



## Humana Healthy Horizons® in Florida Preferred Drug List Changes

This document was updated on [5/14/2026].

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](https://www.humana.com/PA).

### Drug list removal

Impacted drug	Alternative drug	Effective date
8HR Muscle Aches-Pain 650 mg tablet,extended release	acetaminophen ER tablet,extended release	7/1/2026
ACYCLOVIR 200 MG/5 ML SUSP CUP	acyclovir 200 mg/5 mL oral suspension; acyclovir capsule	7/1/2026
AFLURIA QUAD 2023-2024 VIAL	Afluria 2025-2026 (6mo up) intramuscular suspension	7/1/2026
AFLURIA QUAD 2023-24 (3YR UP)	Afluria 2025-2026 (3yr up)(PF) intramuscular syringe	7/1/2026
AFLURIA TRIVA 2024-25 (3YR UP)	Afluria 2025-2026 (3yr up)(PF) intramuscular syringe	7/1/2026

Impacted drug	Alternative drug	Effective date
AFLURIA TRIVALENT 2024-25 VIAL	Afluria 2025-2026 (6mo up) intramuscular suspension	7/1/2026
ALBUTEROL 100 MG/20 ML SOLN	Consult your provider	7/1/2026
ALBUTEROL 15 MG/3 ML SOLUTION	Consult your provider	7/1/2026
ALBUTEROL 25 MG/5 ML SOLUTION	Consult your provider	7/1/2026
ALBUTEROL 75 MG/15 ML SOLN	Consult your provider	7/1/2026
Alkeran 2 mg tablet	Consult your provider	7/1/2026
Allergy and Congestion Relief 5 mg-120 mg tablet,extend release 12 hr	Allergy Relief D12 tablet,extended release; Loratadine-D tablet,extended release 12 hr	7/1/2026
Allergy Relief (loratadine) 10 mg disintegrating tablet	loratadine disintegrating tablet	7/1/2026
AMPICILLIN 125 MG VIAL	Consult your provider	7/1/2026
Antacid Calcium 215 mg (as calcium carbonate 500 mg) chewable tablet	Antacid 200 mg (as calcium carbonate 500 mg) chewable tablet; Calcium Antacid 200 mg (as calcium carbonate 500 mg) chewable tablet; Cal-Gest Antacid 200 mg (as calcium carbonate 500 mg) chewable tablet	7/1/2026
ASCORBIC ACID 500 MG/ML VIAL	Consult your provider	7/1/2026
ASPIRIN EC 500 MG TABLET	aspirin 325 mg tablet,delayed release	7/1/2026
ATROPINE 1% EYE OINTMENT	atropine 1 % eye drops	7/1/2026
AUSTEDO XR TITR KT(6-12-24 MG)	Consult your provider	7/1/2026
BALANCED SALT SOLUTION	Consult your provider	7/1/2026
Banzel 200 mg tablet	rufinamide tablet	7/1/2026
Banzel 40 mg/mL oral suspension	rufinamide oral suspension	7/1/2026
Banzel 400 mg tablet	rufinamide tablet	7/1/2026
Bayer Aspirin 325 mg tablet	aspirin 325 mg tablet	7/1/2026
Bayer Aspirin 325 mg tablet,delayed release	aspirin 325 mg tablet,delayed release	7/1/2026
BORTEZOMIB 3.5 MG IV VIAL	Consult your provider	7/1/2026
Briviact 10 mg tablet	levetiracetam tablet	7/1/2026
Briviact 10 mg/mL oral solution	levetiracetam oral solution	7/1/2026
Briviact 100 mg tablet	levetiracetam tablet	7/1/2026
Briviact 25 mg tablet	levetiracetam tablet	7/1/2026
Briviact 50 mg tablet	levetiracetam tablet	7/1/2026
Briviact 75 mg tablet	levetiracetam tablet	7/1/2026
butalbital-aspirin-caffeine 50 mg-325 mg-40 mg tablet	butalbital-aspirin-caffeine capsule	7/1/2026
CALCIUM 500 MG TABLET	Oyster Shell Calcium 500 tablet	7/1/2026
Calcium Antacid 320 mg (as calcium carbonate 750 mg) chewable tablet	Calcium Antacid 300 mg (as calcium carbonate 750 mg) chewable tablet; Antacid Extra Strength 300 mg (as calcium carb 750 mg) chewable tablet; Smooth Antacid 300 mg	7/1/2026

