

On the Horizon Rx

A Humana Healthy Horizons
newsletter for pharmacy
providers

Volume VII



Preferred drug list updates

Based on recommendations by the Florida Medicaid Pharmaceutical & Therapeutics Committee, the Florida Agency for Health Care Administration (AHCA) establishes and updates the Florida Medicaid Preferred Drug List (PDL). These changes could mean that a prescription drug is no longer preferred or has new coverage rules. Negative changes to the PDL are posted to the website at least 30 days before the effective date at the Humana Healthy Horizons® in Florida [provider pharmacy materials webpage](#). Members are notified of negative changes at least 30 days before the effective date. A summary of PDL changes can be found at the [summary of PDL changes webpage](#).



Updates made to the 2025 medication preauthorization and notification list

Humana's Pharmacy and Therapeutics Committee establishes and maintains the provider-administered drug preauthorization list (PAL). The committee met in August 2024 and approved additions to the PAL that will be effective Jan. 1, 2025. Members are notified of negative changes at least 30 days before the effective date. You can download the latest version of the [PAL here](#).

Brand name	Generic name	Billing code(s)
Adstiladrin	nadofaragene firadenovec-vncg	J9029
Alymsys	bevacizumab-maly	Q5126
Amondys-45	casimersen	J1426
Amvuttra	vutrisiran	J0225
Arranon	nelarabine	J9261
Atgam	lymphocyte immune globulin	J7504
Aveed	testosterone undecanoate	J3145
Brovana	arformoterol tartrate	J7605
Cabenuva	cabotegravir/rilpivirine	J0741
Crysvita	burosumab-twza	J0584
Durysta	bimatoprost implant	J7351
Elevidys	delandistrogene moxeparvovec-rokl	J1413



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Enjaymo	sutimlimab-jome	J1302
Evenity	romosozumab-aqqg	J3111
Evkeeza	evinacumab-dgnb	J1305
Fensolvi	leuprolide acetate	J1951
Fyarro	sirolimus protein-bound particles for injectable suspension	J9331
Fylnetra	pegfilgrastim-pbbk	Q5130
Givlaari	givosiran	J0223
Kanuma	sebelipase alfa	J2840
Kimmtrak	tebentafusp-tebn	J9274
Korsuva	difelikefalin	J0879
Lanreotide (Cipla)	lanreotide	J1932
Leqvio	inclisiran	J1306
Lutathera	lutetium Lu 177 dotatate	A9513
Monoferic	ferric derisomaltose	J1437
Mozobil	plerixafer	J2562
Onpattro	patisiran	J0222
Opdualag	nivolumab and relatlimab-rmbw injection	J9298
Panhematin	hemin	J1640
Pedmark IV solution	sodium thiosulfate	J0208
Pemfexy	pemetrexed injection	J9304
Pluvicto	lutetium Lu 177 vipivotide tetraxetan	A9607
Qutenza	capsaicin/skin cleanser	J7336
Releuko	filgrastim-ayow injection	Q5125
Remodulin	treprostinil (injection)	J3285
Rolvedon	eflapeggrastim-xnst	J1449
Ryplazim	plasminogen, human-tvmh	J2998
Scenesse	afamelanotide	J7352
SevenFact	coagulation factor VIIa (recombinant)-jncw	J7212
Signifor LAR	pasireotide	J2502
Sinuva	mometasone furoate	J7402
Skyrizi IV	risankizumab-rzaa	J2327
Spevigo	spesolimab-sbzo	J1747
Stimufend	pegfilgrastim-fpgk	Q5127
Susvimo	ranibizumab	J2779
SynoJoynt	1% sodium hyaluronate	J7331
Tegsedi	inotersen	C9399, J3490
Testopel	testosterone pellet (75 mg)	S0189
Tezspire	tezepelumab-ekko	J2356
Tezspire subcutaneous pen injector	tezepelumab-ekko	J2356
Thrombate III	antithrombin III	J7197
Udenyca Onbody	pegfilgrastim-cbqv	Q5111
Vabysmo	faricimab-svoa injection	J2777
Vegzelma	bevacizumab-adcd	Q5129



