Humana Healthy Horizons in Oklahoma
Preferred Drug List Changes

This document was updated on [9/23/2026].

To view your full drug list, **click here**. Para visualizarlo en español, **haga click aquí**.

The Preferred Drug List for Humana Healthy Horizons® in Oklahoma 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:** These drugs need approval by Humana Healthy Horizons® before we will cover them. This is called prior authorization.
- **Step therapy:** 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

Impacted Drug	Alternative Drug	Effective Date
UDENYCA 6 MG/0.6 ML AUTOINJECT	Consult your provider	6/2/2026
FENTANYL CIT OTFC 1,600 MCG	Consult your provider	6/9/2026
FENTANYL CITRATE OTFC 200 MCG	Consult your provider	6/9/2026
FLOLAN 1.5 MG VIAL	epoprostenol intravenous solution; treprostinil sodium injection solution	6/9/2026
KAZANO 12.5-500 MG TABLET	sitagliptin phosphate-metformin tablet; linagliptin-metformin tablet	6/9/2026
NAPROSYN 125 MG/5 ML SUSPEN	naproxen oral suspension	6/9/2026
OTREXUP 12.5 MG/0.4 ML AUTOINJ	Consult your provider	6/9/2026

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Impacted Drug	Alternative Drug	Effective Date
OTREXUP 22.5 MG/0.4 ML AUTOINJ	Consult your provider	6/9/2026
QUDEXY XR 150 MG CAPSULE	divalproex capsule,delayed release sprinkle; topiramate sprinkle capsule	6/9/2026
QUDEXY XR 200 MG CAPSULE	divalproex capsule,delayed release sprinkle; topiramate sprinkle capsule	6/9/2026
WINRHO SDF 2,500 UNIT VIAL	Consult your provider	6/9/2026
XELODA 150 MG TABLET	capecitabine tablet	6/9/2026
SINGULAIR 4 MG TABLET CHEW	montelukast chewable tablet	6/16/2026
SUDAFED 12HR 120 MG CAPLET	Consult your provider	6/30/2026
SUDAFED 12HR 120 MG CAPLT SA	Consult your provider	6/30/2026
SUDAFED 12HR 120 MG TABLET	Consult your provider	6/30/2026
SYNDROS 5 MG/ML SOLUTION	Consult your provider	6/30/2026
ACETAMN-CAF-DIHYDRCODEIN 320.5	Consult your provider	7/7/2026
CIPROFLOX-FLUOCINLN 0.3-0.025%	ciprofloxacin-hydrocortisone ear drops,suspension; Cipro HC ear drops,suspension	7/7/2026
FENOPROFEN 600 MG TABLET	ibuprofen tablet; naproxen tablet	7/7/2026
FORFIVO XL 450 MG TABLET	bupropion HCl XL 24 hr tablet, extended release	7/7/2026
HALCION 0.25 MG TABLET	triazolam tablet	7/7/2026
LEVAMLODIPINE 2.5 MG TABLET	amlodipine tablet	7/7/2026
LEVAMLODIPINE MALEATE 5 MG TAB	amlodipine tablet	7/7/2026
MICARDIS 40 MG TABLET	telmisartan tablet; candesartan tablet	7/7/2026
MICARDIS 80 MG TABLET	telmisartan tablet; candesartan tablet	7/7/2026
NALFON 400 MG CAPSULE	etodolac capsule; ibuprofen tablet	7/7/2026
NALFON 600 MG TABLET	ibuprofen tablet; etodolac tablet	7/7/2026
OCELLA 3 MG-0.03 MG TABLET	drospirenone-ethinyl estradiol tablet; Zumandimine (28) tablet	7/7/2026
SE-NATAL 19 CHEWABLE TABLET	CompleteNate chewable tablet	7/7/2026
SE-NATAL 19 TABLET	WesTab Plus tablet; Provida OB capsule	7/7/2026
TAPERDEX 12 DAY 1.5 MG TABLET	prednisone tablets in a dose pack; methylprednisolone tablets in a dose pack	7/7/2026
TAPERDEX 6 DAY 1.5 MG TABLET	prednisone tablets in a dose pack; methylprednisolone tablets in a dose pack	7/7/2026
TAPERDEX 7 DAY 1.5 MG TAB PACK	prednisone tablets in a dose pack; methylprednisolone tablets in a dose pack	7/7/2026
VFEND 50 MG TABLET	voriconazole tablet	7/7/2026
ZEMDRI 500 MG/10 ML VIAL	gentamicin injection solution; amikacin injection solution	7/7/2026
AMJEVITA(CF) 20MG/0.4ML SYRING	adalimumab-fkjp subcutaneous syringe kit	7/29/2026
CALCIUM 250 MG-VIT D3 3 MCG TB	Calcium 500 + D tablet	7/29/2026
FENTANYL 0.05 MG/ML SYRINGE	hydromorphone (PF) injection syringe; morphine (PF) injection solution	7/29/2026

