

Humana Healthy Horizons® in Oklahoma Preferred Drug List Changes

This document was updated on 8/27/2024

To view your full Drug List, click here. Para visualizarlo en español, haga clic aquí.

Some drugs on the Preferred Drug List for Humana Healthy Horizons® in Oklahoma may change during the year. These changes could mean that the drug is not covered anymore or that it has new rules for us to cover it. Below is a list of drugs that have changed. Talk to your doctor about other drugs you can take if your drug has changed.

How to read your preferred drug list changes

Drug removal: These drugs were covered before but are being removed from the Preferred Drug List. If you get any drug that is not on the Preferred Drug List, you may have to pay the full price of your drug. Talk to your doctor about the other drug we suggest if a drug you take is removed from the Preferred Drug List.

Prior authorization (PA): Some drugs may need our approval before we will cover it. This is called prior authorization. Your doctor will need to talk to us to get approval for us to cover you using these drugs.

Drug Removal

| Impacted Drug | Alternative Drug | Effective Date |
|--|---|----------------|
| Androderm 2 mg/24 hour transdermal 24 hour patch | testosterone cypionate intramuscular oil; testosterone enanthate intramuscular oil | 7/22/2024 |
| Androderm 4 mg/24 hr transdermal 24 hour patch | testosterone cypionate intramuscular oil; testosterone enanthate intramuscular oil | 7/22/2024 |
| Kyleena 17.5 mcg/24 hr (up to 5 years) 19.5 mg intrauterine device | Consult your physician | 4/26/2024 |
| Liletta 20.4 mcg/24 hr (up to 8 years) 52 mg intrauterine device | Consult your physician | 4/26/2024 |
| Mirena 21 mcg/24 hr (up to 8 years) 52 mg intrauterine device | Consult your physician | 4/26/2024 |
| Nexplanon 68 mg subdermal implant | Consult your physician | 4/26/2024 |



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Humana Healthy Horizons in Oklahoma is a Medicaid product of Humana Medical Plan, Inc.

| Impacted Drug | Alternative Drug | Effective Date |
|--|--|----------------|
| ParaGard T 380A 380 square mm intrauterine device | Consult your physician | 4/26/2024 |
| Phospho-Trin K500 500 mg soluble tablet | K-Phos Original soluble tablet | 7/30/2024 |
| Relyvrio 3 gram-1 gram oral powder packet | Consult your physician | 7/22/2024 |
| Skyla 14 mcg/24 hr (up to 3 years) 13.5 mg intrauterine device | Consult your physician | 4/26/2024 |
| Teglutik 50 mg/10 mL oral suspension | Tiglutik oral suspension, Exservan oral film | 8/13/2024 |
| Vtol LQ 50 mg-325 mg-40 mg/15 mL oral solution | butalbital-acetaminophen-caffeine tablet | 4/2/2024 |

Drugs requiring prior authorization (PA)

| Impacted Drug | Alternative Drug | Effective Date |
|---|--|----------------|
| Ablysinol 99 % intra-arterial solution | Consult your physician | 5/8/2024 |
| acetaminophen 320.5 mg-caffeine 30 mg-dihydrocodeine 16 mg capsule | Consult your physician | 4/16/2024 |
| Acular LS 0.4 % eye drops | ketorolac eye drops | 4/16/2024 |
| Adcirca 20 mg tablet | Consult your physician | 4/16/2024 |
| Afrezza 4 unit (60)/8 unit (60)/12 unit (60) cartridge with inhaler | Novolin R Regular U-100 Insulin injection solution | 4/16/2024 |
| Afstyla 1,000 (+/-) unit range intravenous solution | Consult your physician | 4/16/2024 |
| Afstyla 2,000 (+/-) unit range intravenous solution | Consult your physician | 4/16/2024 |
| Afstyla 250 (+/-) unit range intravenous solution | Consult your physician | 4/16/2024 |
| Afstyla 3,000 (+/-) unit range intravenous solution | Consult your physician | 4/16/2024 |
| Afstyla 500 (+/-) unit range intravenous solution | Consult your physician | 4/16/2024 |
| Aldurazyme 2.9 mg/5 mL intravenous solution | Consult your physician | 4/16/2024 |
| Alinia 100 mg/5 mL oral suspension | Consult your physician | 5/8/2024 |
| Aliqopa 60 mg intravenous solution | Consult your physician | 7/1/2024 |
| alprazolam 0.25 mg disintegrating tablet | alprazolam tablet | 4/16/2024 |
| Altoprev 20 mg tablet,extended release | lovastatin tablet | 4/7/2024 |
| Altoprev 40 mg tablet,extended release | lovastatin tablet | 4/7/2024 |
| Altoprev 60 mg tablet,extended release | lovastatin tablet | 4/16/2024 |
| Aralast NP 1,000 mg intravenous solution | Consult your physician | 4/2/2024 |
| Aricept 23 mg tablet | donepezil tablet | 4/16/2024 |
| Atelvia 35 mg tablet,delayed release | alendronate tablet; Boniva tablet; zoledronic acid in mannitol and water intravenous piggyback | 4/16/2024 |
| bacitracin 500 unit/gram eye ointment | Consult your physician | 4/16/2024 |