Impacted drug	Alternative drug	Effective date
	(as calcium carbonate 750 mg) chewable tablet	
Calcium Antacid 400 mg (as carbonate 1,000 mg) chewable tablet	Antacid Ultra Strength 400 mg (calcium carb 1,000 mg) chewable tablet	7/1/2026
Calcium-600 600 mg (as calcium carbonate 1,500 mg) tablet	calcium carbonate tablet	7/1/2026
CARMUSTINE 50 MG VIAL	Consult your provider	7/1/2026
CHILD ALL DAY ALLERGY 1 MG/ML	cetirizine 1 mg/mL oral solution	7/1/2026
Child Mucus Relief Cough 5 mg-100 mg/5 mL oral liquid	Mucus Relief DM Max oral liquid; Tussin DM Max 5 mg-100 mg/5 mL oral liquid	7/1/2026
Children's Allergy (cetirizine) 1 mg/mL oral solution	cetirizine 1 mg/mL oral solution	7/1/2026
CIPROFLOXACIN HCL 100 MG TAB	Consult your provider	7/1/2026
Classic Prenatal 28 mg iron-800 mcg tablet	Consult your provider	7/1/2026
Clenpiq 10 mg-3.5 gram-12 gram/160 mL oral solution	Clenpiq 10 mg-3.5 gram-12 gram/175 mL oral solution	7/1/2026
COMIRNATY 2023-24(12Y UP) SYRG	Comirnaty 2025-26 (12y up)(PF) intramuscular syringe	7/1/2026
COMIRNATY 2023-24(12Y UP) VIAL	Comirnaty 2025-2026(5-11Y)(PF) intramuscular suspension	7/1/2026
COMIRNATY 2024-25(12Y UP) SYRG	Comirnaty 2025-26 (12y up)(PF) intramuscular syringe	7/1/2026
Complete Natal DHA 29 mg iron-1 mg-200 mg oral pack	Vitafol Ultra capsule	7/1/2026
Cough Syrup 100 mg/5 mL oral liquid	guaifenesin oral liquid	7/1/2026
CYCLOPENTOLATE 1% EYE DROP	atropine 1 % eye drops	7/1/2026
CYCLOPENTOLATE 1% EYE DROPS	atropine 1 % eye drops	7/1/2026
CYCLOPHOSPHAMIDE 25 MG TABLET	cyclophosphamide capsule	7/1/2026
DELESTROGEN 200 MG/5 ML VIAL	Zenpep capsule,delayed release; Creon capsule,delayed release	7/1/2026
dextrose (d-glucose) 5 % and 0.9 % sodium chloride IV solution	dextrose 5 % and 0.9 % sodium chloride intravenous solution	7/1/2026
DIDANOSINE DR 250 MG CAPSULE	lamivudine tablet; abacavir tablet	7/1/2026
DIDANOSINE DR 400 MG CAPSULE	lamivudine tablet; abacavir tablet	7/1/2026
EFAVIRENZ 200 MG CAPSULE	lamivudine tablet; abacavir tablet	7/1/2026
EFAVIRENZ 50 MG CAPSULE	lamivudine tablet; abacavir tablet	7/1/2026
EPINEPHRINE 0.15 MG AUTO-INJECT	EpiPen Jr 2-Pak injection,auto-injector	7/1/2026
EPINEPHRINE 0.3 MG AUTO-INJECT	Auvi-Q injection,auto-injector; EpiPen 2-Pak injection,auto-injector	7/1/2026
ESCITALOPRAM 15 MG CAPSULE	escitalopram tablet	7/1/2026
esterified estrogens-methyltestosterone 1.25 mg-2.5 mg tablet	Consult your provider	7/1/2026