Impacted Drug	Alternative Drug	Effective Date
FENTANYL 100 MCG/2 ML CARPUJCT	morphine (PF) injection solution; hydromorphone (PF) injection syringe	7/29/2026
FENTANYL 100 MCG/2 ML SYRINGE	morphine (PF) injection solution; hydromorphone (PF) injection syringe	7/29/2026
FENTANYL CITRATE 100 MCG/2 ML	morphine (PF) injection solution; hydromorphone (PF) injection syringe	7/29/2026
HYDROCORTISONE AC 30 MG SUPP	Consult your provider	7/29/2026
OMVOH 100 MG/ML PEN	Consult your provider	7/29/2026
OMVOH 100 MG/ML SYRINGE	Consult your provider	7/29/2026
OSMITROL 5% (50 GM/1,000 ML)	mannitol 20 % intravenous solution	7/29/2026
OSMITROL 5% IV SOLUTION	mannitol 20 % intravenous solution	7/29/2026
SOD SULFACET-SULFUR 10-5% CLSR	Consult your provider	7/29/2026
SODIUM SULF-SULFUR CLEANSER	Consult your provider	7/29/2026
SODIUM SULF-SULFUR WASH	Consult your provider	7/29/2026
STAVUDINE 20 MG CAPSULE	zidovudine capsule	7/29/2026
SULFACETAMIDE-SULFUR 10-5% CLR	Consult your provider	7/29/2026
TRECATOR 250 MG TABLET	ethambutol tablet; isoniazid tablet	7/29/2026
AIRDUO RESPICLICK 113-14 MCG	Symbicort HFA aerosol inhaler; Advair Diskus powder for inhalation	8/4/2026
AIRDUO RESPICLICK 232-14 MCG	Symbicort HFA aerosol inhaler; Advair Diskus powder for inhalation	8/4/2026
DETROL LA 4 MG CAPSULE	fesoterodine ER tablet,extended release 24 hr; oxybutynin chloride ER tablet,extended release 24 hr	8/4/2026
DETROL LA 4 MG CAPSULE SA	fesoterodine ER tablet,extended release 24 hr; oxybutynin chloride ER tablet,extended release 24 hr	8/4/2026
EPITOL 200 MG TABLET	carbamazepine tablet	8/4/2026
GLYBURIDE MICRO 1.5 MG TAB	glyburide micronized 3 mg tablet; glyburide tablet	8/4/2026
LOTREL 10-40 MG CAPSULE	amlodipine-benazepril capsule	8/4/2026
SARCLISA 100 MG/5 ML VIAL	Consult your provider	8/4/2026
SARCLISA 500 MG/25 ML VIAL	Consult your provider	8/4/2026
VESICARE LS 5 MG/5 ML SUSP	solifenacin tablet	8/4/2026
XELODA 500 MG TABLET	capecitabine tablet	8/4/2026
AMPICILLIN-SULB 3 GM ADD VIAL	ampicillin-sulbactam solution for injection	8/18/2026
APTENSIO XR 10 MG CAPSULE	methylphenidate ER capsule,ext.release(40-60) sprinkle	8/18/2026
APTENSIO XR 15 MG CAPSULE	methylphenidate ER capsule,ext.release(40-60) sprinkle	8/18/2026
APTENSIO XR 20 MG CAPSULE	methylphenidate ER capsule,ext.release(40-60) sprinkle	8/18/2026
APTENSIO XR 30 MG CAPSULE	methylphenidate ER capsule,ext.release(40-60) sprinkle	8/18/2026
APTENSIO XR 40 MG CAPSULE	methylphenidate ER capsule,ext.release(40-60) sprinkle	8/18/2026

