Humana
Healthy Horizons™
in Florida

Humana Healthy Horizons® in Florida Preferred Drug List Changes

This document was updated on [10/22/2026].

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
BD INSULIN SYR 1 ML 28GX1/2"	TRUEplus Insulin 1 mL 28 gauge x 1/2" syringe	1/1/2027
BILDYOS 60 MG/ML SYRINGE	Enoby subcutaneous syringe	1/1/2027
BILPREVDA 120 MG/1.7 ML VIAL	Xtrenbo subcutaneous solution	1/1/2027
BRINSUPRI 10 MG TABLET	Consult your provider.	1/1/2027
BRINSUPRI 25 MG TABLET	Consult your provider.	1/1/2027
CALDOLOR 800 MG/200 ML BAG	Consult your provider.	1/1/2027
CALDOLOR 800 MG/8 ML VIAL	Consult your provider.	1/1/2027

Impacted drug	Alternative drug	Effective date
CHANTIX 0.5 MG TABLET	varenicline tartrate tablet	1/1/2027
CHANTIX 1 MG CONT MONTH BOX	varenicline tartrate tablet	1/1/2027
CHANTIX 1 MG TABLET	varenicline tartrate tablet	1/1/2027
CHANTIX STARTING MONTH BOX	varenicline tartrate tablets in a dose pack	1/1/2027
CIMERLI 0.3 MG/0.05 ML VIAL	Consult your provider.	1/1/2027
CIMERLI 0.5 MG/0.05 ML VIAL	Consult your provider.	1/1/2027
DOXYCYCLINE HYCLATE 75 MG CAP	doxycycline hyclate 50 mg capsule; doxycycline monohydrate 75 mg tablet	1/1/2027
EXEL INS SYR U100 1 ML 28GX1/2	TRUEplus Insulin 1 mL 28 gauge x 1/2" syringe	1/1/2027
FOLIVANE-OB CAPSULE	Elite-OB tablet	1/1/2027
GNP INS SYRINGE 1 ML 28G 1/2"	TRUEplus Insulin 1 mL 28 gauge x 1/2" syringe	1/1/2027
IBRANCE 100 MG CAPSULE	Ibrance tablet; Kisqali tablet	1/1/2027
IBRANCE 125 MG CAPSULE	Ibrance tablet; Kisqali tablet	1/1/2027
IBRANCE 75 MG CAPSULE	Ibrance tablet; Kisqali tablet	1/1/2027
INSULIN SYRINGE 1 ML 28G 1/2"	TRUEplus Insulin 1 mL 28 gauge x 1/2" syringe	1/1/2027
INSULIN SYRINGE 1 ML 28G 13MM	TRUEplus Insulin 1 mL 28 gauge x 1/2" syringe	1/1/2027
INSULIN SYRINGE 1 ML 28GX1/2"	TRUEplus Insulin 1 mL 28 gauge x 1/2" syringe	1/1/2027
INSULIN SYRINGE 1ML 28G 12.7MM	TRUEplus Insulin 1 mL 28 gauge x 1/2" syringe	1/1/2027
JUBBONTI 60 MG/ML SYRINGE	Enoby subcutaneous syringe	1/1/2027
METHOCARBAMOL 1,000 MG TABLET	orphenadrine citrate ER tablet,extended release; methocarbamol 750 mg tablet; cyclobenzaprine tablet	1/1/2027
METHYLPHENIDATE ER 17.3 MG ODT	methylphenidate ER tablet,extended release 24 hr; methylphenidate CD biphasic 30-70 capsule,extended release	1/1/2027
METHYLPHENIDATE ER 25.9 MG ODT	methylphenidate ER tablet,extended release 24 hr; methylphenidate CD biphasic 30-70 capsule,extended release	1/1/2027
METHYLPHENIDATE ER 8.6 MG ODT	methylphenidate ER tablet,extended release 24 hr; methylphenidate CD biphasic 30-70 capsule,extended release	1/1/2027
Relistor 12 mg/0.6 mL subcutaneous solution	Consult your provider	1/1/2027
Relistor 12 mg/0.6 mL subcutaneous syringe	Consult your provider	1/1/2027