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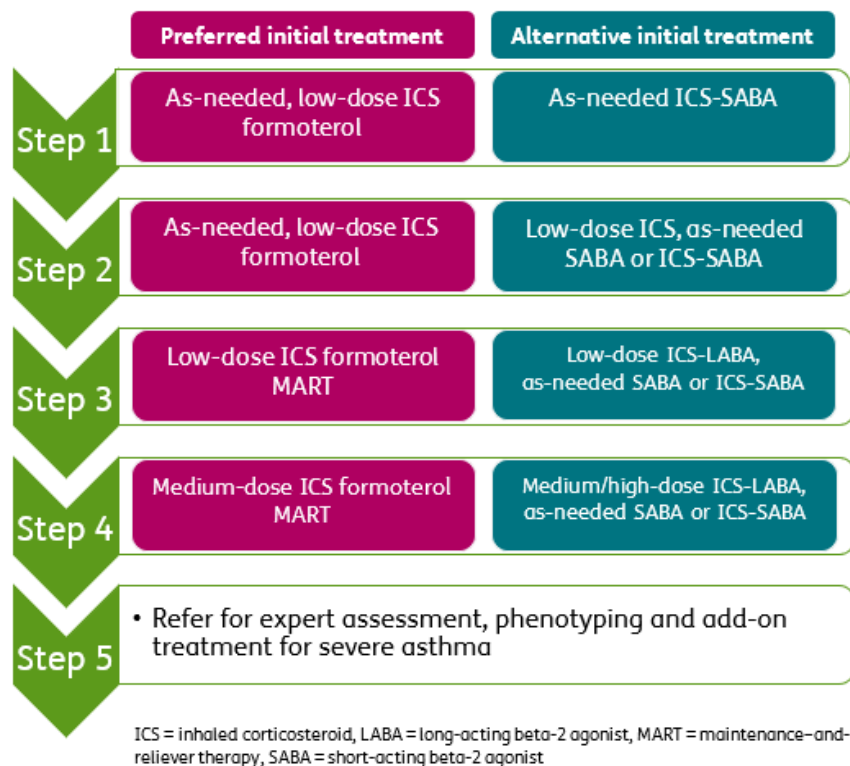
Venofer	iron sucrose	J1756
Viltepso	viltolarsen	J1427
Vyjuvek	beremagene geperpavec-svdt	J3401
Vyvgart	efgartigimod alfa-fcab	J9332
Xembify	immune globulin	J1558
Xenpozyme	olipudase alfa-rpcp	J0218
Xipere	triamcinolone acetonide	J3299
Xofigo	radium Ra 223 dichloride	A9606
Zinplava	bezlotoxumab	J0565

Guideline spotlight: asthma treatment in adults and adolescents

Humana Healthy Horizons supports the use of guideline-directed medication therapy. Each year, the Global Initiative for Asthma (GINA) releases an update to their Global Strategy for Asthma Management and Prevention report.

Figure 1 below describes the asthma treatment pathways recommended by GINA. Most members should use the preferred initial treatment pathway. The alternative treatment pathway may be used if a member has stable asthma with good medication adherence and no exacerbations on their current therapy, or if the preferred treatment pathway is otherwise not possible. Members should start therapy on Step 1 if they have asthma symptoms no more than 1–2 times per week. If a member has asthma 3–5 days per week and normal or mildly reduced lung function, they should start on Step 2 of the treatment pathway. Members should start on Step 3 if they have asthma symptoms most days (more than 5 days per week), are waking due to asthma at least once a week or have low lung function. Beginning at Step 3, maintenance-and-reliever therapy is recommended. This is when the member utilizes the same inhaler for both as-needed rescue and maintenance dosing. Members with daily asthma symptoms or with low lung function that are waking at night with asthma once a week or more should start on Step 4. If a member has uncontrolled asthma, GINA recommends checking for incorrect inhaler technique, poor medication adherence, environmental exposures and underlying conditions before stepping up along the treatment pathway or switching between pathways. Step-down treatment may be considered after good control has been maintained for at least 3 months.

Figure 1. Asthma treatment for adults and adolescents with a diagnosis of asthma



Best practices:

- Always define a written asthma action plan with the member.
- Avoid the use of short-acting bronchodilators alone for the treatment of asthma in adults, adolescents or children 6–11 years old due to an increased risk of asthma-related death and urgent, asthma-related healthcare compared to inhaled corticosteroid (even with good symptom control).
- Start members on a single inhaler for both maintenance and reliever therapy.
- Review member response within 3 months of starting treatment and every 3–12 months thereafter depending on symptom control.

Medications covered on the Florida Medicaid formulary can be found on the [Florida Medicaid PDL](#).

