

Humana Healthy Horizons™ in South Carolina Preferred Drug List Changes

This document was updated on 11/10/2022 for an effective date of 1/1/2023

To view your full Drug List, [click here](#). Para visualizarlo en español, [haga clic aquí](#).

Some medicines on the Preferred Drug List for Humana Healthy Horizons™ in South Carolina may change during the plan year. These changes could mean that the medicine no longer is preferred or that it has new requirements for us to cover it. Below is a list of medicines that have changed. Talk to your doctor about possible alternative medicines, if a medicine you take is affected.

How to read your Preferred Drug List changes

Drug List removal: These medicines were previously preferred but no longer are preferred. We will remove the medicine from the Drug List. If you fill or refill any medicine that is not on the Drug List, you may have to pay the full cost of your medicine. Talk to your doctor about the proposed alternative medicine, if a medicine you take is removed from the Drug List.

Drug List Removal

Impacted Medicine	Alternative Medicine
Afinitor Disperz 2 mg tablet for oral suspension	everolimus (antineoplastic) tablet for oral suspension
Afinitor Disperz 3 mg tablet for oral suspension	everolimus (antineoplastic) tablet for oral suspension
Afinitor Disperz 5 mg tablet for oral suspension	everolimus (antineoplastic) tablet for oral suspension
Arnuity Ellipta 100 mcg/actuation powder for inhalation	fluticasone propionate HFA aerosol inhaler, Qvar RediHaler HFA breath activated aerosol
Arnuity Ellipta 200 mcg/actuation powder for inhalation	fluticasone propionate HFA aerosol inhaler, Qvar RediHaler HFA breath activated aerosol
Arnuity Ellipta 50 mcg/actuation powder for inhalation	fluticasone propionate HFA aerosol inhaler, Qvar RediHaler HFA breath activated aerosol
BOSENTAN 125 MG TABLET	sildenafil (pulmonary hypertension) tablet, tadalafil (pulmonary hypertension) tablet, ambrisentan tablet

Impacted Medicine	Alternative Medicine
BOSENTAN 62.5 MG TABLET	sildenafil (pulmonary hypertension) tablet, tadalafil (pulmonary hypertension) tablet, ambrisentan tablet
Clenpiq 10 mg-3.5 gram-12 gram/160 mL oral solution	peg 3350-electrolytes powder for solution, GaviLyte-C oral solution, GaviLyte-G oral solution
Combivent Respimat 20 mcg-100 mcg/actuation solution for inhalation	albuterol sulfate HFA aerosol inhaler, albuterol sulfate solution for nebulization
Cosentyx 150 mg/mL subcutaneous syringe	Humira subcutaneous syringe kit, Enbrel subcutaneous syringe
Cosentyx 300 mg/2 Syringes (150 mg/mL) subcutaneous	Humira subcutaneous syringe kit, Enbrel subcutaneous syringe
Cosentyx 75 mg/0.5 mL subcutaneous syringe	Humira subcutaneous syringe kit, Enbrel subcutaneous syringe
Cosentyx Pen 150 mg/mL subcutaneous	Humira subcutaneous syringe kit, Enbrel subcutaneous syringe
Cosentyx Pen 300 mg/2 Pens (150 mg/mL) subcutaneous	Humira subcutaneous syringe kit, Enbrel subcutaneous syringe
DEFERASIROX 125 MG TB FOR SUSP	deferasirox tablet
DEFERASIROX 250 MG TB FOR SUSP	deferasirox tablet
DEFERASIROX 500 MG TB FOR SUSP	deferasirox tablet
Entresto 24 mg-26 mg tablet	lisinopril tablet, losartan tablet, olmesartan tablet
Entresto 49 mg-51 mg tablet	lisinopril tablet, losartan tablet, olmesartan tablet
Entresto 97 mg-103 mg tablet	lisinopril tablet, losartan tablet, olmesartan tablet
GlucaGen Diagnostic Kit 1 mg/mL Injection	Consult your physician
GlucaGen HypoKit 1 mg Injection	Gvoke PFS 1-Pack subcutaneous syringe, Gvoke HypoPen 1-Pack subcutaneous auto-injector, Zegalogue subcutaneous syringe
Ibrance 100 mg tablet	Verzenio tablet
Ibrance 125 mg tablet	Verzenio tablet
Ibrance 75 mg tablet	Verzenio tablet