Impacted drug	Alternative drug	Effective date
Relistor 8 mg/0.4 mL subcutaneous syringe	Consult your provider	1/1/2027
TRAZODONE 25 MG TABLET	nefazodone tablet	1/1/2027
TRAZODONE 75 MG TABLET	nefazodone tablet	1/1/2027
ULTICARE INS SYR 1 ML 28GX1/2"	TRUEplus Insulin 1 mL 28 gauge x 1/2" syringe	1/1/2027
XIIDRA 5% EYE DROPS	Restasis eye drops in a dropperette	1/1/2027
ZEGALOGUE 0.6 MG/0.6 ML SYRING	Glucagon Emergency Kit (human-recomb) solution for injection; Gvoke subcutaneous solution	1/1/2027
ZEGALOGUE 0.6 MG/0.6ML AUTOINJ	Gvoke HypoPen 2-Pack subcutaneous auto-injector	1/1/2027
BD INS SYR 0.3 ML 8MMX31G(1/2)	TRUEplus Insulin 0.3 mL 31 gauge x 5/16" syringe; Ultra-Fine Insulin Syringe 0.3 mL 31 gauge x 5/16"	11/13/2026
BD INS SYR U-500 1/2ML 6MMX31G	insulin U-500 syringe-needle 1/2 mL 31 gauge x 15/64"	11/13/2026
BD INS SYR UF 0.3ML 12.7MMX30G	Ultra-Fine Insulin Syringe 0.3 mL 30 gauge x 1/2"	11/13/2026
BD INS SYR UF 0.5ML 12.7MMX30G	Ultra-Fine Insulin Syringe 0.5 mL 30 gauge x 1/2"	11/13/2026
BD INS SYRN UF 1 ML 12.7MMX30G	Ultra-Fine Insulin Syringe 1 mL 30 gauge x 1/2"	11/13/2026
BD INS SYRN UF 1 ML 30G 12.7MM	Ultra-Fine Insulin Syringe 1 mL 30 gauge x 1/2"	11/13/2026
BD INS SYRNG UF 0.3 ML 8MMX31G	Ultra-Fine Insulin Syringe 0.3 mL 31 gauge x 5/16"; TRUEplus Insulin 0.3 mL 31 gauge x 5/16" syringe	11/13/2026
BD INS SYRNG UF 0.5 ML 8MMX31G	Ultra-Fine Insulin Syringe 0.5 mL 31 gauge x 5/16"; TRUEplus Insulin 0.5 mL 31 gauge x 5/16" syringe	11/13/2026
BD INSULIN SYR 0.5 ML 28GX1/2"	insulin syringe U-100 with needle 1/2 mL 28 gauge x 1/2"; TRUEplus Insulin 1/2 mL 28 gauge x 1/2" syringe	11/13/2026
BD INSULIN SYR 1 ML 27GX5/8"	insulin syringe U-100 with needle 1/2 mL 28 gauge x 1/2"; TRUEplus Insulin 0.3 mL 29 gauge x 1/2" syringe	11/13/2026
BD INSULIN SYR 1 ML 28GX1/2"	insulin syringe U-100 with needle 1/2 mL 28 gauge x 1/2"; TRUEplus Insulin 0.3 mL 29 gauge x 1/2" syringe	11/13/2026
BD INSULIN SYR UF 1 ML 8MMX31G	Ultra-Fine Insulin Syringe; TRUEplus Insulin 1 mL 31 gauge x 5/16" syringe	11/13/2026

Impacted drug	Alternative drug	Effective date
BD NANO 2 GEN PEN NDL 32G 4MM	Nano Pen Needle 32 gauge x 5/32"; TechLITE Pen Needle 32 gauge x 5/32"	11/13/2026
BD SafetyGlide Insulin Syringe 0.3 mL 29 gauge x 1/2"	TRUEplus Insulin 0.3 mL 29 gauge x 1/2" syringe	11/13/2026
BD SafetyGlide Insulin Syringe 0.3 mL 31 gauge x 15/64"	Ultra-Fine Insulin Syringe 0.3 mL 31 gauge x 15/64"	11/13/2026
BD SafetyGlide Insulin Syringe 0.3 mL 31 gauge x 5/16"	Ultra-Fine Insulin Syringe 0.3 mL 31 gauge x 5/16"; TRUEplus Insulin 0.3 mL 31 gauge x 5/16" syringe	11/13/2026
BD SafetyGlide Insulin Syringe 0.5 mL 29 gauge x 1/2"	TRUEplus Insulin 0.5 mL 29 gauge x 1/2" syringe	11/13/2026
BD SafetyGlide Insulin Syringe 0.5 mL 30 gauge x 5/16"	insulin syringe U-100 with needle 1/2 mL 28 gauge x 1/2"; TRUEplus Insulin 0.3 mL 29 gauge x 1/2" syringe	11/13/2026
BD SafetyGlide Insulin Syringe 0.5 mL 31 gauge x 15/64"	insulin syringe U-100 with needle 1/2 mL 28 gauge x 1/2"; TRUEplus Insulin 0.3 mL 29 gauge x 1/2" syringe	11/13/2026
BD SafetyGlide Insulin Syringe 1 mL 29 gauge x 1/2"	TRUEplus Insulin 1 mL 29 gauge x 1/2" syringe	11/13/2026
BD SafetyGlide Insulin Syringe 1 mL 31 gauge x 15/64"	Ultra-Fine Insulin Syringe 1 mL 31 gauge x 15/64"	11/13/2026
BD SafetyGlide Syringe 1 mL 27 gauge x 5/8"	insulin syringe U-100 with needle 1/2 mL 28 gauge x 1/2"; TRUEplus Insulin 0.3 mL 29 gauge x 1/2" syringe	11/13/2026
BD UF MICRO PEN NEEDLE 6MMX32G	Ultra-Fine Pen Needle 32 gauge x 1/4"; TechLITE Pen Needle 32 gauge x 5/32"	11/13/2026
BD UF MINI PEN NEEDLE 5MMX31G	Ultra-Fine Pen Needle 31 gauge x 3/16"; TechLITE Pen Needle 31 gauge x 3/16"	11/13/2026
BD UF NANO PEN NEEDLE 4MMX32G	Nano 2nd Gen Pen Needle 32 gauge x 5/32"; TechLITE Pen Needle 32 gauge x 5/32"	11/13/2026
BD UF ORIG PEN NDL 12.7MMX29G	Ultra-Fine Pen Needle 29 gauge x 1/2"; TechLITE Pen Needle 29 gauge x 1/2"	11/13/2026
BD UF SHORT PEN NEEDLE 8MMX31G	Ultra-Fine Pen Needle 31 gauge x 3/16"; TechLITE Pen Needle 31 gauge x 3/16"	11/13/2026
BD VEO INS 0.3ML 6MMX31G (1/2)	Ultra-Fine Insulin Syringe (half unit) 0.3 mL 31 gauge x 15/64"	11/13/2026
BD VEO INS SYRING 1 ML 6MMX31G	Ultra-Fine Insulin Syringe 1 mL 31 gauge x 15/64"	11/13/2026
BD VEO INS SYRN 0.3 ML 6MMX31G	Ultra-Fine Insulin Syringe 0.3 mL 31 gauge x 15/64"	11/13/2026