Diabetes Healthcare Effectiveness Data and Information Set measures

According to the Centers for Disease Control and Prevention (CDC), diabetes is the most expensive chronic condition in our nation. In fact, \$1 out of every \$4 in United States healthcare costs is spent on caring for people with diabetes. Furthermore, \$237 billion is spent each year on direct medical costs and \$90 billion is spent on reduced productivity. In addition, 48%–64% of lifetime medical costs for a person with diabetes are complications related to diabetes, such as heart disease and stroke.

Through its accreditation with the National Committee for Quality Assurance (NCQA), Humana strives to improve healthcare quality and measurement. To prevent complications in people living with diabetes, enhance their quality of life and improve clinical outcomes, Humana measures clinical performance and consumer experience Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) data to analyze gaps and guide improvement interventions.

HEDIS measures that relate to the care of the diabetic member:

- Glycemic Status Assessment for Members With Diabetes (formerly known as Hemoglobin A1c Control for Members with Diabetes [HBD]), members 18–75 years old
Goal: HbA1C <8% (most recent of measurement year)
- Blood Pressure Control for Members with Diabetes (BPD), members 18–75 years old
Goal: blood pressure <140/90 mm Hg (most recent of measurement year)
- Eye Exam for Members with Diabetes (EED), members 18–75 years old
Goal: diabetic retinal eye exam
- Kidney Health Evaluation for Members with Diabetes (KED), members 18–85 years old
Goal: kidney health evaluation (complete estimated glomerular filtration rate and urine albumin to creatinine ratio)
- Statin Therapy for Members with Diabetes (SPD), members 40–75 years old (who do not have atherosclerotic cardiovascular disease)
Goal: receive statin therapy (members who were dispensed at least one statin medication of any intensity during the measurement year) and have statin adherence of 80% (members who remain on statin medication of any intensity for at least 80% of treatment period)

Pharmacists are instrumental in helping members manage diabetes. Pharmacists provide ongoing education on lifestyle changes, medications and disease state management. They can act as a drug therapy expert, encourage medication compliance and provide medication reconciliation following hospital admissions. When diabetes is well-controlled, long-term complications can be prevented, as noted in the links below.

[Health and Economic Benefits of Diabetes Interventions](#)

[Evaluation of an Academic-Community Partnership to Implement MTM Services in Rural Communities to Improve Pharmaceutical Care for Patients with Diabetes and/or Hypertension](#)

How pharmacists can help improve immunization rates

Low vaccination rates are considered to be one of the major contributors to preventable outbreaks. Pharmacists have long played a vital role in immunization practices. Humana pharmacy providers are valued partners in improving immunization rates among our members at every stage in life: infant, child, adolescent and adult.

Humana encourages our pharmacy providers to be immunization advocates. Pharmacists can improve immunization rates by actively screening members for vaccination needs, providing personalized counseling regarding vaccines, administering on-site vaccines, addressing vaccine hesitancy through open communication and utilizing reminder systems to encourage timely immunizations. We have gathered some suggestions to assist pharmacists in their role as immunization advocates.



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Key strategies pharmacists can employ:

- **Proactive screening and counseling.** Pharmacists can include conversations about immunizations during routine medication pickups or consultations.
- **Accessible vaccination services.** Pharmacists can conduct vaccination clinics during convenient hours, including evenings and weekends. They should maintain a readily available inventory of recommended vaccines.
- **Strategy to address vaccine hesitancy.** Pharmacists can supply valuable information to members. Education can be the most important tool to reduce barriers and increase immunization rates among individuals. Engaging in an open discussion, listening to members and understanding their concerns or fears, building member-provider trust, avoiding a judgmental attitude, and treating member concerns or fears as valid are all vital approaches when interacting with vaccine-hesitant individuals. Utilize trusted sources, such as the [CDC](#), to educate members about vaccines.
- **Community outreach and partnerships.** Pharmacists can collaborate with Humana, local health departments and community organizations to promote immunization awareness campaigns, including health fairs and other community events.
- **Member-centered approach.** Pharmacists can tailor communication and vaccination recommendations to each member's specific needs and concerns.

The National Vaccine Advisory Committee advises that all healthcare providers should assess members for their immunization status at every member encounter. There are several resources available to pharmacists to assist with this recommendation:

- Utilize immunization information systems
- Assess immunization status by utilizing the pharmacy dispensing system
- Conduct immunization status screening during point-of-care activities (health screenings, yearly influenza vaccination administration, refill pickup)
- Include immunization status screenings when performing Medication Therapy Management services

By actively engaging members in immunization conversations, readily offering convenient access to vaccines and addressing concerns with accurate information, pharmacists play a vital role in increasing immunization rates among Humana members.