| Impacted Drug | Alternative Drug | Effective Date |
|--|---|----------------|
| Bensal HP 3 % topical ointment | salicylic acid lotion | 4/16/2024 |
| Berinert 500 unit (10 mL) intravenous kit | Consult your physician | 4/16/2024 |
| betamethasone, augmented 0.05 % topical gel | betamethasone dipropionate topical cream | 4/16/2024 |
| Bupap 50 mg-300 mg tablet | butalbital-acetaminophen tablet | 4/16/2024 |
| buprenorphine HCl 2 mg sublingual tablet | Consult your physician | 4/16/2024 |
| buprenorphine HCl 8 mg sublingual tablet | Consult your physician | 4/16/2024 |
| calcium 500 mg/5 mL (as calcium carb 1,250 mg/5 mL) oral suspension | Consult your physician | 5/8/2024 |
| Carac 0.5 % topical cream | fluorouracil topical cream | 4/16/2024 |
| Cardizem CD 360 mg capsule,extended release | diltiazem CD capsule,extended release 24 hr | 4/16/2024 |
| cefixime 100 mg/5 mL oral suspension | Consult your physician | 4/16/2024 |
| Cerdelga 84 mg capsule | Consult your physician | 4/8/2024 |
| Cerezyme 400 unit intravenous solution | Consult your physician | 4/16/2024 |
| Ciclodan 8 % topical solution | ciclopirox topical gel | 4/16/2024 |
| Cimzia 400 mg/2 mL (200 mg/mL x 2) subcutaneous syringe kit | Consult your physician | 4/16/2024 |
| Cimzia Powder for Recon 400 mg (200 mg x 2 vials) subcutaneous kit | Consult your physician | 4/16/2024 |
| Cimzia Starter Kit 400 mg/2 mL (200 mg/mL x2) subcutaneous syringe kit | Consult your physician | 4/16/2024 |
| Clindacin ETZ 1 % topical kit | Clindacin Pac topical kit | 4/16/2024 |
| Corifact 1,000 unit-1,600 unit intravenous solution | Consult your physician | 4/16/2024 |
| Cyramza 10 mg/mL intravenous solution | Consult your physician | 4/1/2024 |
| Dalvance 500 mg intravenous solution | Consult your physician | 4/1/2024 |
| Dehydrated Alcohol 98 % injection solution | Consult your physician | 5/8/2024 |
| DEKAs Essential 2,000 unit-2,000 mcg/mL oral liquid | Consult your physician | 5/8/2024 |
| DEKAs Essential 600 mcg-50 mcg-101 mg-1,000 mcg capsule | Consult your physician | 5/8/2024 |
| DEKAs Plus (folic acid) 200 mcg-1,000 mcg-10 mg capsule | Consult your physician | 5/8/2024 |
| DEKAs Plus (folic acid) 200 mcg-1,000 mcg-10 mg chewable tablet | Consult your physician | 5/8/2024 |
| DEKAs Plus Liquid 500 mcg/mL oral | Consult your physician | 5/8/2024 |
| Deplin (algal oil) 7.5 mg-90.314 mg capsule | Consult your physician | 5/8/2024 |
| desoximetasone 0.05 % topical gel | desoximetasone topical cream | 4/16/2024 |
| desoximetasone 0.25 % topical spray | Topicort topical spray | 4/16/2024 |
| Detrol 1 mg tablet | Consult your physician | 4/16/2024 |
| Detrol 2 mg tablet | Consult your physician | 4/16/2024 |
| Detrol LA 4 mg capsule,extended release | Consult your physician | 4/16/2024 |
| Doryx MPC 120 mg tablet, delayed release | doxycycline hyclate capsule | 4/16/2024 |
| doxycycline hyclate 50 mg tablet,delayed release | doxycycline hyclate capsule | 4/16/2024 |
| Drysol Dab-O-Matic 20 % topical solution | Xerac AC topical solution | 7/16/2024 |