Impacted Drug	Alternative Drug	Effective Date
APTENSIO XR 50 MG CAPSULE	methylphenidate ER capsule,ext.release(40-60) sprinkle	8/18/2026
APTENSIO XR 60 MG CAPSULE	methylphenidate ER capsule,ext.release(40-60) sprinkle	8/18/2026
CDV HYRIMOZ(CF) PEN 80MG/0.8ML	adalimumab-adaz subcutaneous pen injector	8/18/2026
DESOGESTR-ETH ESTRAD ETH ESTRA	Azurette (28) tablet; Volnea (28) tablet	8/18/2026
DETROL LA 2 MG CAPSULE	fesoterodine ER tablet,extended release 24 hr; oxybutynin chloride ER tablet,extended release 24 hr	8/18/2026
DEXTROSE 5%-ELECTROLYTE 48	Ionosol-MB in D5W intravenous solution; Normosol-M in 5 % dextrose intravenous solution	8/18/2026
DOXYCYCLINE HYC DR 80 MG TAB	doxycycline hyclate tablet; doxycycline monohydrate tablet	8/18/2026
ERMEZA 150 MCG/5 ML SOLUTION	Consult your provider	8/18/2026
ETHYNODIOL-ETH ESTRA 1MG-35MCG	Kelnor 1/35 (28) tablet; Valtya tablet	8/18/2026
ETHYNODIOL-ETH ESTRA 1MG-50MCG	Valtya tablet	8/18/2026
GNP LICE TREATMENT 1% CRM RINS	Lice Killing (permethrin) topical liquid	8/18/2026
HM LICE TREATMENT 1% LOTION	Lice Killing (permethrin) topical liquid	8/18/2026
HYRIMOZ(CF) PEDI CROHN 80-40MG	Consult your provider	8/18/2026
HYRIMOZ(CF) PEN 80 MG/0.8 ML	adalimumab-adaz	8/18/2026
LEVETIRACETAM-NACL 250 MG/50ML	Consult your provider	8/18/2026
LEVONO-E ESTRAD 0.15-0.03-0.01	Ashlyna tablets,3 month dose pack; Simpesse tablets,3 month dose pack	8/18/2026
LEVONOR-ETH ESTRAD 0.15-0.03	Kurvelo (28) tablet; Portia 28 tablet	8/18/2026
LEVONORG 0.15MG-EE 20-25-30MCG	Rivelsa tablets,3 month dose pack; Rosyrah tablets,3 month dose pack	8/18/2026
LICE TREATMENT 1% CREME RINSE	Lice Killing (permethrin) topical liquid	8/18/2026
MOLINDONE HCL 25 MG TABLET	Consult your provider	8/18/2026
MOLINDONE HCL 5 MG TABLET	Consult your provider	8/18/2026
NORET-ESTR-FE 0.4-0.035(21)-75	Xelria Fe chewable tablet; Wymzya Fe chewable tablet	8/18/2026
NORETH-EE-FE 1 MG/20-30-35 MCG	Xarah Fe tablet; Tri-Legest Fe tablet	8/18/2026
NORETH-EE-FE 1.5-0.03MG(21)-75	Junel FE 1.5/30 (28) tablet; Larin Fe 1/20 (28) tablet	8/18/2026
NORETH-EE-FE 1-0.02(21)-75 TAB	Aurovela Fe 1-20 (28) tablet; Junel FE 1/20 (28) tablet	8/18/2026
NORETHIN-EE 1.5-0.03 MG(21) TB	Microgestin 1.5/30 (21) tablet; Hailey tablet	8/18/2026
NORETHIN-ESTRA-FE 0.8-0.025 MG	Galbriela chewable tablet; Kaitlib Fe chewable tablet	8/18/2026
NORETHIN-ETHINYL ESTRAD CH TB	Xelria Fe chewable tablet; Wymzya Fe chewable tablet	8/18/2026
NOXAFIL 300 MG/16.7 ML VIAL	posaconazole intravenous solution	8/18/2026
NUTROPIN AQ NUSPIN 10 INJECTOR	Consult your provider	8/18/2026
NUTROPIN AQ NUSPIN 20 INJECTOR	Consult your provider	8/18/2026

