Humana Healthy Horizons in South Carolina
Comprehensive Drug List Changes

This document was updated on [9/22/2026].

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**.

Humana Healthy Horizons in South Carolina | Healthy Connections

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Drug list removal

Impacted drug	Alternative drug	Effective date
DEXILANT DR 30 MG CAPSULE	omeprazole capsule,delayed release; pantoprazole tablet,delayed release	11/1/2026
DEXILANT DR 60 MG CAPSULE	omeprazole capsule,delayed release; pantoprazole tablet,delayed release	11/1/2026
INVOKAMET 150-1,000 MG TABLET	Xigduo XR tablet,extended release	11/1/2026
INVOKAMET 150-500 MG TABLET	Xigduo XR tablet,extended release	11/1/2026
INVOKAMET 50-1,000 MG TABLET	Xigduo XR tablet,extended release	11/1/2026
INVOKAMET 50-500 MG TABLET	Xigduo XR tablet,extended release	11/1/2026
INVOKANA 100 MG TABLET	Farxiga tablet; Jardiance tablet	11/1/2026
INVOKANA 300 MG TABLET	Farxiga tablet; Jardiance tablet	11/1/2026
Viracept 250 mg tablet	atazanavir capsule; Evotaz tablet	10/1/2026
Viracept 625 mg tablet	atazanavir capsule; Evotaz tablet	10/1/2026
Victoza 2-Pak 0.6 mg/0.1 mL (18 mg/3 mL) subcutaneous pen injector	Trulicity subcutaneous pen injector; Ozempic subcutaneous pen injector	10/1/2026
Victoza 3-Pak 0.6 mg/0.1 mL (18 mg/3 mL) subcutaneous pen injector	Trulicity subcutaneous pen injector; Ozempic subcutaneous pen injector	10/1/2026
Kesimpta Pen 20 mg/0.4 mL subcutaneous pen injector	dimethyl fumarate capsule,delayed release; fingolimod capsule	9/1/2026

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 કૉલ 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 ដើម្បីទទួលបានសេវាកម្មបកប្រែភាសាដោយមិនអស់ប្រាក់ ។

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

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