



2025 Group Medicare Commonly Prescribed Medications List

The commonly prescribed medication list is a guide to medications in select therapeutic categories. **This is not a complete list.** For a complete medication listing, please consult the Prescription Drug Guide (PDG). Medications listed in the "Medications Tier 1, 2" column are covered and are the most affordable. Medications listed in the "Medications Tier 3, 4" column are covered, but at a higher member cost share. Medications listed in the "Medications Not Covered" column may require a coverage determination.

Group Plus Formulary (25800)

Tier level for each medication is listed in parentheses after the medication name.

PA = Prior Authorization, ST = Step Therapy

How to use this document

- Compare your current medication list to this document to determine if any of the medications you are taking are not covered or if there are lower cost alternatives available.
- If one of your current medications is not covered, covered at a higher tier, or requires prior authorization/step therapy, you and your healthcare provider can review your covered options to determine if a change is needed.

Category	Medications Tier 1, 2	Medications Tier 3, 4	Medications Not Covered
Antidepressants	citalopram tablet (T1) duloxetine capsule, delayed release (T1) escitalopram tablet (T1) fluoxetine capsule (T1) sertraline tablet (T1) trazodone tablet (T1) venlafaxine ER capsule, extended release 24 hr (T1)	Cymbalta capsule, delayed release (T3) (PA) Effexor XR capsule, extended release (T3) (PA) Fetzima capsule, extended release (T3) (PA) Lexapro tablet (T3) (PA)	None
Antipsychotics	aripiprazole tablet (T1) olanzapine tablet (T1) quetiapine ER tablet, extended release 24 hr (T1) quetiapine tablet (T1) risperidone tablet (T1) ziprasidone capsule (T1)	Abilify tablet (T3) (PA) Fanapt tablets in a dose pack (T3) (PA) Latuda tablet (T4) (PA) Rexulti tablet (T4) (PA) Saphris sublingual tablet (T4) (PA)	None
Anxiety	alprazolam tablet (T1)	Ativan tablet (T4) (PA)	None

Category	Medications Tier 1, 2	Medications Tier 3, 4	Medications Not Covered
Anxiety	clonazepam tablet (T1) diazepam tablet (T1) lorazepam tablet (T1) temazepam capsule (T1) venlafaxine ER capsule, extended release 24 hr (T1)	Valium tablet (T3) (PA) Xanax tablet (T3) (PA)	
Asthma/COPD	Advair HFA aerosol inhaler (T2) albuterol sulfate HFA aerosol inhaler (T1) albuterol sulfate solution for nebulization (T1) (PA) Arnuity Ellipta powder for inhalation (T2) Breo Ellipta powder for inhalation (T2) Breztri Aerosphere HFA aerosol inhaler (T2) fluticasone propionate-salmeterol inhalation powder blister (T2) levalbuterol HFA aerosol inhaler (T2) (ST) Spiriva Respimat solution for inhalation (T2) Spiriva with HandiHaler and inhalation capsules (T2) Stiolto Respimat solution for inhalation (T2) Symbicort HFA aerosol inhaler (T2) Trelegy Ellipta powder for inhalation (T2) Ventolin HFA aerosol inhaler (T2) Wixela Inhub powder for inhalation (T2)	Advair Diskus powder for inhalation (T3) (PA) AirDuo RespiClick breath activated (T3) (ST) Alvesco aerosol inhaler (T3) (ST) Anoro Ellipta powder for inhalation (T3) (PA) Asmanex HFA aerosol inhaler (T3) (ST) Asmanex Twisthaler breath activated (T3) (ST) Bevespi Aerosphere HFA aerosol inhaler (T3) (PA) Brovana solution for nebulization (T4) (PA) Combivent Respimat solution for inhalation (T3) Duaklir Pressair breath activated (T3) (PA) Dulera HFA aerosol inhaler (T3) (ST) Incruse Ellipta powder for inhalation (T3) (PA) Lonhala Magnair Refill solution for nebulization (T4) (PA) Perforomist solution for nebulization (T4) (PA) ProAir RespiClick breath activated (T3) (ST)	None