Information cited in this article was adapted from [Pharmacy Quality Alliance and Pharmacy Times](#).

Covered diabetic supply update

Effective Jan. 1, 2025, diabetic supplies are only reimbursable under the pharmacy benefit by AHCA. Members previously were able to receive diabetic supplies through AHCA's Durable Medical Equipment (DME) and Medical Supplies benefit or through Humana's enhanced benefit of diabetic supplies on the pharmacy benefit. As of Oct. 1, 2024, AHCA allowed reimbursement of preferred diabetic supplies through the pharmacy benefit.

AHCA's preferred diabetic supply list is as follows:

Covered diabetic supply products		
Traditional blood glucose meters		
Manufacturer	Product name	Limitation
Lifescan	OneTouch Ultra 2 meter	1 per year



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Trividia	OneTouch Verio flex meter	1 per year
	True Metrix air glucose meter	1 per year
	True Metrix glucose meter	1 per year
Blood glucose test strips		
Manufacturer	Product name	Limitation
Lifescan	OneTouch Ultra test strip	200 per month
Trividia	OneTouch Verio test strip	200 per month
	True Metrix glucose test strip	200 per month
Continuous blood glucose monitors (CGM)*		
Manufacturer	Product name	Limitation
Dexcom	Dexcom G6 CGM receiver	1 per year
Abbott	Dexcom G6 sensor	3 per 30 days
	Dexcom G6 transmitter	1 per 90 days
	Dexcom G7 CGM receiver	1 per year
	Dexcom G7 sensor	3 per 30 days
	Freestyle Libre 14 day reader	1 per year
	Freestyle Libre 2 reader	1 per year
	Freestyle Libre 3 reader	1 per year
	Freestyle Libre 14 day sensor	2 per 28 days
	Freestyle Libre 2 sensor	2 per 28 days
	Freestyle Libre 3 sensor	2 per 28 days
Insulin pen needles		
Manufacturer	Product name	Limitation

Arkray	TechLite pen needle	200 per month
BD diabetes	Ultra-Fine micro pen needle	200 per month
	Ultra-Fine mini pen needle	200 per month
	Ultra-Fine nano pen needle	200 per month
	Ultra-Fine original pen needle	200 per month
	Ultra-Fine short pen needle	200 per month
Insulin syringes		
Manufacturer	Product name	Limitation
BD diabetes	Insulin syringes	200 per moth
Trividia	Insulin syringes	200 per month
Insulin pumps/patches*		
Manufacturer	Product name	Limitation
CeQur	CeQur simplicity	10 per 30 days
Insulet	Omnipod 5 G6 and G6–G7 Intro Kit (Gen 5)	1 per 5 years
	Omnipod Dash Intro Kit (Gen 4)	1 per 5 years
	Omnipod 5 G6 and G6–G7 pods (Gen 5)	15 per 30 days
	Omnipod Dash Pods (Gen 4)	15 per 30 days
	Omnipod GO Pods	15 per 30 days
MannKind	V-Go	15 per 30 days
Ketone strips		
Manufacturer	Product name	Limitation
Abbott	Precision Xtra blood ketone test strips	30 per month
Lancets		
Manufacturer	Product name	Limitation
Lifescan	OneTouch lancets	200 per month

Trividia	OneTouch Delica Plus lancets	200 per month
	TRUEplus lancets	200 per month
Lancing devices		
Manufacturer	Product name	Limitation
Lifescan	OneTouch Delica Plus lancing device	2 per year
Trividia	TRUEdraw lancing device	2 per year
Miscellaneous		
Manufacturer	Product name	Limitation
All	Alcohol swabs	2 boxes per month
All	Calibration control solution	1 per 6 months

* CGMs, pumps and patches all require prior authorization.

Specialty programs

Humana has several specialty programs that promote high-quality care and decrease costs of specialty medications for our members.

The Rare Disease Case Review Team utilizes a pharmacist-led, in-depth medical record case review process aimed at identifying and mitigating misuse of high-cost medications for rare and complex diseases. The Utilization Management Ultra program retrospectively identifies opportunities to decrease specialty medication waste and costs through consolidating dosage forms, switching to a lower-cost generic or optimizing dose frequency. Pharmacists fax the member's provider to request a new, cost-saving prescription when an opportunity is identified.