| Impacted Drug | Alternative Drug | Effective Date |
|--|---|----------------|
| edaravone 30 mg/100 mL intravenous solution | Consult your physician | 7/23/2024 |
| Elaprase 6 mg/3 mL intravenous solution | Consult your physician | 4/16/2024 |
| Eloctate 5,000 unit intravenous solution | Consult your physician | 4/16/2024 |
| Emend 125 mg (1)-80 mg (2) capsules in a dose pack | Consult your physician | 4/16/2024 |
| Emend 80 mg capsule | Consult your physician | 4/16/2024 |
| Entyvio 300 mg intravenous solution | Consult your physician | 4/16/2024 |
| Ery Pads 2 % topical swab | erythromycin with ethanol topical solution | 4/16/2024 |
| Exelon Patch 13.3 mg/24 hour transdermal | Consult your physician | 4/16/2024 |
| Fabrazyme 35 mg intravenous solution | Consult your physician | 4/16/2024 |
| Fabrazyme 5 mg intravenous solution | Consult your physician | 4/16/2024 |
| Feiba NF 700 unit-1,300 unit intravenous solution | Consult your physician | 4/16/2024 |
| Felbatol 400 mg tablet | Consult your physician | 4/16/2024 |
| fluoxetine 90 mg capsule, delayed release | fluoxetine capsule | 4/16/2024 |
| Forfivo XL 450 mg 24 hr tablet, extended release | bupropion HCl XL 24 hr tablet, extended release | 4/16/2024 |
| Fortesta 10 mg/0.5 gram/actuation transdermal gel pump | Consult your physician | 4/16/2024 |
| Glassia 1 gram/50 mL (2 %) intravenous solution | Consult your physician | 4/16/2024 |
| Gloperba 0.6 mg/5 mL oral solution | colchicine tablet | 5/29/2024 |
| Glumetza 1,000 mg tablet, extended release | metformin ER tablet, extended release 24 hr | 4/16/2024 |
| halcinonide 0.1 % topical solution | Consult your physician | 7/23/2024 |
| Harvoni 90 mg-400 mg tablet | Consult your physician | 4/16/2024 |
| hydrocodone bitartrate ER 10 mg capsule, oral only, extended rel 12 hr | Consult your physician | 4/16/2024 |
| hydrocodone bitartrate ER 15 mg capsule, oral only, extended rel 12 hr | Consult your physician | 4/16/2024 |
| hydrocodone bitartrate ER 50 mg capsule, oral only, extended rel 12 hr | Consult your physician | 4/16/2024 |
| hydrocortisone butyrate 0.1 % topical ointment | Consult your physician | 4/16/2024 |
| ibandronate 3 mg/3 mL intravenous solution | ibandronate tablet | 4/16/2024 |
| ibandronate 3 mg/3 mL intravenous syringe | ibandronate tablet | 4/16/2024 |
| Imitrex STATdose Pen 6 mg/0.5 mL subcutaneous pen injector | eletriptan tablet; naratriptan tablet; rizatriptan tablet; rizatriptan disintegrating tablet; sumatriptan tablet; zolmitriptan tablet; zolmitriptan disintegrating tablet | 4/16/2024 |
| Indocin 25 mg/5 mL oral suspension | indomethacin capsule | 5/19/2024 |
| Istalol 0.5 % eye drops | Timoptic eye drops | 4/16/2024 |
| Istodax 10 mg/2 mL intravenous solution | Consult your physician | 4/16/2024 |
| Jatenzo 237 mg capsule | Consult your physician | 4/16/2024 |
| Kalbitor 10 mg/mL (1 mL) subcutaneous | Consult your physician | 4/16/2024 |

