

# Humana® 2026 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 (26800)

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
<b>Antidepressants</b>	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) Trintellix (T3)	None
<b>Antipsychotics</b>	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) Lybalvi (T4) (PA) Rexulti tablet (T4) (PA) Risperdal Consta (T4) Saphris sublingual tablet (T4) (PA)	None
<b>Anxiety</b>	alprazolam tablet (T1) diazepam tablet (T1)	Ativan tablet (T4) (PA) Valium tablet (T3) (PA)	None

<b>Category</b>	<b>Medications Tier 1, 2</b>	<b>Medications Tier 3, 4</b>	<b>Medications Not Covered</b>
<b>Anxiety</b>	lorazepam tablet (T1) temazepam capsule (T1) venlafaxine ER capsule, extended release 24 hr (T1)	Xanaxtablet (T3) (PA)	
<b>Asthma/COPD</b>	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 (T1) levalbuterol HFA aerosol inhaler (T2) (ST) Spiriva Respimat solution for inhalation (T2) Spiriva with HandiHaler and inhalation capsules (T2) <b>Striverdi Respimat (T2)</b> 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 (T1)	AdvairDiskus powderfor inhalation (T3) (PA) AirDuo RespiClick breath activated (T3) (ST) Alvesco aerosol inhaler (T3) (ST) Anoro Ellipta powderfor 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 Pressairbreath 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) Pulmicort Flexhaler breath activated (T3) (ST) Qvar RediHaler HFA breath activated aerosol (T3) (ST)	None

Category	Medications Tier 1, 2	Medications Tier 3, 4	Medications Not Covered
Asthma/COPD		Serevent Diskus powder for inhalation (T3) (PA) 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) dabigatranetexilate capsules (T1) Xarelto tablet (T2)	Pradaxa capsule (T3) Savaysa tablet (T3) (PA)	None
Diabetes (oral)	dapagliflozin propanediol tablets (T2) glimepiride tablet (T1) glipizide ER tablet, extended release 24 hr (T1) glipizide tablet (T1) Glyxambi tablet (T2) Invokana tablet (T2) Janumet tablet (T2) Janumet XR tablet, extended release (T2) Januvia tablet (T2) Jentaduo XR tablet, extended release (T2) metformin ER tablet, extended release 24 hr (generic for Glucophage) (T1) metformin tablet (T1) pioglitazone tablet (T1) Rybelsus tablet (T2) (PA)	Farxiga tablet (T3) Glumetza tablet, extended release (T4) (ST) Invokamet tablet (T3) (PA) Invokamet XR tablet, extended release (T3) (PA) Invokana tablet (T3) (PA) Kazano tablet (T3) (PA) Nesina tablet (T3) (PA)	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
<b>Diabetes (oral)</b>	Synjardy tablet (T2) Synjardy XR (T2) Trijardy (T2) Tradjenta tablet (T2) Verquvo (T2) Xigduo XR (T2)		
<b>Diabetes (injectable)</b>  Preferred Continuous Glucose Monitors (CGMs) (Dexcom and Freestyle Libre) and supplies can now be obtained at participating retail pharmacies.  Additionally, CGMs and supplies can be obtained from a durable medical equipment (DME) provider that accepts Medicare and will bill your insurance.  Humana preferred DME providers:  CCS Medical, 877-531-7959, Monday – Friday, 8 a.m. – 6 p.m., EST  Edwards Healthcare, 888-344-3434, Monday – Friday, 8:30 a.m. – 5 p.m., EST	BD/Droplet Pen Needles and Syringes (T1)  Fiasp U-100 Insulin subcutaneous FlexTouch pen, solution, and cartridge (T2)  insulin aspart protam-insulin aspart subcutaneous pen (T2)  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)  Mounjarosubcutaneous 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)	Basaglar KwikPen U-100 Insulin subcutaneous (T3) (PA)  Humalog Mix 50-50 KwikPen U-100 Insulin subcutaneous (T3)  Humalog Mix 75-25 KwikPen U-100 Insulin subcutaneous (T3)  Humalog U-100 Insulin subcutaneous solution, cartridge, Temp Pen, and KwikPen (T3)  Humulin N NPH (isophane) U-100 Insulin KwikPen subcutaneous (T3) (ST)  Humulin N NPH U-100 Insulin (isophane susp) subcutaneous (T3) (ST)  Humulin 70/30 U-100 Insulin subcutaneous solution and KwikPen (T3) (ST)  Humulin R Regular U-100 Insulin injection solution (T3) (ST)  Humulin R U-500 (Concentrated) Insulin KwikPen subcutaneous (T4)  insulin glargine-yfgn subcutaneous pen (T3) (PA)  liraglutide subcutaneous pen injector (T3) (PA)	Non-BD/Droplet Pen Needles and Syringes