Impacted Drug	Alternative Drug	Effective Date
NUTROPIN AQ NUSPIN 5 INJECTOR	Consult your provider	8/18/2026
OSMITROL 10% (50 GM/500 ML)	mannitol 20 % intravenous solution	8/18/2026
OSMITROL 10% IV SOLUTION	mannitol 20 % intravenous solution	8/18/2026
PANDEL 0.1% CREAM	triamcinolone acetonide topical cream; mometasone topical cream	8/18/2026
PARICALCITOL 10 MCG/2 ML VIAL	doxercalciferol intravenous solution	8/18/2026
PARICALCITOL 2 MCG/ML VIAL	doxercalciferol intravenous solution	8/18/2026
PARICALCITOL 5 MCG/ML VIAL	doxercalciferol intravenous solution	8/18/2026
RA LICE TREATMENT 1% CRM RINSE	Lice Killing (permethrin) topical liquid	8/18/2026
TAZICEF 1 GM ADD-VANTAGE	ceftazidime solution for injection	8/18/2026
TAZICEF 1 GM ADD-VANTAGE VIAL	ceftazidime solution for injection	8/18/2026
VERAPAMIL 10 MG/4 ML SYRINGE	Consult your provider	8/18/2026
VERAPAMIL 2.5 MG/ML SYRINGE	Consult your provider	8/18/2026
DEXAMETHASONE 10 DAY 1.5 MG TB	prednisone tablets in a dose pack; methylprednisolone tablets in a dose pack	8/25/2026
DEXAMETHASONE 13 DAY 1.5 MG TB	prednisone tablets in a dose pack; methylprednisolone tablets in a dose pack	8/25/2026
DEXAMETHASONE 6 DAY 1.5 MG TAB	prednisone tablets in a dose pack; methylprednisolone tablets in a dose pack	8/25/2026
FROVA 2.5 MG TABLET	sumatriptan tablet; rizatriptan tablet	8/25/2026
LEUPROLIDE DEPOT 22.5 MG VIAL	Consult your provider	8/25/2026
LEVOLEUCOVORIN 50 MG VIAL	leucovorin calcium injection solution; leucovorin calcium solution for injection	8/25/2026
ORAL CITRATE SOLUTION	Oracit oral solution	8/25/2026

Drugs requiring prior authorization (PA)

Impacted Drug	Alternative Drug	Effective Date
MAVENCLAD 10 MG X 10 TABLET PK	Consult your provider	6/2/2026
MAVENCLAD 10 MG X 4 TABLET PK	Consult your provider	6/2/2026
MAVENCLAD 10 MG X 5 TABLET PK	Consult your provider	6/2/2026
MAVENCLAD 10 MG X 6 TABLET PK	Consult your provider	6/2/2026
MAVENCLAD 10 MG X 7 TABLET PK	Consult your provider	6/2/2026
MAVENCLAD 10 MG X 8 TABLET PK	Consult your provider	6/2/2026
MAVENCLAD 10 MG X 9 TABLET PK	Consult your provider	6/2/2026
FIRMAGON 2 X 120 MG KIT	Consult your provider	6/16/2026
FIRMAGON 80 MG KIT	Consult your provider	6/16/2026
AVGEMSI 1 GRAM/26.3 ML VIAL	gemcitabine intravenous solution; gemcitabine 1 gram intravenous solution	7/13/2026
AVGEMSI 2 GRAM/52.6 ML VIAL	gemcitabine intravenous solution;	7/13/2026