| Impacted Drug | Alternative Drug | Effective Date |
|---|-----------------------------------|----------------|
| solution | | |
| ketoprofen ER 200 mg 24 hr capsule,extended release | Consult your physician | 4/16/2024 |
| Kombiglyze XR 2.5 mg-1,000 mg tablet,extended release | Consult your physician | 7/22/2024 |
| Kombiglyze XR 5 mg-1,000 mg tablet,extended release | Consult your physician | 7/22/2024 |
| Kombiglyze XR 5 mg-500 mg tablet,extended release | Consult your physician | 7/22/2024 |
| Lamictal ODT Starter(Orange) 25 mg(14)-50 mg(14)-100 mg(7) tab,disint | lamotrigine disintegrating tablet | 4/16/2024 |
| Lescol XL 80 mg tablet,extended release | Consult your physician | 4/16/2024 |
| lidocaine 3 %-hydrocortisone 0.5 % rectal kit | Consult your physician | 4/16/2024 |
| Lyrica CR 165 mg tablet,extended release | Consult your physician | 4/16/2024 |
| Lyrica CR 330 mg tablet,extended release | Consult your physician | 4/16/2024 |
| Mag-G 27 mg magnesium (500 mg) tablet | Consult your physician | 5/8/2024 |
| MCT Oil 7.7 kcal/mL oral | Consult your physician | 5/8/2024 |
| meclofenamate 100 mg capsule | Consult your physician | 4/16/2024 |
| mesalamine rectal susp enema with cleansing wipes 4 gram/60 mL kit | Consult your physician | 4/23/2024 |
| Methadone Intensol 10 mg/mL oral concentrate | methadone oral solution | 4/16/2024 |
| Migranal 0.5 mg/pump act. (4 mg/mL) nasal spray | Consult your physician | 4/22/2024 |
| minocycline ER 80 mg tablet,extended release 24 hr | minocycline capsule | 4/16/2024 |
| Mirapex ER 0.75 mg tablet,extended release | pramipexole tablet | 4/16/2024 |
| Mirapex ER 3 mg tablet,extended release | pramipexole tablet | 4/16/2024 |
| Mirapex ER 4.5 mg tablet,extended release | pramipexole tablet | 4/16/2024 |
| morphine ER 100 mg capsule,extended release pellets | morphine immediate release tablet | 4/16/2024 |
| morphine ER 120 mg capsule,extended release 24 hr multiphase | morphine immediate release tablet | 4/16/2024 |
| morphine ER 30 mg capsule,extended release 24 hr multiphase | morphine immediate release tablet | 4/16/2024 |
| morphine ER 45 mg capsule,extended release 24 hr multiphase | morphine immediate release tablet | 4/16/2024 |
| morphine ER 50 mg capsule,extended release pellets | morphine immediate release tablet | 4/16/2024 |
| morphine ER 60 mg capsule,extended release 24 hr multiphase | morphine immediate release tablet | 4/16/2024 |
| morphine ER 60 mg capsule,extended release pellets | morphine immediate release tablet | 4/16/2024 |
| morphine ER 80 mg capsule,extended release pellets | morphine immediate release tablet | 4/16/2024 |
| morphine ER 90 mg capsule,extended release 24 hr multiphase | morphine immediate release tablet | 4/16/2024 |

| Impacted Drug | Alternative Drug | Effective Date |
|--|-----------------------------------|----------------|
| MS Contin 100 mg tablet,extended release | morphine immediate release tablet | 4/16/2024 |
| MS Contin 30 mg tablet,extended release | morphine immediate release tablet | 4/16/2024 |
| MS Contin 60 mg tablet,extended release | morphine immediate release tablet | 4/16/2024 |
| Muro 128 5 % eye drops | Consult your physician | 5/8/2024 |
| MVW Complete Formulation D3000 3,000 unit-1,000 mcg chewable tablet | Consult your physician | 5/8/2024 |
| MVW Complete Formulation D3000 3,000 unit-800 mcg capsule | Consult your physician | 5/8/2024 |
| MVW Complete Formulation D5000 5,000 unit-1,000 mcg chewable tablet | Consult your physician | 5/8/2024 |
| MVW Complete Formulation D5000 5,000 unit-800 mcg capsule | Consult your physician | 5/8/2024 |
| MVW Complete Formulation Multivitamin 1,500 unit-1,000 mcg chew tablet | Consult your physician | 5/8/2024 |
| MVW Complete Formulation Multivitamin 1,500 unit-800 mcg capsule | Consult your physician | 5/8/2024 |
| MVW Complete Formulation Multivitamin 750 unit-500 mcg capsule | Consult your physician | 5/8/2024 |
| Mytesi 125 mg tablet,delayed release | Consult your physician | 4/16/2024 |
| Naglazyme 5 mg/5 mL intravenous solution | Consult your physician | 4/16/2024 |
| Nalfon 400 mg capsule | Consult your physician | 4/16/2024 |
| Namenda Titration Pak 5 mg-10 mg tablets in a dose pack | memantine tablet | 4/16/2024 |
| Namenda XR 21 mg capsule sprinkle,extended release | memantine tablet | 4/16/2024 |
| Naprelan CR 375 mg tab,extended release 24 hr mphase | naproxen tablet | 4/16/2024 |
| Naprelan CR 750 mg tab,extended release 24 hr mphase | naproxen tablet | 4/16/2024 |
| Natesto 5.5 mg/0.122 gram per actuation nasal gel pump | Consult your physician | 4/16/2024 |
| Neo-Synalar 0.5 % (0.35 % base)-0.025 % topical cream | Consult your physician | 4/16/2024 |
| Neulasta 6 mg/0.6 mL subcutaneous syringe | Consult your physician | 4/16/2024 |
| nitazoxanide 500 mg tablet | Consult your physician | 7/22/2024 |
| nizatidine 150 mg capsule | Consult your physician | 4/16/2024 |
| nizatidine 300 mg capsule | Consult your physician | 4/16/2024 |
| Noritate 1 % topical cream | metronidazole lotion | 4/16/2024 |
| olanzapine-fluoxetine 12 mg-25 mg capsule | Consult your physician | 4/16/2024 |
| olanzapine-fluoxetine 12 mg-50 mg capsule | Consult your physician | 4/16/2024 |
| olanzapine-fluoxetine 6 mg-50 mg capsule | Consult your physician | 4/16/2024 |
| Oncaspar 750 unit/mL injection solution | Consult your physician | 4/8/2024 |
| Onglyza 2.5 mg tablet | Consult your physician | 7/22/2024 |
| Onglyza 5 mg tablet | Consult your physician | 7/22/2024 |
| oxandrolone 2.5 mg tablet | Consult your physician | 4/16/2024 |
| oxycodone ER 40 mg tablet,crush | oxycodone tablet | 4/26/2024 |