Category	Medications Tier 1, 2	Medications Tier 3, 4	Medications Not Covered
Asthma/COPD		Proventil HFA aerosol inhaler (T3) (ST) Pulmicort Flexhaler breath activated (T3) (ST) Qvar RediHaler HFA breath activated aerosol (T3) (ST) Serevent Diskus powder for inhalation (T3) (PA) Tudorza Pressair breath activated (T3) (PA) Xopenex HFA aerosol inhaler (T3) (ST) Yupelri solution for nebulization (T4) (PA)	
Blood thinners	Eliquis tablet (T2) Jantoven tablet (T1) warfarin tablet (T1) dabigatran etexilate capsules (T2) Xarelto tablet (T2)	Pradaxa capsule (T3) Savaysa tablet (T3) (PA)	None
Diabetes (oral)	glimepiride tablet (T1) glipizide ER tablet, extended release 24 hr (T1) glipizide tablet (T1) Glyxambi tablet (T2) Invokamet tablet (T2) Invokamet XR tablet, extended release (T2) Invokana tablet (T2) Janumet tablet (T2) Janumet XR tablet, extended release (T2) Januvia tablet (T2) Jardiance tablet (T2) Jentadueto tablet (T2)	Amaryl tablet (T3) (PA) Farxiga tablet (T3) Glumetza tablet, extended release (T4) (ST) Kazano tablet (T3) (PA) metformin ER tablet, extended release 24 hr (generic for Fortamet) (T3) (ST) metformin ER tablet, extended release 24 hr (generic for Glumetza) (T3) (ST) Nesina tablet (T3) (PA) Xigduo XR tablet, extended release (T3)	dapagliflozin propanediol tablets dapagliflozin propanediol-metformin tablets, extended release Kombiglyze XR tablet, extended release Onglyza tablet

Category	Medications Tier 1, 2	Medications Tier 3, 4	Medications Not Covered
Diabetes (oral)	<p>Jentadueto XR tablet, extended release (T2)</p> <p>metformin ER tablet, extended release 24 hr (generic for Glucophage) (T1)</p> <p>metformin tablet (T1)</p> <p>pioglitazone tablet (T1)</p> <p>Rybelsus tablet (T2) (PA)</p> <p>Synjardy tablet (T2)</p> <p>Synjardy XR tablet, extended release (T2)</p> <p>Tradjenta tablet (T2)</p>		
<p>Diabetes (injectable)</p> <p>Preferred Continuous Glucose Monitors (CGMs) (Dexcom and Freestyle Libre) and supplies can now be obtained at participating retail pharmacies.</p> <p>Additionally, CGMs and supplies can be obtained from a durable medical equipment (DME) provider that accepts Medicare and will bill your insurance.</p> <p>Humana preferred DME providers:</p> <p>CCS Medical, 877-531-7959, Monday – Friday, 8 a.m. – 6 p.m., EST</p> <p>Edwards Healthcare, 888-344-3434, Monday – Friday, 8:30 a.m. – 5 p.m., EST</p>	<p>BD/Droplet Pen Needles and Syringes (T1)</p> <p>Fiasp U-100 Insulin subcutaneous FlexTouch pen, solution, and cartridge (T2)</p> <p>Humalog Mix 50-50 KwikPen U-100 Insulin subcutaneous (T2)</p> <p>Humalog Mix 75-25 KwikPen U-100 Insulin subcutaneous (T2)</p> <p>Humalog U-100 Insulin subcutaneous solution, cartridge, Temp Pen, and KwikPen (T2)</p> <p>Humulin N NPH (isophane) U-100 Insulin KwikPen subcutaneous (T2)</p> <p>Humulin N NPH U-100 Insulin (isophane susp) subcutaneous (T2)</p> <p>Humulin 70/30 U-100 Insulin subcutaneous solution and KwikPen (T2)</p> <p>Humulin R Regular U-100 Insulin injection solution (T2)</p> <p>insulin aspart protam-insulin aspart subcutaneous pen (T2)</p>	<p>Adlyxin subcutaneous pen injector (T3) (PA)</p> <p>Basaglar KwikPen U-100 Insulin subcutaneous (T3) (PA)</p> <p>Bydureon BCise subcutaneous auto-injector (T3) (PA)</p> <p>Byetta subcutaneous pen injector (T3) (PA)</p> <p>Humulin R U-500 (Concentrated) Insulin KwikPen subcutaneous (T4)</p> <p>insulin glargine-yfng subcutaneous pen (T3) (PA)</p> <p>liraglutide subcutaneous pen injector (T3) (PA)</p> <p>Semglee (insulin glargine-yfng) Pen subcutaneous (T3) (PA)</p> <p>Victoza subcutaneous pen injector (T3) (PA)</p>	<p>Non-BD/Droplet Pen Needles and Syringes</p>

