



Humana Healthy Horizons in Florida Preferred Drug List Changes

This document was updated on [1/25/2025] for an effective date of [3/1/2025].

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 the full price of your drug.
- **Prior authorization (PA):** These drugs need approval by Humana Healthy Horizons before we will cover them. This is called prior authorization.
- **Step therapy (ST):** These drugs have a requirement 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
Cyklokapron 1,000 mg/10 mL (100 mg/mL) intravenous solution	tranexamic acid intravenous solution
Dexilant 30 mg capsule, delayed release	omeprazole capsule, delayed release, pantoprazole tablet, delayed release
Dexilant 60 mg capsule, delayed release	omeprazole capsule, delayed release, pantoprazole tablet, delayed release



Drug list removal

Impacted drug	Alternative drug
Differin 0.1 % lotion	Retin-A topical cream
Differin 0.1 % topical cream	Retin-A topical cream
DOXYLAMINE-PYRIDOXINE 10-10 MG	Diclegis tablet,delayed release
ESTAZOLAM 1 MG TABLET	temazepam capsule
ESTAZOLAM 2 MG TABLET	temazepam capsule
Humalog Junior KwikPen (U-100) 100 unit/mL subcutaneous half-unit pen	insulin lispro subcutaneous half-unit pen
Humalog KwikPen (U-100) Insulin 100 unit/mL subcutaneous	insulin lispro subcutaneous pen
Humalog Mix 75-25 KwikPen U-100 insulin 100 unit/mL subcutaneous pen	insulin lispro protamine-lispro 100 unit/mL (75-25) subcutaneous pen
MYCOBUTIN 150 MG CAPSULE	rifabutin capsule
NITROFURANTOIN 25 MG/5 ML SUSP	nitrofurantoin macrocrystal capsule
NITROFURANTOIN 50 MG/5 ML SUSP	nitrofurantoin macrocrystal capsule
Novolog FlexPen U-100 Insulin aspart 100 unit/mL (3 mL) subcutaneous	insulin aspart U-100 subcutaneous pen
Novolog Mix 70-30 FlexPen U-100 Insulin 100 unit/mL subcutaneous pen	insulin aspar prot-insulin aspart 100 unit/mL (70-30) subcutaneous pen
Novolog Mix 70-30 U-100 Insulin 100 unit/mL subcutaneous solution	insulin aspar prt-insulin aspart 100 unit/mL (70-30) subcutaneous soln
Novolog PenFill U-100 Insulin aspart 100 unit/mL subcutaneous cartridg	insulin aspart U-100 subcutaneous cartridge
Novolog U-100 Insulin aspart 100 unit/mL subcutaneous solution	insulin aspart U-100 subcutaneous solution
OXYBUTYNIN 2.5 MG TABLET	oxybutynin chloride 5 mg tablet
Posfrea 0.25 mg/5 mL intravenous solution	palonosetron 0.25 mg/5 mL intravenous solution
Pylera 140 mg-125 mg-125 mg capsule	Consult your physician
TOBRAMYCIN PAK 300 MG/5 ML	Kitabis Pak solution for nebulization, Bethkis solution for nebulization
ZEGERID 20 MG CAPSULE	omeprazole capsule,delayed release, pantoprazole tablet,delayed release
ZEGERID 20 MG PACKET	Nexium Packet granules delayed release for susp, Protonix granules delayed-release packet
ZEGERID 40 MG CAPSULE	omeprazole capsule,delayed release, pantoprazole tablet,delayed release

Drug list removal

Impacted drug	Alternative drug
ZEGERID 40 MG PACKET	Nexium Packet granules delayed release for susp, Protonix granules delayed-release packet
Zovirax 5 % topical cream	acyclovir 5 % topical ointment, Denavir 1 % topical cream

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.

ENGLISH: This information is available for free in other languages and formats. Please contact our Customer Service number at **800-477-6931**. If you use **TTY**, call **711**, Monday – Friday, 8 a.m. to 8 p.m.

SPANISH: Esta información está disponible gratuitamente en otros idiomas y formatos. Comuníquese con nuestro Servicio al Cliente llamando al **800-477-6931**. Si usa un **TTY**, marque **711**. El horario de atención es de lunes a viernes de 8 a.m. a 8 p.m.

CREOLE: Enfòmasyon sa a disponib gratis nan lòt lang ak fòma. Tanpri kontakte nimewo Sèvis Kliyan nou an nan **800-477-6931**. Si ou itilize **TTY**, rele **711**, Lendi - Vandredi, 8 a.m. a 8 p.m.

FRENCH: Ces informations sont disponibles gratuitement dans d'autre langues et formats. N'hésitez pas à contacter notre service client au **800-477-6931**. Si vous utilisez un appareil de télétype (**TTY**), appelez le **711** du lundi au vendredi, de 8h00 à 20h00.

ITALIAN: Queste informazioni sono disponibili gratuitamente in altre lingue e formati. La preghiamo di contattare il servizio clienti al numero **800-477-6931**. Se utilizza una telescrivente (**TTY**), chiami il numero **711** dal lunedì al venerdì tra le 8 e le 20:00.

RUSSIAN: Данную информацию можно получить бесплатно на других языках и в форматах. Для этого обратитесь в отдел обслуживания клиентов по номеру **800-477-6931**. Если Вы пользователь **TTY**, звоните по номеру **711** с понедельника по пятницу, с 8.00 до 20.00.

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.

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English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you.

Call **800-477-6931 (TTY: 711)**.

Español: (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al **800-477-6931 (TTY: 711)**.

Kreyòl Ayisyen: (French Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.

Rele **800-477-6931 (TTY: 711)**.

Tiếng Việt: (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

Gọi số **800-477-6931 (TTY: 711)**.

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