| Impacted Drug | Alternative Drug | Effective Date |
|---|---|----------------|
| resistant,extended release 12 hr oxycodone ER 80 mg tablet,crush resistant,extended release 12 hr | oxycodone tablet | 4/26/2024 |
| OxyContin 30 mg tablet,crush resistant,extended release | oxycodone tablet | 4/26/2024 |
| OxyContin 40 mg tablet,crush resistant,extended release | oxycodone tablet | 4/26/2024 |
| OxyContin 60 mg tablet,crush resistant,extended release | oxycodone tablet | 4/26/2024 |
| OxyContin 80 mg tablet,crush resistant,extended release | oxycodone tablet | 4/26/2024 |
| oxymorphone ER 5 mg tablet,extended release,12 hr | Consult your physician | 4/16/2024 |
| oxymorphone ER 7.5 mg tablet,extended release,12 hr | Consult your physician | 4/16/2024 |
| Oxytrol 3.9 mg/24 hr transdermal patch | Consult your physician | 4/16/2024 |
| Pancreaze 21,000 unit-54,700 unit- 83,900 unit capsule,delayed release | Creon capsule,delayed release | 5/8/2024 |
| Paxil CR 12.5 mg tablet,extended release | paroxetine tablet | 4/16/2024 |
| Paxil CR 37.5 mg tablet,extended release | paroxetine tablet | 4/16/2024 |
| Phos-NaK 280 mg-160 mg-250 mg oral powder packet | Consult your physician | 5/8/2024 |
| Pradaxa 110 mg capsule | Consult your physician | 4/16/2024 |
| pramipexole ER 0.75 mg tablet,extended release 24 hr | pramipexole tablet | 4/16/2024 |
| prednicarbate 0.1 % topical cream | Consult your physician | 4/16/2024 |
| Prolia 60 mg/mL subcutaneous syringe | Consult your physician | 4/16/2024 |
| Pylera 140 mg-125 mg-125 mg capsule | Consult your physician | 7/22/2024 |
| Qualaquin 324 mg capsule | Consult your physician | 4/16/2024 |
| Qudexy XR 100 mg capsule sprinkle,extended release | topiramate tablet | 4/16/2024 |
| Qudexy XR 150 mg capsule sprinkle,extended release | topiramate tablet | 4/16/2024 |
| Qudexy XR 200 mg capsule sprinkle,extended release | topiramate tablet | 4/16/2024 |
| Qudexy XR 50 mg capsule sprinkle,extended release | topiramate tablet | 4/16/2024 |
| Refresh P.M. 57.3 %-42.5 % eye ointment | Consult your physician | 5/8/2024 |
| Relistor 8 mg/0.4 mL subcutaneous syringe | Consult your physician | 4/16/2024 |
| Remicade 100 mg intravenous solution | Consult your physician | 4/16/2024 |
| Renagel 800 mg tablet | Consult your physician | 4/8/2024 |
| Revatio 10 mg/mL oral suspension | sildenafil (pulmonary hypertension) intravenous solution | 4/16/2024 |
| Revatio 20 mg tablet | sildenafil (pulmonary hypertension) intravenous solution | 4/16/2024 |
| Rilutek 50 mg tablet | Consult your physician | 9/16/2024 |
| riluzole 50 mg tablet | Consult your physician | 9/16/2024 |
| Santyl 250 unit/gram topical ointment | Consult your physician | 5/8/2024 |
| Savaysa 30 mg tablet | Consult your physician | 4/16/2024 |
| saxagliptin 2.5 mg tablet | Consult your physician | 7/22/2024 |
| saxagliptin 2.5 mg-metformin ER 1,000 | Consult your physician | 7/22/2024 |

