



Humana Healthy Horizons® in Indiana Preferred Drug List Changes

This document was updated on [11/14/2024] for an effective date of [12/15/2024].

To view your full drug list, [click here](#). Para visualizarlo en español, [haga click aquí](#).

The Preferred Drug List for Humana Healthy Horizons® in Indiana 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 drug list changes

- **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 healthcare 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](https://www.humana.com/PA).

Drugs requiring prior authorization (PA)

Impacted drug	Alternative drug
Cobenfy 100 mg-20 mg capsule	Consult your physician
Cobenfy 125 mg-30 mg capsule	Consult your physician
Cobenfy 50 mg-20 mg capsule	Consult your physician
Cobenfy Starter Pack 50 mg-20 mg/100 mg-20 mg capsules In a dose pack	Consult your physician
Crexont 35 mg-140 mg capsule, extended release	carbidopa-levodopa ER tablet,extended release
Crexont 52.5 mg-210 mg capsule, extended release	carbidopa-levodopa ER tablet,extended release
Crexont 70 mg-280 mg capsule, extended release	carbidopa-levodopa ER tablet,extended release
Crexont 87.5 mg-350 mg capsule, extended release	carbidopa-levodopa ER tablet,extended release
Rytary 23.75 mg-95 mg capsule,extended release	carbidopa-levodopa ER tablet,extended release
Rytary 36.25 mg-145 mg capsule,extended release	carbidopa-levodopa ER tablet,extended release
Rytary 48.75 mg-195 mg capsule,extended release	carbidopa-levodopa ER tablet,extended release
Rytary 61.25 mg-245 mg capsule,extended release	carbidopa-levodopa ER tablet,extended release

Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **866-274-5888 (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.

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 **866-274-5888** 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/ocr/complaints/index.html>.

Auxiliary aids and services, free of charge, are available to you.

866-274-5888 (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 Indiana is a Medicaid Product of Arcadian Health Plan, Inc.

Language assistance services, free of charge, are available to you.
866-274-5888 (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.

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

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。

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

Nederlands (Dutch) Bel het bovenstaande nummer om gratis taalkundige hulp te ontvangen.

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

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

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

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

हिंदी (Hindi) भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

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。

Русский (Russian) Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

Polski (Polish) Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

Srpsko-hrvatski (Serbo-Croatian) Nazovite gore navedeni broj ako želite besplatne usluge jezične pomoći.

Italiano (Italian) Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.