfè kan nìyí.

This formulary was updated on 07/01/2025. For more recent information or other questions, contact Customer Care at 1-844-881-4482 (TTY: 711), 8 A.M. to 8 P.M. EST seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. Our automated phone system is available after hours, weekends, and holidays or visit **Humana.com/medicaredruglist**.

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