



Humana Healthy Horizons® in Indiana – Indiana PathWays for Aging Preferred Drug List Changes

This document was updated on [6/18/2026].

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

The Preferred Drug List for Humana Healthy Horizons® in 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

Label Name	Alternative drug	Effective Date
Allerclear D-24hr Er Tablet	lorata-dine D tablet,extended release; Allergy Relief D-24hr tablet,extended release	8/1/2026
Elyxyb 120 Mg/4.8 MI Solution	rizatriptan tablet; sumatriptan nasal spray	8/1/2026
Iclevia 0.15 Mg-0.03 Mg Tablet	levonorgestrel-ethinyl estradiol tablets,3 month pack	8/1/2026
Leena 28 Tablet	Aranelle (28) tablet	8/1/2026
Levora-28 Tablet	levonorgestrel-ethinyl estradiol tablet; Portia 28 tablet	8/1/2026
Lidoderm 5% Patch	lidocaine topical patch	8/1/2026
Lyvispah 10 Mg Granule Packet	baclofen tablet	8/1/2026
Lyvispah 20 Mg Granule Packet	baclofen tablet	8/1/2026
Morphine Sulfate 5 Mg/MI Vial	Consult your provider	8/1/2026
Qudexy Xr 100 Mg Capsule	topiramate XR capsule sprinkle,ext.release 24 hr	8/1/2026
Qudexy Xr 25 Mg Capsule	topiramate XR capsule sprinkle,ext.release 24 hr	8/1/2026
Qudexy Xr 50 Mg Capsule	topiramate XR capsule sprinkle,ext.release 24 hr	8/1/2026
Relgaabi 300 Mg Capsule	gabapentin 300 mg capsule	8/1/2026
Relgaabi 400 Mg Capsule	gabapentin 400 mg capsule	8/1/2026
Zimhi 5 Mg/0.5 MI Syringe	naloxone nasal spray; naloxone injection syringe	8/1/2026
ADUHELM 170 MG/1.7 ML VIAL	Consult your provider	7/1/2026
ADUHELM 300 MG/3 ML VIAL	Consult your provider	7/1/2026
BIMATOPROST 0.01% EYE DROPS	Lumigan eye drops	7/1/2026
EPITOL 200 MG TABLET	carbamazepine tablet; Tegretol tablet	7/1/2026
Gojji Lancets 30 gauge-Glucose Test Strips combo pack	Gojji Lancets; Accu-Chek Guide test strips; True Metrix Glucose Test Strip	7/1/2026
IPRATROPIUM BR 17 MCG HFA INH	Atrovent HFA aerosol inhaler	7/1/2026
MILNACIPRAN HCL 100 MG TABLET	Savella tablet	7/1/2026
MILNACIPRAN HCL 12.5 MG TABLET	Savella tablet	7/1/2026
MILNACIPRAN HCL 25 MG TABLET	Savella tablet	7/1/2026
MILNACIPRAN HCL 50 MG TABLET	Savella tablet	7/1/2026
MILNACIPRAN HCL TITRATION PACK	Savella tablets in a dose pack	7/1/2026
QUDEXY XR 100 MG CAPSULE	topiramate XR capsule sprinkle,ext.release 24 hr	7/1/2026

Label Name	Alternative drug	Effective Date
QUDEXY XR 150 MG CAPSULE	topiramate XR capsule sprinkle,ext.release 24 hr	7/1/2026
QUDEXY XR 200 MG CAPSULE	topiramate XR capsule sprinkle,ext.release 24 hr	7/1/2026
QUDEXY XR 25 MG CAPSULE	topiramate XR capsule sprinkle,ext.release 24 hr	7/1/2026
QUDEXY XR 50 MG CAPSULE	topiramate XR capsule sprinkle,ext.release 24 hr	7/1/2026
TRETINOIN 0.05% GEL	tretinoin topical cream	7/1/2026
ZTlido 1.8 % topical patch	Lidoderm topical patch; lidocaine topical patch	7/1/2026
Arimidex 1 mg tablet	anastrozole tablet	6/1/2026
Aromasin 25 mg tablet	exemestane tablet	6/1/2026
Clodan 0.05 % shampoo	clobetasol shampoo	6/1/2026
DDAVP 0.1 mg tablet	desmopressin tablet	6/1/2026
DDAVP 0.2 mg tablet	desmopressin tablet	6/1/2026
DDAVP 4 mcg/mL injection solution	desmopressin injection solution	6/1/2026
Femara 2.5 mg tablet	letrozole tablet	6/1/2026
Gengraf 100 mg capsule	cyclosporine modified capsule	6/1/2026
GENGRAF 100 MG/ML SOLUTION	cyclosporine modified oral solution	6/1/2026
Gengraf 25 mg capsule	cyclosporine modified capsule	6/1/2026
Mepron 750 mg/5 mL oral suspension	atovaquone oral suspension	6/1/2026

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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