Category	Medications Tier 1, 2	Medications Tier 3, 4	Medications Not Covered
Diabetes (injectable)	insulin aspart U-100 subcutaneous solution and pen (T2) insulin lispro subcutaneous pen and solution (T2) Lantus U-100 Insulin subcutaneous solution and Solostar pen (T2) Mounjaro subcutaneous pen injector (T2) (PA) Novolin 70/30 U-100 Insulin subcutaneous suspension and FlexPen (T2) Novolin N NPH U-100 Insulin isophane subcutaneous suspension (T2) Novolin R Regular U-100 Insulin injection solution (T2) Novolog Mix 70-30 Insulin aspart subcutaneous solution, cartridge, and FlexPen (T2) Novolog U-100 Insulin aspart subcutaneous solution, PenFill, and FlexPen (T2) Ozempic subcutaneous pen injector (T2) (PA) Toujeo Max U-300 SoloStar subcutaneous insulin pen (T2) Tresiba U-100 Insulin subcutaneous solution and insulin pen (T2) Trulicity subcutaneous pen injector (T2) (PA)		
Eye drops	brimonidine 0.2% eye drops (T1) Combigan eye drops (T2) dorzolamide eye drops (T1)	Alphagan P 0.15% eye drops (T3) (ST) Alphagan P 0.1% eye drops (T3) (ST)	None

Category	Medications Tier 1, 2	Medications Tier 3, 4	Medications Not Covered
Eye drops	dorzolamide-timolol eye drops (T1) latanoprost eye drops (T1) Lumigan eye drops (T2) Rocklatan eye drops (T2) (ST) timolol maleate eye drops (T1) travoprost eye drops (T1)	Azopt eye drops, suspension (T3) (ST) Simbrinza eye drops, suspension (T3) Travatan Z eye drops (T3) (ST) Vyzulta eye drops (T3)	
Gout	allopurinol 100 mg, 300 mg tablet (T1) colchicine tablet (T1) colchicine capsule (T1) (PA) febuxostat tablet (T1) (ST) probenecid tablet (T1)	Colcrys tablet (T3) (PA) Gloperba oral solution (T3) (PA) Mitigare capsule (T3) (PA) Uloric tablet (T3) (ST) Zyloprim tablet (T3)	None
High blood pressure	amlodipine tablet (T1) amlodipine-benazepril capsule (T1) atenolol tablet (T1) benazepril tablet (T1) carvedilol tablet (T1) chlorthalidone tablet (T1) clonidine HCl tablet (T1) diltiazem CD capsule, extended release 24 hr (T1) enalapril maleate tablet (T1) hydrochlorothiazide capsule and tablet (T1) irbesartan tablet (T1) lisinopril tablet (T1) lisinopril-hydrochlorothiazide tablet (T1) losartan tablet (T1) losartan-hydrochlorothiazide tablet (T1)	Accupril tablet (T3) Accuretic tablet (T3) Altace capsule (T3) (PA) Benicar HCT tablet (T3) (PA) Benicar tablet (T3) (PA) Bystolic tablet (T3) (PA) Cardizem CD capsule, extended release (T4) (PA) Cardizem LA tablet, extended release (T3) Corgard tablet (T3) (PA) Cozaar tablet (T3) (PA) Diovan HCT tablet (T3) (PA) Diovan tablet (T3) (PA) Edarbi tablet (T3) (ST) Edarbyclor tablet (T3) (ST) Epaned oral solution (T4) Hyzaar tablet (T3) (PA) Inderal LA capsule, extended release (T4) (PA)	Conjupri tablet