Clinical safety alerts in the pipeline

As part of our enterprise-wide opioid strategy, Humana Healthy Horizons implements concurrent reviews or safety alerts at the point of service to assist pharmacies in identifying and addressing potentially inappropriate or unsafe drug therapy before dispensing, including various opioid therapy alerts as part of our enterprise-wide opioid strategy. Your members may experience medication claims rejections at their pharmacy if they are impacted. For more on Humana Healthy Horizon's point-of-sale safety updates, please visit Humana's [pharmacy manuals and forms webpage](#) and select the "Pharmacy resources" tab.



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Asthma Medication Ratio

The Asthma Medication Ratio (AMR) is one of the NCQA HEDIS measures used to evaluate the care and services provided by physicians and other healthcare providers. The ratio is designed to minimize asthma exacerbations by helping members utilize both asthma-controller and asthma-reliever medications in their regimens instead of solely using relievers.

Asthma medications:

Medication type	Description	Prescription	
Asthma-reliever medications	Short-acting, inhaled beta-2 agonists	albuterol	levalbuterol
Asthma-controller medications	Inhaled corticosteroids	beclomethasone	flunisolide
		budesonide	fluticasone CFC free
		ciclesonide	mometasone
	Inhaled steroid combinations	budesonide-formoterol	fluticasone-vilanterol
		fluticasone-salmeterol	mometasone-formoterol
	Anti-interleukin-5	mepolizumab	reslizumab
	Antiasthmatic combinations		
	Antibody inhibitors	omalizumab	
	Methylxanthines	theophylline	
	Leukotriene modifiers	montelukast	zafirlukast zileuton

For Medications covered on the Florida Medicaid formulary, [download the Humana Healthy Horizons in Florida PDL](#).

Asthma measure best practices

- You should use the correct diagnosis codes and include conditions in your coding, which may exclude the member from the eligible population.
- You should educate the parent/guardian or member on the importance of adherence to the asthma medication treatment plan.
- You should encourage members/family members to make and keep follow-up appointments with their healthcare provider, whether they have symptoms or not, for continuous management/treatment as well as refills (as needed).

Having an asthma action plan (AAP) was the only asthma management characteristic significantly related to medication adherence:

[Examination of Barriers to Medication Adherence, Asthma Management, and Control Among Community Pharmacy Members with Asthma](#)

You can also ask the member if they have an AAP, and you can [download a CDC AAP form here](#).



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Retrospective Drug Utilization Review

Humana Healthy Horizon's Retrospective Drug Utilization Review program supports you in the care of your members through regular reviews of pharmacy claims data to help detect potentially adverse utilization patterns. You may receive subsequent intervention recommendations via direct mail or fax to alert you to important drug safety issues for your members. Examples of such campaigns include:

- Concurrent opioid and benzodiazepine utilizers: Providers of members with claims for concurrent opioids and benzodiazepines on a regular basis may be notified.
- Concurrent opioid and antipsychotics utilizers: Providers of members with claims for concurrent opioids and antipsychotics on a regular basis may be notified.

General pharmacy news

Find pharmacy-related safety alerts, drug recall and new generic drug announcements, and other medication information at [Humana's pharmacy news for providers webpage](#).

Pharmacy references

AHCA Common PDL quick reference

The AHCA pharmacy team develops and maintains a reference document called the Common PDL. This quick reference document was developed for both providers and our internal care teams to outline the most prescribed medications along with less expensive alternatives for our Medicaid population. The Common PDL is updated quarterly to align with [AHCA's Prescription Drug List changes](#).

Common PDL →

Updated prior authorization criteria

The Florida Drug Utilization Review Board recommends new criteria or updates to previous prior authorization criteria as it monitors trends in utilization or as new prescription drugs come to market. AHCA maintains a list of all approved drug criteria on its website for your reference.

Drug criteria →

Plan-preferred brands

Medications on this list have both brand-name and generic formulations. When prescribed to Florida Medicaid members, the **brand-name** formulation must be dispensed because of agency rebate agreements. Please help ensure healthcare providers are aware of this requirement, as it has a significant effect on the cost of medication. The pharmacy team is happy to help recommend a lower-cost alternative to these medications when necessary.

Plan-preferred brands →



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Summary of drug limitations

Medications on this list are subject to the corresponding age or quantity limitations. A prior authorization is necessary if these limitations are preventing claims from paying at the pharmacy.

[Summary of drug limitations →](#)