Impacted drug	Alternative drug	Effective date
Feosol 325 mg (65 mg iron) tablet	ferrous sulfate tablet; Feosol tablet	7/1/2026
Feosol 45 mg tablet	iron ER tablet,extended release	7/1/2026
Fer-In-Sol 15 mg iron (75 mg)/mL oral drops	ferrous sulfate oral drops	7/1/2026
FERROUS GLUCONATE 324 MG TAB	ferrous gluconate 324 mg (38 mg iron) tablet	7/1/2026
FLUAD QUAD 2023-2024 SYRINGE	Fluad 2025-2026 (65 yr up)(PF) intramuscular syringe	7/1/2026
FLUAD TRIVALENT 2024-2025 SYR	Fluad 2025-2026 (65 yr up)(PF) intramuscular syringe	7/1/2026
FLUARIX QUAD 2023-2024 SYRINGE	Fluarix 2025-2026 (PF) intramuscular syringe	7/1/2026
FLUARIX TRIVALENT 2024-25 SYRG	Fluarix 2025-2026 (PF) intramuscular syringe	7/1/2026
FLUBLOK QUAD 2023-2024 SYRINGE	Flublok 2025-2026 (PF) intramuscular syringe	7/1/2026
FLUBLOK TRIVALENT 2024-25 SYRG	Flublok 2025-2026 (PF) intramuscular syringe	7/1/2026
FLUCELVAX QUAD 2023-2024 SYR	Flucelvax 2025-2026 (PF) intramuscular syringe	7/1/2026
FLUCELVAX QUAD 2023-2024 VIAL	Flucelvax 2025-2026 intramuscular suspension	7/1/2026
FLUCELVAX TRIVAL 2024-2025 SYR	Flucelvax 2025-2026 (PF) intramuscular syringe	7/1/2026
FLUCELVAX TRIVAL 2024-2025 VL	Flucelvax 2025-2026 intramuscular suspension	7/1/2026
FLULAVAL QUAD 2023-2024 SYRING	Flulaval 2025-2026 (PF) intramuscular syringe	7/1/2026
FLULAVAL TRIVALENT 2024-25 SYR	Flulaval 2025-2026 (PF) intramuscular syringe	7/1/2026
FLUMIST QUAD NASAL 2023-24 VAC	Flumist 2025-2026 nasal spray syringe	7/1/2026
FLUMIST TRIVALNT NASAL 2024-25	Flumist 2025-2026 nasal spray syringe	7/1/2026
FLUZONE HIGH-DOSE QUAD 2023-24	Fluzone High-Dose 2025-2026 (PF) intramuscular syringe	7/1/2026
FLUZONE HIGH-DOSE TRIV 2024-25	Fluzone High-Dose 2025-2026 (PF) intramuscular syringe	7/1/2026
FLUZONE QUAD 2023-2024 SYRINGE	Fluzone 2025-2026 (PF) intramuscular syringe	7/1/2026
FLUZONE QUAD 2023-2024 VIAL	Fluzone 2025-2026 intramuscular suspension	7/1/2026
FLUZONE TRIVALENT 2024-25 SYRG	Fluzone 2025-2026 (PF) intramuscular syringe	7/1/2026
FLUZONE TRIVALENT 2024-25 VIAL	Fluzone 2025-2026 intramuscular suspension	7/1/2026
GLUCAGEN 1 MG HYPOKIT	Glucagon Emergency Kit (human-recomb) solution for injection	7/1/2026
GNP CHLD ALL DAY ALLER 1 MG/ML	cetirizine 1 mg/mL oral solution	7/1/2026
GUAIFENESIN-DM ER 1,200-60 MG	Mucus DM Max ER tablet,extended release	7/1/2026
hydrocortisone 1 %-iodoquinol 1 % topical cream	Consult your provider	7/1/2026
Infants' Pain Relief 160 mg/5 mL oral suspension	Infants' Pain and Fever oral suspension; Infant's Acetaminophen oral suspension	7/1/2026
Kemoplat 1 mg/mL intravenous solution	cisplatin intravenous solution	7/1/2026
Leukeran 2 mg tablet	Consult your provider	7/1/2026

