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

This document was updated on [11/16/2026].

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.

Drug list removal

Label Name	Alternative drug	Effective Date
BETOPTIC S 0.25% EYE DROP	carteolol eye drops; levobunolol eye drops; timolol maleate eye drops	1/1/2027
CIPROFLOXACIN 0.2% OTIC SOLN	ofloxacin ear drops	1/1/2027
CLINDAMYCIN PHOSPHATE 1% GEL	clindamycin lotion; clindamycin phosphate topical solution; clindamycin phosphate topical swab	1/1/2027

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Label Name	Alternative drug	Effective Date
Fiasp FlexTouch U-100 Insulin 100 unit/mL (3 mL) subcutaneous pen	Novolog Flexpen U-100 Insulin aspart subcutaneous; insulin aspart U-100 subcutaneous pen	1/1/2027
Fiasp Penfill U-100 Insulin 100 unit/mL (3 mL) subcutaneous cartridge	Novolog PenFill U-100 Insulin aspart subcutaneous cartridge; Humalog U-100 Insulin subcutaneous cartridge; insulin aspart U-100 subcutaneous cartridge	1/1/2027
Fiasp Pumpcart 100 unit/mL (1.6 mL) subcutaneous cartridge	insulin aspart U-100 subcutaneous cartridge; Novolog PenFill U-100 Insulin aspart subcutaneous cartridge	1/1/2027
Fiasp U-100 Insulin 100 unit/mL subcutaneous solution	insulin aspart U-100 subcutaneous solution; Novolog U-100 Insulin aspart subcutaneous solution; Humalog U-100 Insulin subcutaneous solution	1/1/2027
HYDROMET 5 MG-1.5 MG/5 ML SOLN	hydrocodone-homatropine oral solution; hydrocodone-homatropine tablet	1/1/2027
Kyleena 17.5 mcg/24 hr (up to 5 years) 19.5 mg intrauterine device	Liletta intrauterine device	1/1/2027
Lyvispah 10 mg oral granules in packet	baclofen tablet	1/1/2027
LYVISPAH 5 MG GRANULE PACKET	baclofen tablet	1/1/2027
Mirena 21 mcg/24 hr (up to 8 years) 52 mg intrauterine device	Liletta intrauterine device	1/1/2027
Miudella 175 square mm	ParaGard T 380A intrauterine device; ParaGard T380A (Single Hand) intrauterine device	1/1/2027
MOLINDONE HCL 10 MG TABLET	Consult your provider	1/1/2027
Relgaabi 200 mg capsule	gabapentin capsule	1/1/2027
Relgaabi 300 mg capsule	gabapentin capsule; Neurontin capsule	1/1/2027
Relgaabi 400 mg capsule	gabapentin capsule; Neurontin capsule	1/1/2027
Skyla 14 mcg/24 hr (up to 3 years) 13.5 mg intrauterine device	Liletta intrauterine device	1/1/2027
DESOGESTR-ETH ESTRAD ETH ESTRA	Volnea (28) tablet; Kariva (28) tablet	11/1/2026
ETHYNODIOL-ETH ESTRA 1MG-35MCG	Kelnor 1/35 (28) tablet; Valtya tablet	11/1/2026
ETHYNODIOL-ETH ESTRA 1MG-50MCG	Valtya tablet	11/1/2026
HALOETTE VAGINAL RING	etonogestrel-ethinyl estradiol vaginal ring; EluRyng vaginal ring	11/1/2026
KELNOR 1-50 TABLET	Valtya tablet	11/1/2026
LAYOLIS FE CHEWABLE TABLET	Kaitlib Fe chewable tablet; Galbriela chewable tablet	11/1/2026

Label Name	Alternative drug	Effective Date
LEVONO-E ESTRAD 0.15-0.03-0.01	Simpesse tablets,3 month dose pack; Daysee tablets,3 month dose pack	11/1/2026
LEVONOR-E ESTRAD 0.1-0.02-0.01	LoJaimiess tablets,3 month dose pack; Camrese Lo tablets,3 month dose pack	11/1/2026
LEVONORG 0.15MG-EE 20-25-30MCG	Rivelsa tablets,3 month dose pack; Rosyrah tablets,3 month dose pack	11/1/2026
MENEST 0.3 MG TABLET	conjugated estrogens tablet; estradiol tablet	11/1/2026
MENEST 0.625 MG TABLET	conjugated estrogens tablet; estradiol tablet	11/1/2026
MOLINDONE HCL 25 MG TABLET	Consult your provider	11/1/2026
MOLINDONE HCL 5 MG TABLET	Consult your provider	11/1/2026
NORET-ESTR-FE 0.4-0.035(21)-75	Wymzya Fe chewable tablet; Xelria Fe chewable tablet	11/1/2026
NORETH-EE-FE 1 MG/20-30-35 MCG	Tri-Legest Fe tablet; Tilia Fe tablet	11/1/2026
NORETH-EE-FE 1.5-0.03MG(21)-75	Junel FE 1.5/30 (28) tablet; Aurovela Fe 1.5/30 (28) tablet	11/1/2026
NORETH-EE-FE 1-0.02(21)-75 TAB	Junel FE 1/20 (28) tablet; Aurovela Fe 1-20 (28) tablet	11/1/2026
NORETHIN-EE 1.5-0.03 MG(21) TB	Microgestin 1.5/30 (21) tablet; Aurovela 1.5/30 (21) tablet	11/1/2026
NORETHIN-ESTRA-FE 0.8-0.025 MG	Kaitlib Fe chewable tablet; Galbriela chewable tablet	11/1/2026
ORLADEYO 108 MG PELLET PACKET	Orladeyo capsule	11/1/2026
ORLADEYO 132 MG PELLET PACKET	Orladeyo capsule	11/1/2026
ORLADEYO 72 MG PELLET PACKET	Orladeyo capsule	11/1/2026
ORLADEYO 96 MG PELLET PACKET	Orladeyo capsule	11/1/2026
SRONYX 0.10-0.02 MG TABLET	levonorgestrel-ethinyl estradiol tablet; Afirmelle tablet	11/1/2026
TUM-EASE ANTACID 500MG CHW TAB	calcium carbonate chewable tablet	11/1/2026
XYVONA 2 MG TABLET	Consult your provider	11/1/2026
XYVONA 3 MG TABLET	Consult your provider	11/1/2026

Drugs requiring prior authorization (PA)

Impacted drug	Alternative drug	Effective Date
CYSTAGON 150 MG CAPSULE	Consult your provider	11/1/2026
CYSTAGON 50 MG CAPSULE	Consult your provider	11/1/2026

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.

This notice is available at **Humana.com/IndianaDocuments**.

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