Category	Medications Tier 1, 2	Medications Tier 3, 4	Medications Not Covered
High blood pressure	metoprolol succinate ER tablet, extended release 24 hr (T1) metoprolol tartrate tablet (T1) nebivolol tablet (T1) nifedipine ER tablet, extended release 24 hr (T1) olmesartan tablet (T1) propranolol tablet (T1) ramipril capsule (T1) sotalol tablet (T1) telmisartan tablet (T1) triamterene-hydrochlorothiazide tablet (T1) valsartan tablet (T1) valsartan-hydrochlorothiazide tablet (T1) verapamil ER 24 hr capsule, extended release (T1)	Kaspargo Sprinkle capsule, extended release (T3) (ST) Katerzia oral suspension (T3) (ST) Lotensin HCT tablet (T3) Micardis HCT tablet (T3) (PA) Norvasc tablet (T3) (PA) Procardia XL tablet, extended release (T3) (PA) Tenormin tablet (T3) (PA) Toprol XL tablet, extended release (T3) Vaseretic tablet (T3) Vasotec tablet (T4) (PA) Zestoretic tablet (T3) Zestril tablet (T3) (PA)	
High cholesterol	atorvastatin tablet (T1) ezetimibe tablet (T1) fenofibrate nanocrystallized tablet (T1) fenofibrate capsule and tablet (T1) lovastatin tablet (T1) omega-3 acid ethyl esters capsule (T1) pravastatin tablet (T1) rosuvastatin tablet (T1) simvastatin tablet (T1) Zypitamag tablet (T2) (ST)	Crestor tablet (T3) (PA) Lescol XL tablet, extended release (T3) (ST) Lipitor tablet (T3) (PA) Lipofen capsule (T3) Livalo tablet (T3) (ST) Lovaza capsule (T3) (PA) Nexletol tablet (T3) (PA) Nexlizet tablet (T3) (PA) Zetia tablet (T3) (PA) Zocor tablet (T3) (PA)	icosapent ethyl capsule
Hormones	estradiol oral tablet (T1) estradiol vaginal cream (T1)	Androderm transdermal 24 hr patch (T3) (PA) AndroGel 1.62% transdermal gel packet (T4) (PA)	Oxandrin tablet Testone CIK intramuscular kit

Category	Medications Tier 1, 2	Medications Tier 3, 4	Medications Not Covered
Hormones	estradiol-norethindrone acetate tablet (T1) Menest tablet (T1) Premarin vaginal cream (T2) raloxifene tablet (T1) testosterone cypionate intramuscular oil (T1) testosterone transdermal gel packet (T1) (PA) testosterone transdermal gel pump (T1) (PA) Yuvaferm vaginal tablet (T1)	AndroGel transdermal 1% gel packet (T3) (PA) CombiPatch transdermal (T3) Estring vaginal ring (T3) Femring vaginal (T3) Imvexxy Maintenance Pack vaginal insert (T3) (PA) Premarin tablet (T3) Prempro tablet (T3)	testosterone implant pellet
Neurological agents	carbamazepine tablet (T1) divalproex extended-release tablet, delayed-release capsule, delayed-release sprinkle capsule (T1) donepezil tablet (T1) gabapentin capsule and tablet (T1) galantamine ER 24 hr capsule, extended release (T1) galantamine tablet (T1) lacosamide tablet (T1) lamotrigine tablet (T1) levetiracetam tablet (T1) memantine capsule sprinkle, extended release 24 hr (T1) (PA) memantine tablet (T1) (PA) oxcarbazepine tablet (T1) pregabalin capsule (T1) pyridostigmine bromide tablet (T1) rivastigmine transdermal 24 hr patch (T1) topiramate tablet (T1)	Aricept tablet (T3) (PA) Exelon Patch transdermal patch (T3) (PA) Lyrica capsule (T3) (PA) Mestinon tablet (T4) (PA) Namenda XR capsule sprinkle, extended release (T3) (PA) Razadyne ER capsule, extended release (T3) (PA) Tegretol tablet (T3) Trokendi XR 25mg and 50mg capsule, extended release (T3) (PA) Trokendi XR 100mg and 200mg capsule, extended release (T4) (PA) Vimpat 100 mg, 150 mg, 200 mg tablet (T4) (PA) Vimpat 50 mg tablet (T3) (PA)	None