Impacted drug	Alternative drug	Effective date
LEVEMIR 100 UNIT/ML VIAL	Lantus U-100 Insulin subcutaneous solution	7/1/2026
LEVEMIR FLEXPEN 100 UNIT/ML	Lantus Solostar U-100 Insulin subcutaneous pen	7/1/2026
Lice Solution 4 %-0.33 %-0.5 % topical kit	Lice Killing (permethrin) topical liquid; Lice Treatment topical liquid	7/1/2026
Lice Treatment (permethrin) 1 % topical liquid	Lice Killing (permethrin) topical liquid; Lice Treatment topical liquid	7/1/2026
Lice Treatment 0.33 %-4 % shampoo	Lice Killing shampoo	7/1/2026
LIDOCAINE 2%-EPI 1:100,000	lidocaine-epinephrine injection solution	7/1/2026
LIDOCAINE 2%-EPI 1:50,000 CART	lidocaine-epinephrine injection solution	7/1/2026
Liquituss GG 200 mg/5 mL oral liquid	guaifenesin oral liquid	7/1/2026
MELPHALAN 2 MG TABLET	Consult your provider	7/1/2026
Miconazole-3 200 mg/5 gram (4 %) vaginal cream	miconazole nitrate vaginal, prefilled appl. and cream	7/1/2026
MODERNA COVID 23-24(6M-11Y)EUA	Spikevax 2025-26 (6M-11Y) (PF) intramuscular syringe	7/1/2026
MODERNA COVID 24-25(6M-11Y)EUA	Spikevax 2025-26 (6M-11Y) (PF) intramuscular syringe	7/1/2026
Mucinex 1,200 mg tablet, extended release	Mucus Relief ER tablet, extended release; guaifenesin ER tablet, extended release 12 hr	7/1/2026
Mucinex 600 mg tablet, extended release	guaifenesin ER tablet, extended release 12 hr; Mucus Relief ER tablet, extended release	7/1/2026
Mutamycin 20 mg intravenous solution	mitomycin intravenous solution	7/1/2026
Mutamycin 40 mg intravenous solution	mitomycin intravenous solution	7/1/2026
Mutamycin 5 mg intravenous solution	mitomycin intravenous solution	7/1/2026
Myleran 2 mg tablet	Consult your provider	7/1/2026
Neonatal FE 90 mg-120 mg-12 mcg-1,000 mcg tablet	Consult your provider	7/1/2026
NORETH-EE-FE 1 MG/20-30-35 MCG	Tri-Legest Fe tablet; Xarah Fe tablet	7/1/2026
NORETH-EE-FE 1-0.02(21)-75 TAB	Aurovela Fe 1-20 (28) tablet; Blisovi Fe 1/20 (28) tablet; Hailey Fe 1/20 (28) tablet	7/1/2026
NOVAVAX COVID 2023-24 VL (EUA)	Comirnaty 2025-26 (12y up)(PF) intramuscular syringe; Spikevax 2025-2026(12y up)(PF) intramuscular syringe	7/1/2026
NOVAVAX COVID 2024-25 SYR(EUA)	Comirnaty 2025-26 (12y up)(PF) intramuscular syringe; Spikevax 2025-2026(12y up)(PF) intramuscular syringe	7/1/2026
Ora-Blend oral suspension	Consult your provider	7/1/2026
Ora-Blend SF oral suspension	Consult your provider	7/1/2026
Ora-Sweet oral syrup	Consult your provider	7/1/2026
Ora-Sweet SF oral liquid	Consult your provider	7/1/2026
OYSTER SHELL CALCIUM 500 MG TB	Oyster Shell Calcium 500 tablet	7/1/2026
PALONOSETRON 0.25 MG/2 ML VIAL	Consult your provider	7/1/2026

Impacted drug	Alternative drug	Effective date
PAMIDRONATE DISOD 30 MG VIAL	Consult your provider	7/1/2026
PAMIDRONATE DISOD 90 MG VIAL	Consult your provider	7/1/2026
Pancreaze 10,500 unit-35,500 unit-61,500 unit capsule,delayed release	Zenpep capsule,delayed release; Creon capsule,delayed release	7/1/2026
Pancreaze 16,800 unit-56,800 unit-98,400 unit capsule,delayed release	Zenpep capsule,delayed release; Creon capsule,delayed release	7/1/2026
Pancreaze 2,600 unit-8,800 unit-15,200 unit capsule,delayed release	Zenpep capsule,delayed release; Creon capsule,delayed release	7/1/2026
Pancreaze 21,000 unit-54,700 unit-83,900 unit capsule,delayed release	Zenpep capsule,delayed release; Creon capsule,delayed release	7/1/2026
Pancreaze 37,000-97,300-149,900 unit capsule,delayed release	Zenpep capsule,delayed release; Creon capsule,delayed release	7/1/2026
Pancreaze 4,200 unit-14,200 unit-24,600 unit capsule,delayed release	Zenpep capsule,delayed release; Creon capsule,delayed release	7/1/2026
Panretin 0.1 % topical gel	Consult your provider	7/1/2026
PFIZER COVID 2023-24(5-11Y)EUA	Comirnaty 2025-2026(5-11Y)(PF) intramuscular suspension	7/1/2026
PFIZER COVID 2023-24(6M-4Y)EUA	Spikevax 2025-26 (6M-11Y) (PF) intramuscular syringe	7/1/2026
PFIZER COVID 2024-25(5-11Y)EUA	Comirnaty 2025-2026(5-11Y)(PF) intramuscular suspension	7/1/2026
PFIZER COVID 2024-25(6M-4Y)EUA	Spikevax 2025-26 (6M-11Y) (PF) intramuscular syringe	7/1/2026
PIPERACILLIN-TAZO 4.5 G DUPLEX	Consult your provider	7/1/2026
Plasma-Lyte 148 pH 7.4 intravenous solution	Consult your provider	7/1/2026
Prenatal 28 mg iron-800 mcg tablet	Consult your provider	7/1/2026
Prenatal Vitamin 27 mg iron-0.8 mg tablet	Consult your provider	7/1/2026
Proleukin 22 million unit intravenous solution	Consult your provider	7/1/2026
Promacta 12.5 mg tablet	Promacta oral powder packet	7/1/2026
Promacta 25 mg tablet	Promacta oral powder packet	7/1/2026
Promacta 50 mg tablet	Consult your provider	7/1/2026
Promacta 75 mg tablet	Consult your provider	7/1/2026
Promethazine VC 6.25 mg-5 mg/5 mL oral syrup	promethazine-phenylephrine oral syrup	7/1/2026
RA ANTACID 500 MG CHEWABLE TAB	Antacid 200 mg (as calcium carbonate 500 mg) chewable tablet; Calcium Antacid 200 mg (as calcium carbonate 500 mg) chewable tablet; Cal-Gest Antacid 200 mg (as calcium carbonate 500 mg) chewable tablet	7/1/2026
RAPAMUNE 0.5 MG TABLET	sirolimus tablet	7/1/2026
RAPAMUNE 1 MG TABLET	sirolimus tablet	7/1/2026

