



Humana Healthy Horizons® in Florida Preferred Drug List Changes

This document was updated on [11/17/2025].

To view your full drug list, click here. Para visualizarlo en español, haga click aquí.

The Preferred Drug List for Humana Healthy Horizons® in Florida may change during the year. These changes could mean that a drug is no longer preferred or that it has new rules for us to cover it. Below is a list of drugs that have changed.

How to read your Preferred Drug List changes

- **Drug list removal:** These drugs were preferred but are now being removed from the drug list. If your drug is removed from the drug list, you may have to pay full price.
- **Prior authorization (PA):** These drugs need approval by Humana Healthy Horizons before we will cover them.
- Step therapy (ST): These drugs require you to try at least one other drug first.

Your next steps

- Talk to your doctor soon: You should share this list with your doctor. They can help you decide what to do next.
- Request approval: If alternative drugs do not work for you, your doctor must tell Humana Healthy Horizons why you need your current drug. Your doctor can find the steps to request approval at **Humana.com/PA**.

Drug list removal

| Impacted drug | Alternative drug | Effective date |
|--------------------------------|----------------------------------|----------------|
| BACLOFEN 10 MG/5 ML SOLUTION | baclofen 5 mg/5 mL oral solution | 1/1/2026 |
| CDV HUMIRA(CF) 10 MG/0.1ML SYR | Consult your provider | 1/1/2026 |
| CDV HUMIRA(CF) 20 MG/0.2ML SYR | Consult your provider | 1/1/2026 |
| CDV HUMIRA(CF) 40 MG/0.4ML SYR | Consult your provider | 1/1/2026 |
| CDV HUMIRA(CF) PEN 40 MG/0.4ML | Consult your provider | 1/1/2026 |
| CDV HUMIRA(CF) PEN 80 MG/0.8ML | Consult your provider | 1/1/2026 |
| FIRAZYR 30 MG/3 ML SYRINGE | Consult your provider | 1/1/2026 |
| GABARONE 100 MG TABLET | gabapentin capsule | 1/1/2026 |

| Impacted drug | Alternative drug | Effective date |
|------------------------------------|--|----------------|
| GABARONE 400 MG TABLET | gabapentin capsule | 1/1/2026 |
| HUMIRA 40 MG/0.8 ML SYRINGE | Consult your provider | 1/1/2026 |
| HUMIRA PEN 40 MG/0.8 ML | Consult your provider | 1/1/2026 |
| HUMIRA(CF) 10 MG/0.1 ML SYRING | Consult your provider | 1/1/2026 |
| HUMIRA(CF) 20 MG/0.2 ML SYRING | Consult your provider | 1/1/2026 |
| HUMIRA(CF) 40 MG/0.4 ML SYRING | Consult your provider | 1/1/2026 |
| HUMIRA(CF) PEN 40 MG/0.4 ML | Consult your provider | 1/1/2026 |
| HUMIRA(CF) PEN 80 MG/0.8 ML | Consult your provider | 1/1/2026 |
| HUMIRA(CF) PEN CRHN-UC-HS 80MG | Consult your provider | 1/1/2026 |
| HUMIRA(CF) PEN PEDI UC 80 MG | Consult your provider | 1/1/2026 |
| HUMIRA(CF) PEN PS-UV-AHS 80-40 | Consult your provider | 1/1/2026 |
| HYDROCODONE-ACETAMIN 10- 300/15 | hydrocodone 10 mg-acetaminophen 325 mg/15 mL oral solution; hydrocodone 7.5 mg-acetaminophen 325 mg/15 mL oral solution | 1/1/2026 |
| KIONEX 15 GM/60 ML SUSPENSION | SPS (with sorbitol) oral suspension; sodium polystyrene sulfonate oral powder | 1/1/2026 |
| LIRAGLUTIDE 18 MG/3 ML PEN | Trulicity subcutaneous pen injector; Ozempic subcutaneous pen injector | 1/1/2026 |
| LIRAGLUTIDE 2-PAK 18 MG/3 ML | Trulicity subcutaneous pen injector; Ozempic subcutaneous pen injector | 1/1/2026 |
| LIRAGLUTIDE 3-PAK 18 MG/3 ML | Trulicity subcutaneous pen injector; Ozempic subcutaneous pen injector | 1/1/2026 |
| LYFGENIA BAG | Consult your provider | 1/1/2026 |
| PIMECROLIMUS 1% CREAM | Elidel topical cream | 1/1/2026 |
| PRADAXA 110 MG CAPSULE | Eliquis tablet; Xarelto tablet | 1/1/2026 |
| PRADAXA 150 MG CAPSULE | Eliquis tablet; Xarelto tablet | 1/1/2026 |
| PRADAXA 75 MG CAPSULE | Eliquis tablet; Xarelto tablet | 1/1/2026 |
| SABRIL 500 MG TABLET | vigabatrin oral powder packet | 1/1/2026 |
| SUTENT 12.5 MG CAPSULE | sunitinib malate capsule | 1/1/2026 |
| SUTENT 25 MG CAPSULE | sunitinib malate capsule | 1/1/2026 |
| SUTENT 37.5 MG CAPSULE | sunitinib malate capsule | 1/1/2026 |
| SUTENT 50 MG CAPSULE | sunitinib malate capsule | 1/1/2026 |
| ZENZEDI 15 MG TABLET | dextroamphetamine sulfate tablet | 1/1/2026 |
| ZENZEDI 2.5 MG TABLET | dextroamphetamine sulfate tablet | 1/1/2026 |
| ZENZEDI 20 MG TABLET | dextroamphetamine sulfate tablet | 1/1/2026 |
| ZENZEDI 30 MG TABLET | dextroamphetamine sulfate tablet | 1/1/2026 |
| ZENZEDI 7.5 MG TABLET | dextroamphetamine sulfate tablet | 1/1/2026 |
| ZTLIDO 1.8% TOPICAL SYSTEM | lidocaine topical ointment; lidocaine HCl 3 % topical cream | 1/1/2026 |

| Impacted drug | Alternative drug | Effective date |
|---------------------------|-------------------------------------|----------------|
| NARCAN 4 MG NASAL SPRAY - | naloxone nasal spray; Narcan nasal | 1/1/2026 |
| Prescription (Rx) only | spray - Over the counter (OTC) only | |

Humana Healthy Horizons in Florida is a managed care plan with a Florida Medicaid Contract.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the managed care plan.

Limitations, copayments, and/or restrictions may apply.

Benefits, formulary, pharmacy network, premium, and/or co-payments/co-insurance may change.

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You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: 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).

Auxiliary aids and services, free of charge, are available to you. **800-477-6931 (TTY: 711)**, Monday through Friday, from 8:00 a.m. to 8:00 p.m., Eastern time.

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

French Creole (Haitian Creole): Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Italiano (Italian): Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.

This notice is available at Humana.com/FloridaAccessibility.

Humana Healthy Horizons in Florida is a Medicaid product of Humana Medical Plan, Inc.

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Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કૉલ કરો.

ภาษาไทย (Thai): โทรไปที่หมายเลขด้านบนเพื่อรับบริการช่วยเหลือด้าน ภาษาฟรี