



## Medicare Advantage and Dual Medicare-Medicaid Plans Preauthorization and Notification List

**Effective Date: Jan. 1, 2021**

**Revision Date: Feb. 24, 2021**

We have updated our preauthorization and notification list for Humana Medicare Advantage (MA) plans and Humana dual Medicare-Medicaid plans.

Please note the term “preauthorization” (prior authorization, precertification, preadmission) when used in this communication is defined as a process through which the physician or other healthcare provider is required to obtain advance approval from the plan as to whether an item or service will be covered.

“Notification” refers to the process of the physician or other healthcare provider notifying Humana of the intent to provide an item or service. Humana requests notification, as it helps coordinate care for Humana-covered patients. This process is distinguished from preauthorization. Humana does not issue home health.

The list represents services and medications (i.e., medications that are delivered in the physician’s office, clinic, outpatient or home setting) that require preauthorization prior to being provided or administered. Services must be provided according to Medicare coverage guidelines, established by the Centers for Medicare & Medicaid Services (CMS). According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You can review Medicare coverage guidelines at [www.cms.gov/medicare-coverage-database/](http://www.cms.gov/medicare-coverage-database/).

**Investigational and experimental procedures usually are not covered benefits. Please consult the patient’s Evidence of Coverage or contact Humana for confirmation of coverage.**

### Important notes:

- **Humana MA health maintenance organization (HMO):** The full list of preauthorization requirements applies to patients with Humana MA HMO and HMO point-of-service (HMO POS) coverage. Healthcare providers who participate in an independent practice association (IPA) or other risk network with delegated services are subject to the preauthorization list and should refer to their IPA or risk network for guidance on processing their request. Exclusions may change; refer to [Humana.com/provider](http://Humana.com/provider) for the most up-to-date information. **Choose “Authorization & Referrals” at the bottom of the page and then the appropriate topic.**
- **Florida MA HMO:** The full list of preauthorization requirements applies to Florida MA HMO-covered patients. Healthcare providers need to submit requests directly to Humana for medications listed on the Medicare and dual Medicare-Medicaid Medication Preauthorization Drug List for all patients with Humana MA HMO coverage in Florida. If Humana does not receive a preauthorization request, the claim may be reviewed retrospectively for medical necessity and the healthcare provider may be contacted for clinical information. See “How to Request Preauthorization” for instructions on how to submit preauthorization requests for medications on the Medicare and dual Medicare-Medicaid Medication Preauthorization List.

- **Humana MA preferred provider organization (PPO):** The full list of preauthorization requirements applies to Humana MA PPO-covered patients. Preauthorization is not required for services provided by nonparticipating healthcare providers for MA PPO-covered patients; notification is requested, as it helps coordinate care for Humana-covered patients.
- **Humana MA private fee-for-service (PFFS):** Preauthorization is not required for MA PFFS plans; notification is requested, as it helps coordinate care for Humana-covered patients. Physicians and healthcare providers can request an advance coverage determination (ACD) on behalf of the patient for any service not on our preauthorization list for review and determination of coverage in advance of the services being provided. See “Advance Coverage Determinations” for instructions.
- **Humana Medicare Supplement Plan:** This list does not apply to policyholders of a Humana Medicare Supplement plan.
- **Humana commercial:** This list does not affect Humana commercial plans. (Find Humana’s Commercial Preauthorization and Notification List on our preauthorization page at [Humana.com/PAL](http://Humana.com/PAL).)
- **All Humana MA – advance coverage determinations (ACDs):** For procedures or services that are investigational, experimental or may have limited benefit coverage, or for questions regarding whether Humana will pay for any service, you can request an ACD on behalf of the patient prior to providing the service. You may be contacted if additional information is needed.
  - ACDs for medical services can be initiated by submitting a written, fax or telephone request:
    - Send written requests to: Humana Correspondence, P.O. Box 14601, Lexington, KY 40512-4601
    - Submit by fax to 1-800-266-3022
    - Submit by telephone at 1-800-523-0023
  - ACDs for medications on the list can be initiated by submitting a fax or telephone request:
    - Submit by fax to 1-888-447-3430
    - Submit by telephone at 1-866-461-7273

**Please note that urgent/emergent services do not require referrals or preauthorizations.**

Not obtaining preauthorization for a service could result in financial penalties for the practice and reduced benefits for the patient, based on the healthcare provider’s contract and the patient’s Certificate of Coverage. Services or medications provided without preauthorization may be subject to retrospective medical necessity review. We recommend that an individual practitioner making a specific request for services or medications verify benefits and preauthorization requirements with Humana prior to providing services.

