



Humana Healthy Horizons® in South Carolina Comprehensive Drug List Changes

This document was updated on [3/24/2026].

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

The Comprehensive Drug List for Humana Healthy Horizons® in South Carolina 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 Comprehensive 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.
- **Excluded:** These drugs are excluded from coverage and may not be approved. Your provider can help you choose a new drug from our drug list.

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. Your provider can find the steps to request approval at [Humana.com/PA](https://www.humana.com/PA).



Drug list removal

Impacted drug	Alternative drug	Effective date
Pulmicort Flexhaler 180 mcg/actuation breath activated	Alvesco aerosol inhaler; Arnuity Ellipta powder for inhalation; Asmanex HFA aerosol inhaler; Asmanex Twisthaler breath activated; fluticasone propionate HFA aerosol inhaler; Qvar RediHaler HFA breath activated aerosol	5/1/2026
Pulmicort Flexhaler 90 mcg/actuation breath activated	Alvesco aerosol inhaler; Arnuity Ellipta powder for inhalation; Asmanex HFA aerosol inhaler; Asmanex Twisthaler breath activated; fluticasone propionate HFA aerosol inhaler; Qvar RediHaler HFA breath activated aerosol	5/1/2026
CARBIDOPA-LEVODOPA 100 MG-ENTA	carbidopa-levodopa tablet	4/1/2026
CARBIDOPA-LEVODOPA 125 MG-ENTA	carbidopa-levodopa tablet	4/1/2026
CARBIDOPA-LEVODOPA 150 MG-ENTA	carbidopa-levodopa tablet	4/1/2026
CARBIDOPA-LEVODOPA 50 MG-ENTA	carbidopa-levodopa tablet	4/1/2026
CARBIDOPA-LEVODOPA 75 MG-ENTA	carbidopa-levodopa tablet	4/1/2026
CHILD ALL DAY ALLERGY 1 MG/ML	cetirizine oral solution; Children's All Day Allergy (cetirizine) oral solution; Children's Allergy Relief (cetirizine) oral solution; Children's Cetirizine oral solution	4/1/2026
EFAVIRENZ 200 MG CAPSULE	efavirenz tablet	4/1/2026
EFAVIRENZ 50 MG CAPSULE	efavirenz tablet	4/1/2026
ENTACAPONE 200 MG TABLET	selegiline tablet; selegiline capsule	4/1/2026
GNP CHLD ALL DAY ALLER 1 MG/ML	cetirizine oral solution; Children's All Day Allergy (cetirizine) oral solution; Children's Allergy Relief (cetirizine) oral solution; Children's Cetirizine oral solution	4/1/2026
Lice Treatment (permethrin) 1 % topical liquid	Lice Killing (permethrin) topical liquid; Lice Treatment topical liquid	4/1/2026
RASAGILINE MESYLATE 0.5 MG TAB	selegiline tablet; selegiline capsule	4/1/2026
RASAGILINE MESYLATE 1 MG TAB	selegiline tablet; selegiline capsule	4/1/2026
LEVEMIR 100 UNIT/ML VIAL	Lantus U-100 Insulin subcutaneous solution; Tresiba U-100 Insulin subcutaneous solution	1/13/2026
PREDNISONE DR 1 MG TABLET	prednisone tablet; prednisone oral solution	1/02/2026
PREDNISONE DR 2 MG TABLET	prednisone tablet; prednisone oral solution	1/02/2026
AURANOFIN 3 MG CAPSULE	Consult your provider	1/01/2026

