This document was updated on [7/18/2025] for an effective date of [6/10/2025].

To view drug list changes that were effective on 7/08/2025 <u>click here</u>.

To view drug list changes that were effective on 7/15/2025 click here.

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.



Humana Healthy Horizons in South Carolina is a Medicaid product of Humana Benefit Plan of South Carolina, Inc. SCHL6W9EN

Drug list removal

Impacted drug	Alternative drug
TAZTIA XT 360 MG CAPSULE	diltiazem ER capsule, 24 hr extended release; Tiadylt ER
	capsule, extended release
TAZTIA XT 180 MG CAPSULE	diltiazem ER capsule, 24 hr extended release; Tiadylt ER
	capsule, extended release
TAZTIA XT 120 MG CAPSULE	diltiazem ER capsule, 24 hr extended release; Tiadylt ER
	capsule, extended release
TAZTIA XT 240 MG CAPSULE	diltiazem ER capsule, 24 hr extended release; Tiadylt ER
	capsule, extended release
TAZTIA XT 300 MG CAPSULE	diltiazem ER capsule, 24 hr extended release; Tiadylt ER
	capsule, extended release

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Drug list removal

Impacted drug	Alternative drug
GLUCAGEN 1 MG HYPOKIT	Glucagon Emergency Kit (human-recomb) solution for injection; Gvoke HypoPen 1-Pack subcutaneous auto-
	injector
RAPAMUNE 1 MG/ML ORAL SOLN	sirolimus oral solution

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Drug list removal

Impacted drug	Alternative drug
SANDIMMUNE 100 MG/ML SOLN	cyclosporine capsule; cyclosporine modified oral solution;
	Gengraf oral solution

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। ឌែ្ឌរ (Cambodian): ហៅមកលេខទូរស័ព្ទខាងលើ ដើម្បីទទួលបានសេវាកម្មបកប្រែភាសាដោយ មិនអស់ប្រាក់ ។

This notice is available at Humana.com/SouthCarolinaDocuments.

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