Impacted Drug	Alternative Drug	Effective Date
	gemcitabine 2 gram intravenous solution	
GEMCITABINE 1 GRAM/26.3 ML VL	gemcitabine 1 gram intravenous solution	7/13/2026
GEMCITABINE 2 GRAM/52.6 ML VL	gemcitabine 2 gram intravenous solution	7/13/2026
CLINDESSE 2% VAGINAL CREAM	clindamycin vaginal cream; metronidazole vaginal gel	7/20/2026
CORTEF 10 MG TABLET	hydrocortisone tablet	7/20/2026
CORTEF 20 MG TABLET	hydrocortisone tablet	7/20/2026
CORTEF 5 MG TABLET	hydrocortisone tablet	7/20/2026
TAMIFLU 30 MG CAPSULE	oseltamivir capsule	7/20/2026
TAMIFLU 45 MG CAPSULE	oseltamivir capsule	7/20/2026
TAMIFLU 6 MG/ML SUSPENSION	oseltamivir oral suspension	7/20/2026
TAMIFLU 75 MG CAPSULE	oseltamivir capsule	7/20/2026
TAMIFLU 75 MG GELCAP	oseltamivir capsule	7/20/2026
VESICARE 10 MG TABLET	solifenacin tablet	7/21/2026
VESICARE 5 MG TABLET	solifenacin tablet	7/21/2026
ABSORICA 25 MG CAPSULE	isotretinoin capsule	7/28/2026
ABSORICA 35 MG CAPSULE	isotretinoin capsule	7/28/2026
KENALOG 40 MG/ML VIAL	triamcinolone acetonide suspension for injection	8/4/2026
KENALOG-40 200 MG/5 ML VIAL	triamcinolone acetonide suspension for injection	8/4/2026
KENALOG-40 40 MG/ML VIAL	triamcinolone acetonide suspension for injection	8/4/2026
KENALOG-40 400 MG/10 ML VIAL	triamcinolone acetonide suspension for injection	8/4/2026
TRANSDERM-SCOP 1 MG/3 DAY PTCH	scopolamine transdermal patch, 3 day	8/4/2026
TRANSDERM-SCOP 1.5 MG (1MG/3D)	scopolamine transdermal patch, 3 day	8/4/2026
TRANSDERM-SCOP 1.5 MG/3 DAY	scopolamine transdermal patch, 3 day	8/4/2026
TRANSDERM-SCOP 1.5 MG/72HR	scopolamine transdermal patch, 3 day	8/4/2026
ANNOVERA VAGINAL RING	etonogestrel-ethinyl estradiol vaginal ring; EnilloRing vaginal ring	8/10/2026
CAPLYTA 10.5 MG CAPSULE	ziprasidone capsule	8/10/2026
CAPLYTA 21 MG CAPSULE	ziprasidone capsule	8/10/2026
CAPLYTA 42 MG CAPSULE	ziprasidone capsule	8/10/2026
COBENFY 100 MG-20 MG CAPSULE	Consult your provider	8/10/2026
COBENFY 125 MG-30 MG CAPSULE	Consult your provider	8/10/2026
COBENFY 50 MG-20 MG CAPSULE	Consult your provider	8/10/2026
COBENFY STARTER PACK	Consult your provider	8/10/2026
MIGERGOT 2-100 MG SUPPOSITORY	Consult your provider	8/10/2026
MIGERGOT SUPPOSITORY	Consult your provider	8/10/2026
TAPENTADOL HCL 100 MG TABLET	tramadol tablet	8/15/2026
TAPENTADOL HCL 50 MG TABLET	tramadol tablet	8/15/2026
TAPENTADOL HCL 75 MG TABLET	tramadol tablet	8/15/2026
DUETACT 30-2 MG TABLET	Consult your provider	8/18/2026
DUETACT 30-4 MG TABLET	Consult your provider	8/18/2026
KAZANO 12.5-1,000 MG TABLET	sitagliptin phosphate-metformin tablet; linagliptin-metformin tablet	8/18/2026