| Impacted Drug | Alternative Drug | Effective Date |
|--|--------------------------------|----------------|
| mg tablet,extend release 24hr mp | | |
| saxagliptin 5 mg tablet | Consult your physician | 7/22/2024 |
| saxagliptin 5 mg-metformin ER 1,000 mg tablet,extend release 24hr mp | Consult your physician | 7/22/2024 |
| saxagliptin 5 mg-metformin ER 500 mg tablet,extend release 24hr mp | Consult your physician | 7/22/2024 |
| sevelamer HCl 400 mg tablet | Consult your physician | 4/8/2024 |
| sevelamer HCl 800 mg tablet | Consult your physician | 4/8/2024 |
| Simponi 50 mg/0.5 mL subcutaneous syringe | Consult your physician | 4/16/2024 |
| Simponi ARIA 12.5 mg/mL intravenous solution | Consult your physician | 4/16/2024 |
| Soliqua 100/33 100 unit-33 mcg/mL subcutaneous insulin pen | Consult your physician | 5/14/2024 |
| Soliris 300 mg/30 mL intravenous solution | Consult your physician | 4/16/2024 |
| Solodyn 105 mg tablet,extended release | minocycline capsule | 4/16/2024 |
| Solodyn 115 mg tablet,extended release | minocycline capsule | 4/16/2024 |
| Solodyn 55 mg tablet,extended release | minocycline capsule | 4/16/2024 |
| Solodyn 65 mg tablet,extended release | minocycline capsule | 4/16/2024 |
| Solodyn 80 mg tablet,extended release | minocycline capsule | 4/16/2024 |
| Soma 250 mg tablet | carisoprodol tablet | 4/16/2024 |
| Sovaldi 400 mg tablet | Consult your physician | 4/16/2024 |
| spinosad 0.9 % topical suspension | Natroba topical suspension | 4/16/2024 |
| SSKI 1 gram/mL oral solution | Consult your physician | 5/8/2024 |
| Steglujan 5 mg-100 mg tablet | Consult your physician | 4/16/2024 |
| Stromectol 3 mg tablet | Consult your physician | 4/16/2024 |
| Sudafed 12 Hour 120 mg tablet,extended release | Consult your physician | 7/16/2024 |
| sulfacetamide sodium 10 % eye ointment | sulfacetamide sodium eye drops | 4/16/2024 |
| Sumadan 9 %-4.5 % topical kit | Consult your physician | 4/16/2024 |
| Symbyax 3 mg-25 mg capsule | Consult your physician | 4/16/2024 |
| Symbyax 6 mg-25 mg capsule | Consult your physician | 4/16/2024 |
| SymlinPen 120 2,700 mcg/2.7 mL subcutaneous pen injector | Consult your physician | 4/16/2024 |
| SymlinPen 60 1,500 mcg/1.5 mL subcutaneous pen injector | Consult your physician | 4/16/2024 |
| Taclonex 0.005 %-0.064 % topical ointment | Consult your physician | 4/16/2024 |
| Tarceva 100 mg tablet | Consult your physician | 4/16/2024 |
| Tarceva 150 mg tablet | Consult your physician | 4/16/2024 |
| Tarceva 25 mg tablet | Consult your physician | 4/16/2024 |
| Tasigna 200 mg capsule | Consult your physician | 4/16/2024 |
| testosterone enanthate 200 mg/mL intramuscular oil | Consult your physician | 4/16/2024 |
| Thick-It #2 oral powder | Consult your physician | 5/8/2024 |
| tramadol ER 100 mg tablet,extended release 24hr mphase | tramadol tablet | 4/16/2024 |
| tramadol ER 300 mg tablet,extended release 24hr mphase | tramadol tablet | 4/16/2024 |

