



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

This document was updated on [4/17/2026].

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
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
Arthritis Pain Relief (capsaicin) 0.075 % topical cream	capsaicin 0.1 % topical cream; capsaicin 0.025 % topical cream	5/1/2026
BESIFLOXACIN 0.6% EYE DROP	Besivance eye drops,suspension	5/1/2026
CAPSAICIN 0.075% CREAM	capsaicin 0.1 % topical cream; capsaicin 0.025 % topical cream	5/1/2026
Daytrana 10 mg/9 hr daily patch	methylphenidate daily transdermal patch	5/1/2026
Daytrana 15 mg/9 hr daily patch	methylphenidate daily transdermal patch	5/1/2026
Daytrana 20 mg/9 hr daily patch	methylphenidate daily transdermal patch	5/1/2026
Daytrana 30 mg/9 hr daily patch	methylphenidate daily transdermal patch	5/1/2026
DILTIAZEM 24HR ER 180 MG CAP	Tiadyt ER capsule,extended release	5/1/2026
DILTIAZEM 24HR ER 240 MG CAP	Tiadyt ER capsule,extended release	5/1/2026
DILTIAZEM 24HR ER 300 MG CAP	Tiadyt ER capsule,extended release	5/1/2026
DILTIAZEM 24HR ER 360 MG CAP	Tiadyt ER capsule,extended release	5/1/2026
ERGOLOID MESYLATES 1 MG TAB	donepezil disintegrating tablet; memantine tablet	5/1/2026
ERYTHROMYCIN DR 250 MG CAP	azithromycin tablet; clarithromycin tablet	5/1/2026
HALOPERIDOL LAC 5 MG/ML SYRING	haloperidol lactate injection solution	5/1/2026

Label Name	Alternative drug	Effective Date
LEVETIRACETAM 250 MG TAB SUSP	levetiracetam tablet; levetiracetam 100 mg/mL oral solution	5/1/2026
Mycapssa 20 mg capsule,delayed release	Consult your provider	5/1/2026
OXYCODONE-ACETAMINOPHN 5-325/5	oxycodone-acetaminophen 5 mg-325 mg tablet	5/1/2026
PHENYTOIN SOD EXT 200 MG CAP	Phenytek capsule	5/1/2026
PHENYTOIN SOD EXT 300 MG CAP	Phenytek capsule	5/1/2026
Polycin 500 unit-10,000 unit/gram eye ointment	bacitracin-polymyxin B eye ointment	5/1/2026
SUMATRIPTAN 6 MG/0.5 ML CART	sumatriptan subcutaneous syringe; sumatriptan subcutaneous solution	5/1/2026
TOBRAMYCIN-LOTEPRED 0.3%-0.5%	Zylet eye drops,suspension	5/1/2026
ACEROLA C 500 MG TABLET CHEW	ascorbic acid (vitamin C) chewable tablet; Vitamin C tablet	4/1/2026
Actemra 162 mg/0.9 mL subcutaneous syringe	Tyenne subcutaneous syringe	4/1/2026
Actemra 200 mg/10 mL (20 mg/mL) intravenous solution	Tyenne intravenous solution	4/1/2026
Actemra 400 mg/20 mL (20 mg/mL) intravenous solution	Tyenne intravenous solution	4/1/2026
Actemra 80 mg/4 mL (20 mg/mL) intravenous solution	Tyenne intravenous solution	4/1/2026
Actemra ACTPen 162 mg/0.9 mL subcutaneous pen injector	Tyenne Autoinjector subcutaneous pen injector	4/1/2026
AUSTEDO XR TITR KT(6-12-24 MG)	Austedo XR tablet,extended release	4/1/2026
Avtozma 200 mg/10 mL (20 mg/mL) intravenous solution	Tyenne intravenous solution	4/1/2026
Avtozma 400 mg/20 mL (20 mg/mL) intravenous solution	Tyenne intravenous solution	4/1/2026
Avtozma 80 mg/4 mL (20 mg/mL) intravenous solution	Tyenne intravenous solution	4/1/2026
C COMPLEX 500 MG TABLET SA	ascorbic acid (vitamin C) chewable tablet; Vitamin C tablet	4/1/2026
C-500 500 mg chewable tablet	ascorbic acid (vitamin C) chewable tablet; Vitamin C tablet	4/1/2026
C-500 500 mg tablet,extended release	ascorbic acid (vitamin C) chewable tablet; Vitamin C tablet	4/1/2026
Compro 25 mg rectal suppository	promethazine rectal suppository; prochlorperazine maleate tablet	4/1/2026