Impacted drug	Alternative drug	Effective date
Euthyrox 100 mcg tablet	levothyroxine tablet; liothyronine tablet	1/01/2026
Euthyrox 112 mcg tablet	levothyroxine tablet; liothyronine tablet	1/01/2026
Euthyrox 125 mcg tablet	levothyroxine tablet; liothyronine tablet	1/01/2026
Euthyrox 137 mcg tablet	levothyroxine tablet; liothyronine tablet	1/01/2026
Euthyrox 150 mcg tablet	levothyroxine tablet; liothyronine tablet	1/01/2026
Euthyrox 175 mcg tablet	levothyroxine tablet; liothyronine tablet	1/01/2026
Euthyrox 200 mcg tablet	levothyroxine tablet; liothyronine tablet	1/01/2026
Euthyrox 25 mcg tablet	levothyroxine tablet; liothyronine tablet	1/01/2026
Euthyrox 50 mcg tablet	levothyroxine tablet; liothyronine tablet	1/01/2026
Euthyrox 75 mcg tablet	levothyroxine tablet; liothyronine tablet	1/01/2026
Euthyrox 88 mcg tablet	levothyroxine tablet; liothyronine tablet	1/01/2026
Hycamtin 0.25 mg capsule	Consult your provider	1/01/2026
Hycamtin 1 mg capsule	Consult your provider	1/01/2026
Lysodren 500 mg tablet	Consult your provider	1/01/2026
Matulane 50 mg capsule	Consult your provider	1/01/2026
Mesnex 400 mg tablet	mesna tablet	1/01/2026
NILUTAMIDE 150 MG TABLET	bicalutamide tablet	1/01/2026
Panretin 0.1 % topical gel	fluorouracil topical cream; fluorouracil topical solution	1/01/2026
PROTRIPTYLINE HCL 10 MG TABLET	amitriptyline tablet; nortriptyline capsule	1/01/2026
PROTRIPTYLINE HCL 5 MG TABLET	amitriptyline tablet; nortriptyline capsule	1/01/2026
Ridaura 3 mg capsule	Consult your provider	1/01/2026
TOLVAPTAN 15 MG TABLET	Consult your provider	1/01/2026
TOLVAPTAN 30 MG TABLET	Consult your provider	1/01/2026
TOREMIFENE CITRATE 60 MG TAB	tamoxifen tablet	1/01/2026
TRIMIPRAMINE MALEATE 100 MG CP	imipramine tablet; desipramine tablet	1/01/2026
TRIMIPRAMINE MALEATE 25 MG CAP	imipramine tablet; desipramine tablet	1/01/2026
TRIMIPRAMINE MALEATE 50 MG CAP	imipramine tablet; desipramine tablet	1/01/2026
Wegovy 0.25 mg/0.5 mL subcutaneous pen injector	Consult your provider	1/01/2026
Wegovy 0.5 mg/0.5 mL subcutaneous pen injector	Consult your provider	1/01/2026
Wegovy 1 mg/0.5 mL subcutaneous pen injector	Consult your provider	1/01/2026
Wegovy 1.7 mg/0.75 mL subcutaneous pen injector	Consult your provider	1/01/2026

Impacted drug	Alternative drug	Effective date
Wegovy 2.4 mg/0.75 mL subcutaneous pen injector	Consult your provider	1/01/2026
Xadago 100 mg tablet	pramipexole tablet; entacapone tablet	1/01/2026
Xadago 50 mg tablet	pramipexole tablet; entacapone tablet	1/01/2026

Excluded drugs

Impacted drug	Alternative drug	Effective date
LIRAGLUTIDE 18 MG/3 ML PEN	Consult your provider	1/01/2026
LIRAGLUTIDE 5-PAK 18 MG/3 ML	Consult your provider	1/01/2026
Saxenda 3 mg/0.5 mL (18 mg/3 mL) subcutaneous pen injector	Consult your provider	1/01/2026

Auxiliary aids and services, free of charge, are available to you. **866-432-0001 (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.

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。

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

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

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

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

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

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

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કોલ કરો.

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

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

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。

Українська (Ukrainian): Зателефонуйте за вказаним вище номером для отримання безкоштовної мовної підтримки.

हिंदी (Hindi): भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

ខ្មែរ (Cambodian): ហៅមកលេខទូរស័ព្ទខាងលើ ដើម្បីទទួលបានសេវាកម្មបកប្រែភាសាដោយ មិនអស់ប្រាក់ ។

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

Humana Healthy Horizons in South Carolina is a Medicaid product of Humana Benefit Plan of South Carolina, Inc.