| Impacted Drug | Alternative Drug | Effective Date |
|--|--|----------------|
| Tysabri 300 mg/15 mL intravenous solution | Consult your physician | 4/16/2024 |
| Uloric 80 mg tablet | Consult your physician | 4/16/2024 |
| Ure-Na 15 gram oral powder packet | Consult your physician | 5/8/2024 |
| Vashe 0.033 % irrigation solution | Consult your physician | 5/8/2024 |
| Vimovo 375 mg-20 mg tablet,immediate and delay release | Consult your physician | 4/16/2024 |
| Vimovo 500 mg-20 mg tablet,immediate and delay release | Consult your physician | 4/16/2024 |
| Vitamin D3 25 mcg (1,000 unit) chewable tablet | Consult your physician | 5/8/2024 |
| vitamin E (dl, acetate) 22.5 mg (50 unit)/mL oral drops | Consult your physician | 7/16/2024 |
| Xerese 5 %-1 % topical cream | Consult your physician | 4/16/2024 |
| Xultophy 100/3.6 100 unit-3.6 mg/mL (3 mL) subcutaneous insulin pen | Consult your physician | 5/14/2024 |
| Zegerid 40 mg-1.1 gram capsule | Consult your physician | 4/16/2024 |
| Zepatier 50 mg-100 mg tablet | Consult your physician | 4/16/2024 |
| zileuton ER 600 mg tablet,extended release 12hr mphase | Consult your physician | 4/16/2024 |
| Zomig 2.5 mg nasal spray | zolmitriptan disintegrating tablet | 4/22/2024 |
| Zomig 5 mg nasal spray | zolmitriptan disintegrating tablet | 4/22/2024 |
| Zonegran 100 mg capsule | zonisamide capsule | 5/8/2024 |
| Zovirax 5 % topical ointment | Zovirax topical cream | 4/16/2024 |
| Zyclara 2.5 % topical cream in a pump | imiquimod topical cream packet | 4/16/2024 |
| Zyclara 3.75 % topical cream in a pump | imiquimod topical cream packet | 4/16/2024 |
| Zyclara 3.75 % topical cream packet | imiquimod topical cream packet | 4/16/2024 |
| Zymaxid 0.5 % eye drops | Consult your physician | 4/16/2024 |
| Zytiga 250 mg tablet | Consult your physician | 4/16/2024 |
| Step Therapy Required: captopril 25 mg-hydrochlorothiazide 15 mg tablet | quinapril-hydrochlorothiazide tablet; benazepril-hydrochlorothiazide tablet; lisinopril-hydrochlorothiazide tablet; enalapril-hydrochlorothiazide tablet | 5/14/2024 |
| Step Therapy Required: captopril 50 mg-hydrochlorothiazide 25 mg tablet | quinapril-hydrochlorothiazide tablet; benazepril-hydrochlorothiazide tablet; lisinopril-hydrochlorothiazide tablet; enalapril-hydrochlorothiazide tablet | 5/29/2024 |
| Step Therapy Required: Ciprodex 0.3 %-0.1 % ear drops,suspension | acetic acid ear solution; Cipro HC ear drops,suspension; Cortisporin-TC ear drops,suspension; ofloxacin ear drops | 4/8/2024 |
| Step Therapy Required: ciprofloxacin 0.3 %-dexamethasone 0.1 % ear drops,suspension | acetic acid ear solution; Cipro HC ear drops,suspension; Cortisporin-TC ear drops,suspension; ofloxacin ear drops | 4/8/2024 |
| Step Therapy Required: Citranatal B-Calm (Fe Gluc) 20 mg iron-1 mg-25 mg/25 mg tablets | Consult your physician | 4/16/2024 |
| Step Therapy Required: DUETACT 30 mg-2 mg tablet | pioglitazone tablet | 4/16/2024 |
| Step Therapy Required: DUETACT 30 mg-4 mg tablet | pioglitazone tablet | 4/16/2024 |
| Step Therapy Required: Dyanavel XR 2.5 mg/mL oral 24 hr extended release | Vyvanse capsule; Vyvanse chewable tablet | 5/13/2024 |