Label Name	Alternative drug	Effective Date
DIPHENHYDRAMINE 12.5 MG/5 ML (OTC)	diphenhydramine oral liquid; Allergy 12.5 mg/5 mL oral liquid	4/1/2026
Endur-C with rose hips 500 mg tablet,extended release	Vitamin C With Rose Hips tablet	4/1/2026
ferrous gluconate 324 mg (37.5 mg iron) tablet	ferrous gluconate 324 mg (38 mg iron) tablet; Ferate 240 mg (27 mg iron) tablet	4/1/2026
FLUTICASONE-SALMETEROL 113-14	Advair Diskus powder for inhalation; Symbicort HFA aerosol inhaler	4/1/2026
FLUTICASONE-SALMETEROL 232-14	Advair Diskus powder for inhalation; Symbicort HFA aerosol inhaler	4/1/2026
FLUTICASONE-SALMETEROL 55-14	Advair Diskus powder for inhalation; Symbicort HFA aerosol inhaler	4/1/2026
Fruit C-500 500 mg chewable tablet	ascorbic acid (vitamin C) chewable tablet; Vitamin C tablet	4/1/2026
GABAPENTIN 250 MG/5ML SOLN CUP	gabapentin 250 mg/5 mL oral solution; Neurontin oral solution	4/1/2026
GABAPENTIN 300 MG/6ML SOLN CUP	gabapentin 250 mg/5 mL oral solution; Neurontin oral solution	4/1/2026
KRO ALLERGY 25 MG TABLET	Allergy Relief (diphenhydramine) tablet; Aller-G-Time tablet; Banophen tablet	4/1/2026
Lunesta 2 mg tablet	eszopiclone tablet	4/1/2026
MERZEE 1 MG-20 MCG CAPSULE	norethindrone-ethinyl estradiol- iron capsule; Gemmily capsule; Taytulla capsule	4/1/2026
MORPHINE 8 MG/ML CARPUJECT	Consult your provider	4/1/2026
One A Day Women's Prenatal DHA 28 mg iron-800 mcg oral pack	Consult your provider	4/1/2026
PROCHLORPERAZINE 25 MG SUPP	promethazine rectal suppository; prochlorperazine maleate tablet	4/1/2026
Pyzchiva Autoinjector 45 mg/0.5 mL subcutaneous auto-injector	Pyzchiva subcutaneous syringe; Pyzchiva subcutaneous solution; Selarsdi subcutaneous syringe, Selarsdi subcutaneous solution	4/1/2026
Pyzchiva Autoinjector 90 mg/mL subcutaneous auto-injector	Pyzchiva subcutaneous syringe; Selarsdi subcutaneous syringe	4/1/2026
RA ONE DAILY PRENATAL DHA PACK	Consult your provider	4/1/2026
SOD SULFACETAM 10% CLNSNG GEL	sulfacetamide sodium shampoo	4/1/2026

Label Name	Alternative drug	Effective Date
Strawberry C 500 mg chewable tablet	ascorbic acid (vitamin C) chewable tablet; Vitamin C tablet	4/1/2026
Stress B-Complex 500 mg-400 mcg-23.9 mg-3 mg tablet	Consult your provider	4/1/2026
Trelegy Ellipta 100 mcg-62.5 mcg-25 mcg powder for inhalation	Advair Diskus powder for inhalation; Symbicort HFA aerosol inhaler; Anoro Ellipta powder for inhalation	4/1/2026
Trelegy Ellipta 200 mcg-62.5 mcg-25 mcg powder for inhalation	Advair Diskus powder for inhalation; Symbicort HFA aerosol inhaler; Anoro Ellipta powder for inhalation	4/1/2026
TRIVORA-28 TABLET	l.norgest-eth.estradiol triphasic tablet; Enpresse tablet; Levonest (28) tablet	4/1/2026
Vitamin C 250 mg chewable tablet	ascorbic acid (vitamin C) tablet; Vitamin C tablet	4/1/2026
VITAMIN C 250 MG TABLET CHEW	ascorbic acid (vitamin C) tablet; Vitamin C tablet	4/1/2026
VITAMIN C 500 MG CAPSULE SA	ascorbic acid (vitamin C) chewable tablet; Vitamin C tablet	4/1/2026
Vitamin C 500 mg chewable tablet	ascorbic acid (vitamin C) chewable tablet; Vitamin C tablet	4/1/2026
VITAMIN C 500 MG SOFTGEL	ascorbic acid (vitamin C) chewable tablet; Vitamin C tablet	4/1/2026
Vitamin C ER 500 mg tablet,extended release	ascorbic acid (vitamin C) chewable tablet; Vitamin C tablet	4/1/2026
Vitamin C With Rose Hips 500 mg chewable tablet	Vitamin C With Rose Hips tablet	4/1/2026
Vitamin C With Rose Hips 500 mg chewable tablet	ascorbic acid (vitamin C) chewable tablet; Vitamin C tablet	4/1/2026
Vitamin C With Rose Hips 500 mg tablet,extended release	Vitamin C With Rose Hips tablet	4/1/2026
VITAMIN C-500 MG TR CAPSULE	ascorbic acid (vitamin C) chewable tablet; Vitamin C tablet	4/1/2026
VYNDAQEL 20 MG CAPSULE	Vyndamax capsule	4/1/2026

Drugs requiring step therapy (ST)

Impacted drug	Alternative drug	Effective Date
Children's Allegra Allergy 30 mg/5 mL oral suspension	Children's All Day Allergy (cetirizine) oral solution; Children's Allergy Relief (loratadine) oral solution	5/1/2026
Children's Allergy Relief (fexofenadine) 30 mg/5 mL oral suspension	Children's All Day Allergy (cetirizine) oral solution; Children's Allergy Relief (loratadine) oral solution	5/1/2026
Children's Wal-Fex 30 mg/5 mL oral suspension	Children's All Day Allergy (cetirizine) oral solution; Children's Allergy Relief (loratadine) oral solution	5/1/2026

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.

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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