<b>Category</b>	<b>Medications Tier 1, 2</b>	<b>Medications Tier 3, 4</b>	<b>Medications Not Covered</b>
<b>Diabetes (injectable)</b>	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)		
<b>Eye drops</b>	brimonidine 0.2% eye drops (T1) Combigan eye drops (T2) dorzolamide eye drops (T1) dorzolamide-timolol eye drops (T1) latanoprost eye drops (T1) Lumigan eye drops (T2) Rocklatan eye drops (T2) (ST) Rhopressa (T2) timolol maleate eye drops (T1) travoprost eye drops (T1)	Alphagan P 0.15% eye drops (T3) (ST) Alphagan P 0.1% eye drops (T3) (ST) Azopt eye drops, suspension (T3) (ST) Simbrinza eye drops, suspension (T3) Travatan Z eye drops (T3) (ST) Vyzulta eye drops (T3)	None
<b>Gout</b>	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
<b>High blood pressure</b>	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)	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)	Conjupri tablet

Category	Medications Tier 1, 2	Medications Tier 3, 4	Medications Not Covered
<b>High blood pressure</b>	hydrochlorothiazide capsule and tablet (T1) irbesartan tablet (T1) lisinopril tablet (T1) lisinopril-hydrochlorothiazide tablet (T1) losartan tablet (T1) losartan-hydrochlorothiazide tablet (T1) 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)	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) Kapsargo 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)	
<b>High cholesterol</b>	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)	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)	icosapent ethyl capsule

Category	Medications Tier 1, 2	Medications Tier 3, 4	Medications Not Covered
<b>High cholesterol</b>	pravastatin tablet (T1) rosuvastatin tablet (T1) simvastatin tablet (T1) Vascepa capsule (T2) Zypitamag tablet(T2) (ST)	Nexlizet tablet (T3) (PA) Zetia tablet (T3) (PA) Zocor tablet (T3) (PA)	
<b>Hormones</b>	estradiol oral tablet (T1) estradiol vaginal cream (T1) 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)	Androderm transdermal 24 hr patch (T3) (PA) AndroGel 1.62% transdermal gel packet (T4) (PA) 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)	Oxandrin tablet Testone CIK intramuscular kit testosterone implant pellet
<b>Neurological agents</b>	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 tablet (T1) (PA)	Aricept tablet(T3) (PA) Exelon Patch transdermal patch (T3) (PA) Lyrica capsule (T3) (PA) memantine capsule sprinkle, extended release 24 hr (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)	None

<b>Category</b>	<b>Medications Tier 1, 2</b>	<b>Medications Tier 3, 4</b>	<b>Medications Not Covered</b>
<b>Neurological agents</b>	oxcarbazepine tablet (T1) pregabalin capsule (T1) pyridostigmine bromide tablet (T1) rivastigmine transdermal 24 hr patch (T1) topiramate tablet (T1)	Trokendi XR 100mg and 200mg capsule, extended release (T4) (PA) Vimpat 100 mg, 200 mg tablet (T4) (PA) Vimpat 50 mg tablet (T3) (PA)	
<b>Pain</b>	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) oxycodone tablet (T4) OxyContin tablet, crush resistant, extended release (T3) (ST) Xtampza ER capsule sprinkle (T3) (ST)	None
<b>Proton Pump Inhibitors</b>	Esomeprazole mag delayed release capsule (T1) Lansoprazole delayed release capsule (T1) Pantoprazole delayed release tablets (T1) Omeprazole delayed release capsules (T1)	Dexlansoprazole delayed release capsule (T3)	None
<b>Sleep disorders</b>	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

Category	Medications Tier 1, 2	Medications Tier 3, 4	Medications Not Covered
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) 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)	Avodart capsule (T3) (PA) Detrol LA capsule, extended release (T3) (PA) Flomax capsule (T3) Gelnique transdermal gel packet (T3) (ST) Gemtesa tablet (T3) 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)	mirabegron tablet, extended release

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: 26800**

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

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- U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

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