

Cambios en la Lista de medicamentos preferidos de Humana Healthy Horizons™ in South Carolina

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Para ver su lista completa de medicamentos, [click here](#). Para visualizarlo en Inglés, [haga clic aquí](#).

Es posible que algunos medicamentos de la Lista de medicamentos preferidos de Humana Healthy Horizons™ in South Carolina cambien durante el año del plan. Estos cambios podrían significar que el medicamento ya no es preferido o que tiene nuevos requisitos de cobertura. A continuación, se presenta una lista de medicamentos que han cambiado. Hable con su médico sobre los posibles medicamentos alternativos, si un medicamento que usted toma se ve afectado.

Cómo leer los cambios en la Lista de medicamentos preferidos

Medicamentos eliminados de la lista: anteriormente, estos medicamentos eran preferidos, pero ya no lo son. Eliminaremos el medicamento de la Lista de medicamentos. Si surte o vuelve a surtir la receta de algún medicamento que no figura en la Lista de medicamentos, es posible que deba pagar el costo total del medicamento. Hable con su médico sobre el medicamento alternativo propuesto, si un medicamento que usted toma se elimina de la Lista de medicamentos.

Medicamentos eliminados de la lista

Medicamento afectado	Medicamento alternativo
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

Medicamento afectado	Medicamento alternativo
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	Consulte a su m�dico
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

Medicamento afectado	Medicamento alternativo
Inlyta 1 mg tablet	Consulte a su m�dico
Inlyta 5 mg tablet	Consulte a su m�dico
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	Consulte a su m�dico
Lorbrena 25 mg tablet	Consulte a su m�dico
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

Medicamento afectado	Medicamento alternativo
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	Consulte a su m�dico
Vixelis (PF) 15 unit-5 unit-10 mcg/0.5 mL intramuscular syringe	Consulte a su m�dico
Ventavis 10 mcg/mL solution for nebulization	Consulte a su m�dico
Ventavis 20 mcg/mL solution for nebulization	Consulte a su m�dico
Xalkori 200 mg capsule	Consulte a su m�dico
Xalkori 250 mg capsule	Consulte a su m�dico
Zortress 1 mg tablet	everolimus (immunosuppressive) tablet
ZOSTAVAX VIAL	Consulte a su m�dico

Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **866-432-0001 (TTY: 711)**. We are available Monday through Friday, from 8 a.m. to 8 p.m., Eastern time. We can help you at no cost to you. We can explain the document in English or in your first language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

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If you need help filing a grievance, call **866-432-0001** or if you use a TTY, call **711**.
- You can also file a civil rights complaint with the
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. Complaint form is available at <https://msp.scdhhs.gov/crd/sites/default/files/Health%20Information%20Privacy%20Complaint%20Form.pdf>.
U.S. Department of Health and Human Services, Office for Civil Rights
electronically through their Complaint Portal, available at
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or at **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)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

Auxiliary aids and services, free of charge, are available to you. **866-432-0001 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

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

Language assistance services, free of charge, are available to you.
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 ។