Impacted Drug	Alternative Drug	Effective Date
NESINA 25 MG TABLET	Consult your provider	8/18/2026
OSENI 25-30 MG TABLET	Consult your provider	8/18/2026
SAPHRIS 10 MG TAB SUBLINGUAL	olanzapine disintegrating tablet	8/18/2026
SAPHRIS 2.5 MG TAB SUBLINGUAL	olanzapine disintegrating tablet	8/18/2026
SAPHRIS 5 MG TAB SUBLINGUAL	olanzapine disintegrating tablet	8/18/2026
SAPHRIS 5 MG TABLET SUBLINGUAL	olanzapine disintegrating tablet	8/18/2026
ZYPREXA 10 MG VIAL	Consult your provider	8/18/2026
GABARONE 100 MG TABLET	gabapentin tablet; pregabalin capsule	8/25/2026
GABARONE 400 MG TABLET	gabapentin tablet; pregabalin capsule	8/25/2026
ZANOSAR 1 GM POWDER VIAL	Consult your provider	8/25/2026
ZANOSAR 1 GM STERILE POWDER	Consult your provider	8/25/2026
ZANOSAR 1 GM VIAL	Consult your provider	8/25/2026

Drugs requiring step therapy (ST)

Impacted Drug	Alternative Drug	Effective Date
METHYLPHENIDATE 10 MG/9HR PTCH	Consult your provider	7/20/2026
METHYLPHENIDATE 15 MG/9HR PTCH	Consult your provider	7/20/2026
METHYLPHENIDATE 20 MG/9HR PTCH	Consult your provider	7/20/2026
METHYLPHENIDATE 30 MG/9HR PTCH	Consult your provider	7/20/2026

Auxiliary aids and services, free of charge, are available to you. **855-223-9868 (TTY: 711)**, Monday through Friday, from 8:00 a.m. to 5:00 p.m., Central 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.

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。

한국어 **(Korean)** 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

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

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

မြန်မာနိုင်ငံ (Burmese) အခမဲ့ ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများ ရယူရန် အထက်ပါ ဖုန်းနံပါတ်ကို ခေါ်ဆိုပါ။

Hmoob (Hmong) Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.

Tagalog (Tagalog – Filipino) Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Français (French) Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

ພາສາລາວ (Lao): ໂທຫາເບີໂທລະສັບຂ້າງເທິງ ເພື່ອຮັບບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ.

ภาษาไทย (Thai): โทรไปที่หมายเลขด้านบนเพื่อรับบริการช่วยเหลือด้านภาษาฟรี

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

tsalagi gawonihisdi (Cherokee) ᎾᏴᏓᏏ ᎾᏍᎩᎩ ᏕᏣᎳᏣᏟ ᏗᏋᏍᏓ ᎾᎢ ᎠᏋᏯ ᏕᎧᏂᏁᎯᏍᏗ ᎤᎾᏓᏍᏕᎵᏗ ᎢᏳᎾᏓᎧᏁᏗᎢ.

فارسی (Farsi) دیریگب سامتق وفه ر امشا بان ار ت ر وصب ی نابز ت تلایهست تفایرد ی ارب.

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

Humana Healthy Horizons in Oklahoma is a Medicaid product of Humana Wisconsin Health Organization Insurance Corporation.

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