Impacted drug	Alternative drug	Effective date
BD VEO INS SYRN 0.5 ML 6MMX31G	Ultra-Fine Insulin Syringe 1/2 mL 31 gauge x 15/64"	11/13/2026
OneTouch Delica Plus Lancet 30 gauge	Unilet Lancets 30 gauge; TRUEplus Lancets 30 gauge	11/13/2026
OneTouch Delica Plus Lancet 33 gauge	Unilet Lancet 33 gauge; TRUEplus Lancets 33 gauge	11/13/2026
OneTouch Delica Plus Lancing Device kit	Autolet Impression Lancing Device kit; Unistik 2 Device; TRUEdraw Lancing Device	11/13/2026
Onetouch Delica Safety Lancet 30 gauge	Unistik Safety 30 gauge; Unilet GP Lancet; TRUEplus Lancets 30 gauge	11/13/2026
OneTouch Ultra Test strips	Contour Test Strips; Contour Next Test Strips; Contour Plus Test Strip; True Metrix Glucose Test Strip; True Metrix Pro Test Strip	11/13/2026
OneTouch Ultra2 Meter	Contour Next Gen Meter; Contour Next EZ Meter; True Metrix Go Glucose Meter; True Metrix Glucose Meter; True Metrix Air Glucose Meter	11/13/2026
OneTouch UltraSoft 2 Lancet 30 gauge	Unilet ComforTouch Lancet; Unilet GP Lancet; TRUEplus Lancets 30 gauge	11/13/2026
OneTouch Verio Flex Meter	Contour Next Gen Meter; Contour Next EZ Meter; True Metrix Go Glucose Meter; True Metrix Glucose Meter; True Metrix Air Glucose Meter	11/13/2026
OneTouch Verio test strips	Contour Test Strips; Contour Next Test Strips; Contour Plus Test Strip; True Metrix Glucose Test Strip; True Metrix Pro Test Strip	11/13/2026
Precision Xtra B-Ketone strips	TRUEplus Ketone strips	11/13/2026
V-GO 20 device	Omnipod 5 Intro Kit (Libre2/3Plus) subcutaneous cartridge; Omnipod 5 G6-G7 Intro Kit (Gen 5) subcutaneous cartridge; CeQur Simplicity Inserter	11/13/2026
V-GO 30 device	Omnipod 5 Intro Kit (Libre2/3Plus) subcutaneous cartridge; Omnipod 5 G6-G7 Intro Kit (Gen 5) subcutaneous cartridge; CeQur Simplicity Inserter	11/13/2026
V-GO 40 device	Omnipod 5 Intro Kit (Libre2/3Plus) subcutaneous cartridge; Omnipod 5 G6-G7 Intro Kit (Gen 5) subcutaneous cartridge; CeQur Simplicity Inserter	11/13/2026

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
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

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

Drugs requiring prior authorization (PA)

Impacted drug	Alternative drug	Effective Date
NUEDEXTA 20-10 MG CAPSULE	Consult your provider	1/1/2027

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): โทรไปที่หมายเลขด้านบนเพื่อรับบริการช่วยเหลือด้านภาษาฟรี