Impacted Medicine	Alternative Medicine
Inlyta 1 mg tablet	Consult your physician
Inlyta 5 mg tablet	Consult your physician
INSULIN GLARGINE 100 UNIT/ML	insulin glargine-yfgn subcutaneous pen, insulin glargine-yfgn subcutaneous solution
INSULIN GLARGINE SOLOSTAR U100	insulin glargine-yfgn subcutaneous pen, insulin glargine-yfgn subcutaneous solution
Kaletra 100 mg-25 mg tablet	lopinavir-ritonavir 100 mg-25 mg tablet, lopinavir-ritonavir 200 mg-50 mg tablet, lopinavir-ritonavir 400 mg-100 mg/5 mL oral solution
Kaletra 200 mg-50 mg tablet	lopinavir-ritonavir 100 mg-25 mg tablet, lopinavir-ritonavir 200 mg-50 mg tablet, lopinavir-ritonavir 400 mg-100 mg/5 mL oral solution
Lorbrena 100 mg tablet	Consult your physician
Lorbrena 25 mg tablet	Consult your physician
Nubeqa 300 mg tablet	Xtandi 40 mg tablet, Xtandi 80 mg tablet, Xtandi 40 mg capsule
Procrit 10,000 unit/mL injection solution	Retacrit injection solution
Procrit 2,000 unit/mL injection solution	Retacrit injection solution
Procrit 20,000 unit/2 mL injection solution	Retacrit injection solution
Procrit 20,000 unit/mL injection solution	Retacrit injection solution
Procrit 3,000 unit/mL injection solution	Retacrit injection solution
Procrit 4,000 unit/mL injection solution	Retacrit injection solution
Procrit 40,000 unit/mL injection solution	Retacrit injection solution
Restasis 0.05 % eye drops in a dropperette	cyclosporine eye drops in a dropperette
Restasis MultiDose 0.05 % eye drops	cyclosporine eye drops in a dropperette
Semglee (insulin glargine-yfgn) 100 unit/mL subcutaneous solution	insulin glargine-yfgn subcutaneous pen, insulin glargine-yfgn subcutaneous solution
Semglee (insulin glargine-yfgn) Pen 100 unit/mL (3 mL) subcutaneous	insulin glargine-yfgn subcutaneous pen, insulin glargine-yfgn subcutaneous solution

Impacted Medicine	Alternative Medicine
SEMGLEE 100 UNIT/ML PEN	insulin glargine-yfgn subcutaneous pen, insulin glargine-yfgn subcutaneous solution
SEMGLEE 100 UNIT/ML VIAL	insulin glargine-yfgn subcutaneous pen, insulin glargine-yfgn subcutaneous solution
True Metrix Air Glucose Meter	True Metrix Air Glucose Meter (NDC 56151-1490-02, 56151-1491-02 are preferred), True Metrix Glucose Meter (NDC 56151-1470-02 is preferred)
True Metrix Glucose Meter	True Metrix Glucose Meter (NDC 56151-1470-02 is preferred), True Metrix Air Glucose Meter (NDC 56151-1490-02, 56151-1491-02 are preferred)
True Metrix Go Glucose Meter	True Metrix Glucose Meter (NDC 56151-1470-02 is preferred), True Metrix Air Glucose Meter (NDC 56151-1490-02, 56151-1491-02 are preferred)
Trulance 3 mg tablet	Linzess capsules
Vixelis (PF) 15 unit-5 unit-10 mcg/0.5 mL intramuscular suspension	Consult your physician
Vixelis (PF) 15 unit-5 unit-10 mcg/0.5 mL intramuscular syringe	Consult your physician
Ventavis 10 mcg/mL solution for nebulization	Consult your physician
Ventavis 20 mcg/mL solution for nebulization	Consult your physician
Xalkori 200 mg capsule	Consult your physician
Xalkori 250 mg capsule	Consult your physician
Zortress 1 mg tablet	everolimus (immunosuppressive) tablet
ZOSTAVAX VIAL	Consult your physician

Llame si nos necesita

Si tiene alguna pregunta, dificultades para leer o entender este documento, llámenos al **866-432-0001 (TTY: 711)**. Estamos disponibles de lunes a viernes, de 8 a.m. a 8 p.m., hora del este. Podemos ayudarlo sin costo alguno para usted. Podemos explicarle el documento en inglés o en su primer idioma. También podemos ayudarlo si necesita ayuda de la vista o de audición. Consulte su Manual del afiliado en relación a sus derechos.

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En Humana, es importante que usted reciba un trato justo.

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- Puede presentar una queja, también conocida como queja formal a: **Discrimination Grievances**, P.O. Box 14618, Lexington, KY 40512-4618. Si necesita ayuda para presentar una queja formal, llame al **866-432-0001** o si utiliza un **TTY**, llame al **711**.
- También puede presentar una queja de derechos civiles ante el **South Carolina Department of Health and Human Services, Civil Rights Division** 1801 Main Street, P.O. Box 8206, Columbia, South Carolina 29202, **888-808-4238**, **TTY: 888-842-3620**, civilrights@scdhhs.gov. El formulario de quejas está disponible en <https://msp.scdhhs.gov/crd/sites/default/files/Health%20Information%20Privacy%20Complaint%20Form.pdf>.
Departamento de Salud y Servicios Humanos de los EE. UU., la Oficina de Derechos Civiles, por medios electrónicos a través del portal de quejas disponible en <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, o al **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Los formularios de quejas están disponibles en <https://www.hhs.gov/ocr/office/file/index.html>.

Tiene a su disposición recursos y servicios auxiliares gratuitos. **866-432-0001 (TTY: 711)**

Humana provee recursos y servicios auxiliares gratuitos como, por ejemplo, intérpretes acreditados de lenguaje de señas, interpretación remota por video e información escrita en otros formatos para personas con discapacidades cuando

dichos recursos y servicios auxiliares sean necesarios para garantizar la igualdad de oportunidades de participación.

Humana Healthy Horizons in South Carolina es un producto de Medicaid de Humana Benefit Plan of South Carolina, Inc.

Ofrecemos servicios de asistencia con el idioma sin cargo alguno.
866-432-0001 (TTY: 711)

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 ដើម្បីទទួលបានសេវាកម្មបកប្រែភាសាដោយមិនអស់ប្រាក់ ។