



Humana Healthy Horizons® in Indiana – Indiana PathWays for Aging

This document was updated on [5/23/2025] for an effective date of [6/30/2025].

To view drug list changes that were effective on 7/15/2025 [click here](#).

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

Drugs requiring prior authorization (PA)

Impacted drug	Alternative drug
Bkemv 300 mg/30 mL intravenous solution	Consult your provider
Catapres-TTS-1 0.1 mg/24 hr transdermal patch	Consult your provider
Catapres-TTS-2 0.2 mg/24 hr transdermal patch	Consult your provider
Catapres-TTS-3 0.3 mg/24 hr transdermal patch	Consult your provider
clonidine 0.1 mg/24 hr weekly transdermal patch	Consult your provider
clonidine 0.2 mg/24 hr weekly transdermal patch	Consult your provider
clonidine 0.3 mg/24 hr weekly transdermal patch	Consult your provider
clonidine HCl 0.1 mg tablet	Consult your provider
clonidine HCl 0.2 mg tablet	Consult your provider
clonidine HCl 0.3 mg tablet	Consult your provider
clonidine HCl ER 0.1 mg tablet,extended release,12 hr	Consult your provider
clonidine HCl ER 0.17 mg tablet,extended release 24 hr	Consult your provider
Empaveli 1,080 mg/20 mL subcutaneous solution	Consult your provider
Epysqli 300 mg/30 mL intravenous solution	Consult your provider
Fabhalta 200 mg capsule	Consult your provider
guanfacine 1 mg tablet	Consult your provider
guanfacine 2 mg tablet	Consult your provider
guanfacine ER 1 mg tablet,extended release 24 hr	Consult your provider
guanfacine ER 2 mg tablet,extended release 24 hr	Consult your provider
guanfacine ER 3 mg tablet,extended release 24 hr	Consult your provider
guanfacine ER 4 mg tablet,extended release 24 hr	Consult your provider
Kapvay 0.1 mg tablet,extended release	Consult your provider
Nexiclon XR 0.17 mg tablet,extended release	Consult your provider
Onyda XR 0.1 mg/mL oral suspension,extended release	Consult your provider

Impacted drug	Alternative drug
Piasky 340 mg/2 mL injection solution	Consult your provider
Rezdiffra 100 mg tablet	Consult your provider
Rezdiffra 60 mg tablet	Consult your provider
Rezdiffra 80 mg tablet	Consult your provider
Soliris 300 mg/30 mL intravenous solution	Consult your provider
Ultomiris 100 mg/mL intravenous solution	Consult your provider



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Drug list removal

Impacted drug	Alternative drug
AUSTEDO 12MG START TITR(WK1-4)	Austedo tablet
EXENATIDE 10 MCG DOSE PEN INJ	Consult your provider
GLUMETZA ER 1,000 MG TABLET	metformin ER tablet,extended release 24 hr
GLUMETZA ER 500 MG TABLET	metformin ER tablet,extended release 24 hr
Humalog U-100 Insulin 100 unit/mL subcutaneous solution	insulin lispro subcutaneous solution; insulin lispro subcutaneous pen
LOTEMAX 0.5% EYE DROPS	Alrex eye drops,suspension; Lotemax eye gel drops
NAPROXEN-ESOMEPRAZ DR 375-20MG	naproxen tablet; esomeprazole magnesium capsule,delayed release
NAPROXEN-ESOMEPRAZ DR 500-20MG	naproxen tablet; esomeprazole magnesium capsule,delayed release
Novolog Mix 70-30 FlexPen U-100 Insulin 100 unit/mL subcutaneous pen	Novolin 70-30 FlexPen U-100 Insulin subcutaneous; Humulin 70/30 U-100 Insulin KwikPen subcutaneous
Novolog Mix 70-30 U-100 Insulin 100 unit/mL subcutaneous solution	Novolin 70/30 U-100 Insulin subcutaneous suspension; Humulin 70/30 U-100 Insulin subcutaneous suspension

Drugs requiring prior authorization (PA)

Impacted drug	Alternative drug
Amyvuttra 25 mg/0.5 mL subcutaneous syringe	Consult your provider
Azmiro 200 mg/mL intramuscular syringe	Consult your provider
Inzirgo 10 mg/mL oral suspension	Consult your provider

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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