



Humana Healthy Horizons® in Indiana – Indiana PathWays for Aging

This document was updated on [8/12/2025].

To view your full drug list, [click here](#). Para visualizarlo en español, [haga click aquí](#).

The Preferred Drug List for Humana Healthy Horizons® in Indiana 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 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 healthcare provider soon.** You should share this list with your provider. They can help you decide what to do next.
- **Request approval.** If alternative drugs do not work for you, your provider must tell Humana Healthy Horizons® why you need your current drug. Your provider 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
CHILD ALL DAY ALLERGY 1 MG/ML	Children's Allergy (cetirizine) oral solution; Children's Zyrtec Allergy oral solution	8/15/2025
EXENATIDE 5 MCG DOSE PEN INJ	Byetta subcutaneous pen injector	8/15/2025
GNP CHLD ALL DAY ALLER 1 MG/ML	Children's Allergy (cetirizine) oral solution; Children's Zyrtec Allergy oral solution	8/15/2025
MINIPRESS 2 MG CAPSULE	doxazosin tablet; prazosin capsule	8/15/2025
MINIPRESS 5 MG CAPSULE	doxazosin tablet; prazosin capsule	8/15/2025
NAMENDA XR 14 MG CAPSULE	memantine capsule sprinkle,ER 24hr	8/15/2025
NAMENDA XR 21 MG CAPSULE	memantine capsule sprinkle,ER 24hr	8/15/2025
NAMENDA XR 28 MG CAPSULE	memantine capsule sprinkle,ER 24hr	8/15/2025
NORG-EE 0.18-0.215-0.25/0.025	norgestimate-ethinyl estradiol tablet; Tri-Lo-Sprintec tablet	8/15/2025
SM ALL DAY ALLERGY 1 MG/ML SYR	cetirizine oral solution; Allergy Relief (cetirizine) oral solution	8/15/2025
SM LORATA-DINE D 24HR TABLET	Claritin-D 24 Hour tablet,extended release; Allergy and Congestion Relief tablet,extended release 24 hr	8/15/2025
SM LORATA-DINE D TABLET	Claritin-D 24 Hour tablet,extended release; Allergy and Congestion Relief tablet,extended release 24 hr	8/15/2025
VISTARIL 25 MG CAPSULE	hydroxyzine HCl tablet; promethazine tablet	8/15/2025
adalimumab-fkjp 20 mg/0.4 mL subcutaneous syringe kit	Consult your provider	10/01/2025
adalimumab-fkjp 40 mg/0.8 mL subcutaneous pen kit	Consult your provider	10/01/2025
adalimumab-fkjp 40 mg/0.8 mL subcutaneous syringe kit	Consult your provider	10/01/2025
Cosentyx 150 mg/mL subcutaneous syringe	Consult your provider	10/01/2025
Cosentyx 25 mg/mL intravenous solution	Consult your provider	10/01/2025
Cosentyx 300 mg/2 Syringes (150 mg/mL) subcutaneous syringe	Consult your provider	10/01/2025
Cosentyx 75 mg/0.5 mL subcutaneous syringe	Consult your provider	10/01/2025
Cosentyx Pen 150 mg/mL subcutaneous pen injector	Consult your provider	10/01/2025

Impacted drug	Alternative drug	Effective Date
Cosentyx Pen 300 mg/2 pens (150 mg/mL) subcutaneous pen injector	Consult your provider	10/01/2025
Cosentyx UnoReady Pen 300 mg/2 mL subcutaneous pen injector	Consult your provider	10/01/2025
Humira 40 mg/0.8 mL subcutaneous syringe kit	Consult your provider	10/01/2025
Humira Pen 40 mg/0.8 mL subcutaneous kit	Consult your provider	10/01/2025
Humira(CF) 10 mg/0.1 mL subcutaneous syringe kit	Consult your provider	10/01/2025
Humira(CF) 20 mg/0.2 mL subcutaneous syringe kit	Consult your provider	10/01/2025
Humira(CF) 40 mg/0.4 mL subcutaneous syringe kit	Consult your provider	10/01/2025
Humira(CF) Pen 40 mg/0.4 mL subcutaneous kit	Consult your provider	10/01/2025
Humira(CF) Pen 80 mg/0.8 mL subcutaneous kit	Consult your provider	10/01/2025
Humira(CF) Pen Crohn's-Ulc Colitis-Hid Sup Strt 80 mg/0.8 mL subcut kit	Consult your provider	10/01/2025
Humira(CF) Pen Pediatric Ulcer Colitis Starter 80 mg/0.8 mL subcut kit	Consult your provider	10/01/2025
Humira(CF) Pen Ps-Uv-Adol HS 80 mg/0.8 mL(1)-40 mg/0.4 mL(2)subcut kit	Consult your provider	10/01/2025
Lunesta 1 mg tablet	eszopiclone tablet	10/01/2025
Lunesta 3 mg tablet	eszopiclone tablet	10/01/2025
Siliq 210 mg/1.5 mL subcutaneous syringe	Consult your provider	10/01/2025
Simlandi(CF) 20 mg/0.2 mL subcutaneous syringe kit	Consult your provider	10/01/2025
Simlandi(CF) 40 mg/0.4 mL subcutaneous syringe kit	Consult your provider	10/01/2025
Simlandi(CF) 80 mg/0.8 mL subcutaneous syringe kit	Consult your provider	10/01/2025
Simlandi(CF) Autoinjector 40 mg/0.4 mL subcutaneous auto-injector kit	Consult your provider	10/01/2025

Impacted drug	Alternative drug	Effective Date
Simlandi(CF) Autoinjector 80 mg/0.8 mL subcutaneous auto-injector kit	Consult your provider	10/01/2025
Yusimry(CF) Pen 40 mg/0.8 mL subcutaneous pen injector	Consult your provider	10/01/2025

Drugs requiring prior authorization (PA)

Impacted drug	Alternative drug	Effective Date
Spravato 28 mg nasal spray	Consult your provider	10/01/2025
Spravato 56 mg (28 mg x 2) nasal spray	Consult your provider	10/01/2025
Spravato 84 mg (28 mg x 3) nasal spray	Consult your provider	10/01/2025

Auxiliary aids and services, free of charge, are available to you.
866-274-5888 (TTY: 711), Monday through Friday, from 8:00 a.m. to 8:00 p.m., Eastern time.

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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.

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

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。

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

Nederlands (Dutch) Bel het bovenstaande nummer om gratis taalkundige hulp te ontvangen.

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

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

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

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

हिंदी (Hindi) भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें ।

日本語 (Japanese) 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

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

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

Srpsko-hrvatski (Serbo-Croatian) Nazovite gore navedeni broj ako želite besplatne usluge jezične pomoći.

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

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