



## Humana Healthy Horizons® in South Carolina Comprehensive Drug List Changes

This document was updated on [4/10/2025]

To view your full drug list, [click here](#). Para visualizarlo en español, [haga click aquí](#).

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.

### Your next steps

- **Talk to your doctor soon.** You should share this list with your doctor. They can help you decide what to do next.
- **Request approval.** If alternative drugs do not work for you, your doctor must tell Humana Healthy Horizons® why you need your current drug. Your doctor 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
CALCIUM ACETATE 667 MG TABLET	calcium acetate(phosphate binders) capsule, calcium acetate(phosphate binders) tablet	4/1/2025
CIPRODEX OTIC SUSPENSION	ciprofloxacin-dexamethasone ear drops,suspension	3/1/2025
LEVETIRACETAM 250 MG TAB SUSP	levetiracetam oral solution, levetiracetam tablet	3/18/2025
RAPAMUNE 1 MG/ML ORAL SOLN	sirolimus oral solution	4/1/2025
TEKTURN HCT 150-12.5 MG TAB	Consult your provider	4/1/2025
TEKTURN HCT 150-25 MG TABLET	Consult your provider	4/1/2025
TEKTURN HCT 300-12.5 MG TAB	Consult your provider	4/1/2025
TEKTURN HCT 300-25 MG TABLET	Consult your provider	4/1/2025



### Drugs requiring prior authorization (PA)

Impacted drug	Alternative drug	Effective Date
CYTOTEC 100 MCG TABLET	Consult your physician	5/16/2025
CYTOTEC 200 MCG TABLET	Consult your physician	5/16/2025
MISOPROSTOL 100 MCG TABLET	Consult your physician	5/16/2025
MISOPROSTOL 200 MCG TABLET	Consult your physician	5/16/2025

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 ដើម្បីទទួលបានសេវាភ្ជាប់មកជាមួយផែនការសុខាភិបាល  
អស់ប្រាក់ ។

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.

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