Humana
Healthy Horizons™
in Florida

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

**This document was updated on [7/22/2026].**

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**.

## Drug list removal

| Impacted drug | Alternative drug | Effective date |
|---|---|---|
| Concept DHA 35 mg-1 mg-200 mg capsule | Taron-C DHA capsule | 10/1/2026 |
| Concept OB 85 mg-1 mg capsule | Folivane-OB capsule | 10/1/2026 |
| Farxiga 10 mg tablet | dapagliflozin tablet; Jardiance tablet | 10/1/2026 |
| Farxiga 5 mg tablet | dapagliflozin tablet; Jardiance tablet | 10/1/2026 |
| INSULIN LISPRO 100 UNIT/ML VL | Humalog U-100 Insulin subcutaneous solution | 10/1/2026 |
| Movantik 12.5 mg tablet | lactulose oral solution | 10/1/2026 |

| Impacted drug | Alternative drug | Effective date |
|---|---|---|
| Movantik 25 mg tablet | lactulose oral solution | 10/1/2026 |
| Novolog FlexPen U-100 Insulin aspart 100 unit/mL (3 mL) subcutaneous | insulin aspart U-100 subcutaneous pen | 10/1/2026 |
| Novolog PenFill U-100 Insulin aspart 100 unit/mL subcutaneous cartridg | insulin aspart U-100 subcutaneous cartridge | 10/1/2026 |
| Novolog U-100 Insulin aspart 100 unit/mL subcutaneous solution | insulin aspart U-100 subcutaneous solution | 10/1/2026 |
| Ofev 100 mg capsule | nintedanib capsule | 10/1/2026 |
| Ofev 150 mg capsule | nintedanib capsule | 10/1/2026 |
| Pemfexy 25 mg/mL intravenous solution | pemetrexed intravenous solution | 10/1/2026 |
| Perseris 120 mg subcutaneous extended release suspension syringe | Risperdal Consta intramuscular suspension,extended release | 10/1/2026 |
| Perseris 90 mg subcutaneous extended release suspension syringe | Risperdal Consta intramuscular suspension,extended release | 10/1/2026 |
| Pheburane 483 mg/gram oral granules | Buphenyl oral powder; Buphenyl tablet | 10/1/2026 |
| Provida OB 40 mg iron-1.25 mg capsule | Vitafol Ultra capsule; Vitafol-OB tablet | 10/1/2026 |
| Retacrit 10,000 unit/mL injection solution | Epogen 10,000 unit/mL injection solution | 10/1/2026 |
| Retacrit 2,000 unit/mL injection solution | Epogen 2,000 unit/mL injection solution | 10/1/2026 |
| Retacrit 20,000 unit/2 mL injection solution | Epogen 20,000 unit/mL injection solution | 10/1/2026 |
| Retacrit 20,000 unit/mL injection solution | Epogen 20,000 unit/mL injection solution | 10/1/2026 |
| Retacrit 3,000 unit/mL injection solution | Epogen 3,000 unit/mL injection solution | 10/1/2026 |
| Retacrit 4,000 unit/mL injection solution | Epogen 4,000 unit/mL injection solution | 10/1/2026 |
| Retacrit 40,000 unit/mL injection solution | Epogen 20,000 unit/mL injection solution | 10/1/2026 |
| Ruxience 10 mg/mL intravenous solution | Consult your provider | 10/1/2026 |
| Trazimera 150 mg intravenous solution | Consult your provider | 10/1/2026 |
| Trazimera 420 mg intravenous solution | Consult your provider | 10/1/2026 |
| Triptodur 22.5 mg IM suspension | Consult your provider | 10/1/2026 |

| Impacted drug | Alternative drug | Effective date |
|---|---|---|
| Zirabev 25 mg/mL intravenous solution | Consult your provider | 10/1/2026 |
| 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 |
| 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 |

| Impacted drug | Alternative drug | Effective date |
|---|---|---|
| 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 (as calcium carbonate 750 mg) chewable tablet | 7/1/2026 |
| 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 |

| Impacted drug | Alternative drug | Effective date |
|---|---|---|
| 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-INJCT | 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 |
| 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 |

| Impacted drug | Alternative drug | Effective date |
|---|---|---|
| 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 |
| 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 |

| Impacted drug | Alternative drug | Effective date |
|---|---|---|
| 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 |

| Impacted drug | Alternative drug | Effective date |
|---|---|---|
| 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 |
| 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 |

| Impacted drug | Alternative drug | Effective date |
|---|---|---|
| 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 |
| 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.

## Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services.

Humana Inc. provides free language assistance services to people whose primary language is not English, people with disabilities or who need reasonable modifications free auxiliary aids and services to communicate effectively with us. These services include qualified interpreters including sign language and written information in other languages and formats (large print, audio, accessible electronic formats, other formats).

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **800-477-6931 (TTY: 711)**, Monday through Friday, from 8 a.m. to 8 p.m., Eastern time. If you believe that Humana, Inc. has not provided these services or you feel you have experienced discrimination, you can file a grievance in person or by mail, or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **800-477-6931 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

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.

FLHMEDREN_ITN25_0225_Approved

**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):** โทรไปที่หมายเลขด้านบนเพื่อรับบริการช่วยเหลือด้านภาษาฟรี