| Impacted Drug | Alternative Drug | Effective Date |
|---|---|----------------|
| suspension | | |
| Step Therapy Required: Nestabs 32 mg-1,000 mcg tablet | Consult your physician | 4/16/2024 |
| Step Therapy Required: Nestabs DHA 32 mg iron-1,000 mcg-230 mg oral pack | Consult your physician | 4/16/2024 |
| Step Therapy Required: OB Complete One 40 mg-10 mg-1 mg-300 mg capsule | Consult your physician | 4/16/2024 |
| Step Therapy Required: OB Complete Petite 35 mg iron-5 mg iron-1 mg capsule | Consult your physician | 4/16/2024 |
| Step Therapy Required: OB Complete With Dha 30 mg iron-10 mg iron-1 mg capsule | Consult your physician | 4/16/2024 |
| Step Therapy Required: pioglitazone 30 mg-glimepiride 2 mg tablet | pioglitazone tablet | 4/16/2024 |
| Step Therapy Required: pioglitazone 30 mg-glimepiride 4 mg tablet | pioglitazone tablet | 4/16/2024 |
| Step Therapy Required: PNV-Select 27 mg-1 mg tablet | Consult your physician | 4/16/2024 |
| Step Therapy Required: Prenate DHA (ferrous asparto glycinate) 18 mg iron-1 mg-300 mg capsule | Consult your physician | 4/16/2024 |
| Step Therapy Required: risedronate 5 mg tablet | alendronate tablet; Boniva tablet; zoledronic acid in mannitol and water intravenous piggyback | 5/14/2024 |
| Step Therapy Required: sumatriptan 85 mg-naproxen 500 mg tablet | eletriptan tablet; naratriptan tablet; rizatriptan tablet; rizatriptan disintegrating tablet; sumatriptan tablet; zolmitriptan tablet; zolmitriptan disintegrating tablet | 4/22/2024 |
| Step Therapy Required: Tekturna HCT 300 mg-25 mg tablet | quinapril-hydrochlorothiazide tablet; benazepril-hydrochlorothiazide tablet; lisinopril-hydrochlorothiazide tablet; enalapril-hydrochlorothiazide tablet | 4/16/2024 |
| Step Therapy Required: trandolapril 4 mg-verapamil ER 240 mg tablet,immed- exten release 24 hr | amlodipine-benazepril capsule | 4/16/2024 |
| Step Therapy Required: Treximet 85 mg-500 mg tablet | eletriptan tablet; naratriptan tablet; rizatriptan tablet; rizatriptan disintegrating tablet; sumatriptan tablet; zolmitriptan tablet; zolmitriptan disintegrating tablet | 4/22/2024 |

Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **855-223-9868 (TTY: 711)**. We are available Monday through Friday, from 8 a.m. to 5 p.m., Central 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.

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.
If you need help filing a grievance, call **855-223-9868** or if you use a TTY, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights** electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.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/sites/default/files/ocr-cr-complaint-form-package.pdf>.

Auxiliary aids and services, free of charge, are available to you.
855-223-9868 (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 Oklahoma is a Medicaid product of Humana Wisconsin Health Organization Insurance Corporation.

Language assistance services, free of charge, are available to you.
855-223-9868 (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.

Tiếng Việt (Vietnamese) Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

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。

한국어 (**Korean**) 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Deutsch (German) Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

العربية (**Arabic**): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية

မြန်မာနိုင်ငံ (**Burmese**) အခမဲ့ ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများ ရယူရန် အထက်ပါ ဖုန်းနံပါတ်ကို ခေါ်ဆိုပါ။

Hmoob (Hmong) Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.

Tagalog (Tagalog – Filipino) Tawagan ang numero sa itaas para makatanggap ng mga lib्रेng serbisyo sa tulong sa wika.

Français (French) Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

ພາສາລາວ (**Lao**): ໂທຫາເບີໂທລະສັບຂ້າງເທິງ ເພື່ອຮັບບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາພາສີ.

ภาษาไทย (**Thai**): โทร ไปที่หมายเลขด้านบนเพื่อรับบริการช่วยเหลือด้านภาษาฟรี

وڊرا (**Urdu**) مفت لسانی اعانت کی خدمات موصول کرنے کے لیے درج بالا نمبر پر کال کریں۔

tsalagi gawonihisdi (Cherokee) ᏆᏂᏃ ᏅᏍᏉ ᏅᏍᏈᏃ ᏆᏂᏃ ᏅᏍᏉ ᏅᏍᏈᏃ ᏆᏂᏃ ᏅᏍᏉ ᏅᏍᏈᏃ ᏆᏂᏃ ᏅᏍᏉ ᏅᏍᏈᏃ ᏆᏂᏃ ᏅᏍᏉ ᏅᏍᏈᏃ

فارسی (**Farsi**) بگيريد س‌امد قوف ه‌ر شما با ن‌انگيار ت‌اريصو ي‌نايز ت‌الايهست ت‌افايرد ي‌اريد.