



Humana Healthy Horizons® in Louisiana Preferred Drug List Changes

This document was updated on [6/11/2026].

To view your full drug list, [click here](#).

The Preferred Drug List (PDL) for Humana Healthy Horizons® in Louisiana 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

- **No longer preferred:** These drugs were preferred but are now non-preferred. These drugs need approval by Humana Healthy Horizons before you receive them.
- **New criteria:** These drugs have new criteria and need approval by Humana Healthy Horizons before you receive them.

Your next steps

- **Talk to your 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. This is called prior authorization. Your provider can find the steps to request approval at [Humana.com/PA](https://www.humana.com/PA).



Humana Healthy Horizons in Louisiana is a Medicaid Product of Humana Health Benefit Plan of Louisiana, Inc.

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Drugs no longer preferred

Impacted drug	Effective date
BISMUTH-METRO-TETR 140-125-125	7/1/2026
CLINDAMYCIN 2% VAGINAL CREAM	7/1/2026
EnBrace HR 1.5 mg iron-8.73 mg-6.4 mg capsule,immed and delay release	7/1/2026
ESOMEPRAZOLE DR 10 MG PACKET	7/1/2026
ESOMEPRAZOLE DR 2.5 MG PACKET	7/1/2026
ESOMEPRAZOLE DR 20 MG PACKET	7/1/2026
ESOMEPRAZOLE DR 40 MG PACKET	7/1/2026
ESOMEPRAZOLE DR 5 MG PACKET	7/1/2026
FESOTERODINE ER 4 MG TABLET	7/1/2026
FESOTERODINE ER 8 MG TABLET	7/1/2026
Glucagon Emergency Kit 1 mg solution for injection	7/1/2026
INSULIN ASPART 100 UNIT/ML CRT	7/1/2026
INSULIN ASPART 100 UNIT/ML PEN	7/1/2026
INSULIN ASPART 100 UNIT/ML VL	7/1/2026
INSULIN ASPART PRO MIX70-30 PN	7/1/2026
INSULIN ASPART PRO MIX70-30 VL	7/1/2026
Jubbonti 60 mg/mL subcutaneous syringe	7/1/2026
Nestabs DHA 32 mg iron-1,000 mcg-230 mg oral pack	7/1/2026
RIVAROXABAN 2.5 MG TABLET	7/1/2026
Tobi Podhaler 28 mg capsule with inhalation device	7/1/2026

Drugs with new criteria

Impacted drug	Effective date
Aqvesme 100 mg tablet	07/01/2026
Blujepa 750 mg tablet	07/01/2026
Forzinity 80 mg/mL subcutaneous solution	07/01/2026
Lynkuet 60 mg capsule	07/01/2026
Myqorzo 10 mg tablet	07/01/2026
Myqorzo 15 mg tablet	07/01/2026
Myqorzo 20 mg tablet	07/01/2026
Myqorzo 5 mg tablet	07/01/2026
Yartemlea 370 mg/2 mL (185 mg/mL) intravenous solution	07/01/2026
Zycubo 2.9 mg subcutaneous solution	07/01/2026

Auxiliary aids and services, free of charge, are available to you.
1-800-448-3810 (TTY: 711), Monday through Friday, from 7:00 a.m. to 7:00 p.m.

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.

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.

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.

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.

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

ພາສາລາວ (Lao): ໂທຫາເບີໂທລະສັບຂ້າງເທິງ ເພື່ອຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຝຣັ່ງ.

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。

اُردُو (Urdu): مفت لسانی اعانت کی خدمات موصول کرنے کے لیے درج بالا نمبر پر کال کریں۔

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

فارسی (Farsi): برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

ภาษาไทย (Thai): โทรไปที่หมายเลขด้านบนเพื่อรับบริการช่วยเหลือด้านภาษาฟรี

This notice is available at [Humana.com/LouisianaDocuments](https://www.humana.com/LouisianaDocuments).

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