Category	Medications Tier 1, 2	Medications Tier 3, 4	Medications Not Covered
Pain	buprenorphine weekly transdermal patch (T1) (PA) fentanyl transdermal patch (T1) hydromorphone tablet (T1) morphine ER tablet, extended release (T1) oxycodone tablet (T1) tramadol tablet (T1)	Belbuca buccal film (T3) (ST) Butrans transdermal patch (T3) (PA) Hysingla ER tablet, crush resistant, extended release (T3) (ST) oxycodone ER tablet, crush resistant, extended release 12 hr (T3) (ST) OxyContin tablet, crush resistant, extended release (T3) (ST) Xtampza ER capsule sprinkle (T3) (ST)	None
Sleep disorders	Belsomra tablet (T2) eszopiclone tablet (T1) zaleplon capsule (T1) zolpidem ER tablet, extended release, multiphase (T1) zolpidem tablet (T1)	Ambien tablet (T3) (PA) Dayvigo tablet (T3) (PA) Edluar sublingual tablet (T3) Lunesta tablet (T3) (PA) Silenor tablet (T3)	None
Thyroid	Armour Thyroid tablet (T2) Euthyrox tablet (T1) levothyroxine capsule (T1) levothyroxine tablet (T1) Levoxyl tablet (T1) liothyronine tablet (T1) NP Thyroid tablet (T2) Synthroid tablet (T2) Unithroid tablet (T2)	Cytomel tablet (T3) Tirosint capsule (T3) Tirosint-Sol oral solution (T3)	None
Urinary agents	alfuzosin ER tablet, extended release 24 hr (T1) doxazosin tablet (T1) dutasteride capsule (T1) dutasteride-tamsulosin ER capsule extended release 24 hr multiphase (T1)	Avodart capsule (T3) (PA) Detrol LA capsule, extended release (T3) (PA) Flomax capsule (T3) Gelnique transdermal gel packet (T3) (ST) Gemtesa tablet (T3)	mirabegron tablet, extended release

Category	Medications Tier 1, 2	Medications Tier 3, 4	Medications Not Covered
Urinary agents	finasteride tablet (T1) Myrbetriq tablet, extended release (T2) oxybutynin chloride ER tablet, extended release 24 hr (T1) oxybutynin chloride tablet (T1) silodosin capsule (T1) solifenacin tablet (T1) tamsulosin capsule (T1) terazosin capsule (T1) tolterodine ER capsule, extended release 24 hr (T1)	Oxytrol transdermal patch (T3) (ST) Proscar tablet (T3) (PA) Rapaflo capsule (T3) (PA) Toviaz tablet, extended release (T3) (PA) Uroxatral tablet, extended release (T3) Vesicare tablet (T3) (PA)	

If you have questions about medications or would like additional assistance, you may contact Humana Group Medicare Customer Care at the number listed on the back of your member ID card. For 24-hour service you can visit **Humana.com**.

Formulary ID: 25800

When nonformulary drugs are medically necessary, prescribers can request an exception by visiting **www.covermymeds.com/epa/Humana**. CoverMyMeds is Humana’s preferred method for receiving electronic prior authorization (ePA) requests.



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Auxiliary aids and services, free of charge, are available to you.

877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m. Eastern time.

Español (Spanish): Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 8 p.m. hora del este.

繁體中文 (Chinese): 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235 (聽障專線：711)**。辦公時間：東部時間上午 8 時至晚上 8 時。