Impacted drug	Alternative drug	Effective date
RAPAMUNE 1 MG/ML ORAL SOLN	sirolimus oral solution	7/1/2026
RAPAMUNE 2 MG TABLET	sirolimus tablet	7/1/2026
Slow Release Iron 143 mg (45 mg iron) tablet,extended release	iron ER tablet,extended release	7/1/2026
SM MICONAZOLE 7 100 MG VAG SUP	miconazole nitrate vaginal suppository	7/1/2026
SODIUM FLUORIDE 0.5 MG/ML DROP	fluoride (sodium) chewable tablet	7/1/2026
SPIKEVAX 2023-24 (12Y UP) SYRG	Spikevax 2025-2026(12y up)(PF) intramuscular syringe	7/1/2026
SPIKEVAX 2023-24 (12Y UP) VIAL	Spikevax 2025-2026(12y up)(PF) intramuscular syringe	7/1/2026
SPIKEVAX 2024-25 (12Y UP) SYRG	Spikevax 2025-2026(12y up)(PF) intramuscular syringe	7/1/2026
STAVUDINE 15 MG CAPSULE	lamivudine tablet; abacavir tablet	7/1/2026
STAVUDINE 20 MG CAPSULE	lamivudine tablet; abacavir tablet	7/1/2026
STAVUDINE 30 MG CAPSULE	lamivudine tablet; abacavir tablet	7/1/2026
STAVUDINE 40 MG CAPSULE	lamivudine tablet; abacavir tablet	7/1/2026
Steqeyma 130 mg/26 mL intravenous solution	Selarsdi intravenous solution	7/1/2026
Steqeyma 45 mg/0.5 mL subcutaneous syringe	Selarsdi subcutaneous solution; Pyzchiva subcutaneous solution	7/1/2026
Steqeyma 90 mg/mL subcutaneous syringe	Selarsdi subcutaneous syringe; Pyzchiva subcutaneous syringe	7/1/2026
TETRACAINE 1% (20 MG/2 ML) VL	lidocaine (PF) injection solution	7/1/2026
TYBOST 150 MG TABLET	Consult your provider	7/1/2026
Ultra Strength Antacid 400 mg (calcium carb 1,000 mg) chewable tablet	Antacid Ultra Strength 400 mg (calcium carb 1,000 mg) chewable tablet	7/1/2026
Vascepa 0.5 gram capsule	icosapent ethyl capsule	7/1/2026
Vascepa 1 gram capsule	icosapent ethyl capsule	7/1/2026
VIT A,C,D-FLUORIDE 0.25 MG/ML	Multi-Vitamin With Fluoride oral drops	7/1/2026

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](https://www.humana.com/FloridaAccessibility)**.

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

**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 કોલ કરો.

**ภาษาไทย (Thai):** โทรไปที่หมายเลขด้านบนเพื่อรับบริการช่วยเหลือด้านภาษาฟรี