



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

This document was updated on [3/19/2025] for an effective date of [5/1/2025].

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

The Preferred Drug List for Humana Healthy Horizons® in Indiana – Indiana PathWays for Aging<sup>6</sup> 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.

## 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](http://Humana.com/PA).

## Drug list removal

Impacted drug	Alternative drug
CIPROFLOXACIN HCL 100 MG TAB	levofloxacin tablet; moxifloxacin tablet
DEXEDRINE SPANSULE 15 MG	Consult your physician
EVEKEO ODT 10 MG	Consult your physician
EVEKEO ODT 15 MG	Consult your physician
EVEKEO ODT 20 MG	Consult your physician
EVEKEO ODT 5 MG	Consult your physician
HUMIRA(CF) PEDIATRIC CROHN'S START 80 MG/0.8 ML-40 MG/0.4 ML	Consult your physician



Impacted drug	Alternative drug
HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SYRINGE	Consult your physician
METHOCARBAMOL 1,000 MG TABLET	cyclobenzaprine tablet; tizanidine tablet
MIRCETTE 28 DAY TABLET	desogestrel-ethinyl estradiol/ethiny estradiol tablet; Azurette (28) tablet; Kariva (28) tablet; Pimtrea (28) tablet; Simliya (28) tablet; Volnea (28) tablet
NAMZARIC TITRATION PACK	memantine-donepezil ER capsule sprinkle,ext.release 24 hr
QUARTETTE TABLET	levonorgestrel/ethinyl estradiol and e.estradiol oral 3MPk; Rivelsa tablets,3 month dose pack
QUINAPRIL 10 MG TABLET	benazepril tablet; lisinopril tablet
QUINAPRIL 20 MG TABLET	benazepril tablet; lisinopril tablet
QUINAPRIL 40 MG TABLET	benazepril tablet; lisinopril tablet
QUINAPRIL 5 MG TABLET	benazepril tablet; lisinopril tablet
RELEUKO 300 MCG/ML VIAL	Neupogen injection solution; Neupogen injection syringe
RELEUKO 480 MCG/1.6 ML VIAL	Neupogen injection solution; Neupogen injection syringe
SEVELAMER HCL 800 MG TABLET	calcium acetate(phosphate binders) capsule; calcium acetate(phosphate binders) tablet
SORINE 120 MG TABLET	sotalol tablet
SORINE 160 MG TABLET	sotalol tablet
SORINE 240 MG TABLET	sotalol tablet
SORINE 80 MG TABLET	sotalol tablet
SYMBYAX 3-25 MG CAPSULE	Consult your physician
TAZTIA XT 120 MG CAPSULE	diltiazem ER (XR/XT) capsule,extended rel. 24 hr, controlled; diltiazem ER capsule, 24 hr extended release
TAZTIA XT 180 MG CAPSULE	diltiazem ER (XR/XT) capsule,extended rel. 24 hr, controlled; diltiazem ER capsule, 24 hr extended release
TAZTIA XT 240 MG CAPSULE	diltiazem ER (XR/XT) capsule,extended rel. 24 hr, controlled; diltiazem ER capsule, 24 hr extended release
TAZTIA XT 300 MG CAPSULE	diltiazem ER (XR/XT) capsule,extended rel. 24 hr, controlled; diltiazem ER capsule, 24 hr extended release
TAZTIA XT 360 MG CAPSULE	diltiazem ER (XR/XT) capsule,extended rel. 24 hr, controlled; diltiazem ER capsule, 24 hr extended release

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.

Humana Inc. and its subsidiaries comply with Section 1557 by providing free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

**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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