**Information required for a preauthorization request or notification may include, but is not limited to, the following:**

- Member’s ID number, name and date of birth
- Date of actual service or hospital admission
- Procedure codes, up to a maximum of 10 per authorization request
- Date of proposed procedure, if applicable
- Diagnosis codes (primary and secondary), up to a maximum of six per authorization request
- Service location
- Inpatient (acute hospital, skilled nursing, hospice)
- Outpatient (telehealth, office, home, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center)

- Referral (office, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center, other)
- Tax ID and NPI number of treatment facility (where service is being rendered)
- Tax ID and NPI number of the provider performing the service
- Caller/requestor's name/telephone number
- Attending physician's telephone number
- Relevant clinical information
- Discharge plans

Submitting all relevant clinical information at the time of the request will facilitate a more expeditious determination. If additional clinical information is required, a Humana representative will request the specific information needed to complete the authorization process.

**How to request preauthorization:**

**Except where noted via links on the following pages, preauthorization requests for medical services** may be initiated:

- Online at Availity.com (registration required)
- By calling Humana's interactive voice response (IVR) line at 1-800-523-0023

**Please note:** Online preauthorization requests are encouraged. For certain PAL services requested via Availity, healthcare providers have the option to complete a questionnaire. The answers to the questionnaire may lead to a real-time approval. Even if an online approval is not provided immediately, the information on the questionnaire will help Humana expedite the review.

Except where noted via links on the following pages, preauthorization for **medications** may be initiated:

- By sending a fax to 1-888-447-3430 (request forms are available at Humana.com/medpa)
- By calling 1-866-461-7273 (available Monday through Friday, 6 a.m. to 8 p.m. Eastern time)

This list is subject to change with notification; however, this list may be modified throughout the year for additions of new-to-market medications or step therapy requirements for medications without notification via U.S. postal mail.

Medicare Advantage and Dual Medicare-Medicaid Plan Preauthorization and Notification List		
Category	Details/Notes	Codes
Abdominoplasty		15830, 15847
Ablation†	Includes cardiac ablation/electrophysiology study and ablation for bone, liver, kidney and prostate cancer†	20982, 20983, 47370, 47371, 47380, 47381, 47382, 47383, 50250, 50541, 50542, 50592, 50593, 53850, 53852, 53854, 55873, 93650, 93653, 93654, 93656, 0421T, 0582T
Behavioral health services	Partial hospitalization	912, 913, 915
	Transcranial magnetic stimulation (TMS)	90867, 90868, 90869, K1002
Bladder slings*		57288
Blepharoplasty		15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67950
Bone growth stimulators		20974 20975, 20979, E0747, E0748, E0749, E0760
Breast procedures	Breast cancer biopsy (excisional)†	19120, 19125
	Breast lumpectomy†	19301, 19302
	Other breast procedures (excludes breast reconstruction following medically necessary mastectomies for breast cancer)	11971, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19370, 19371, 19380, C1789, L8600
	Simple mastectomy and gynecomastia surgery (excludes radical and modified)†	19300, 19303
Capsule endoscopy		91110, 91111, 0355T
Cardiac devices†	Aorta Repair†*	33875, 33877, 33880, 33881, 33883, 33886, 34701, 34702, 34703, 34704, 34705, 34706,

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

		34830, 34831, 34832, 34841, 34842, 34843, 34845, 34846, 34847, 34848
	Cardiac implantable devices [e.g., CardioMems*, pacemakers, leadless pacemaker, left atrial appendage closure (LAAC), defibrillators (implantable and subcutaneous) and cardiac resynchronization therapy]†	33206, 33207, 33208, 33210, 33211, 33212, 33213, 33214, 33216, 33217, 33221, 33224, 33227, 33228, 33229, 33230, 33231, 33233, 33234, 33235, 33240, 33241, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 33289*, 33340, 0577T, 0572T, 0573T, 0574T, 0580T, 0614T, C1721, C1722, C1777, C1779, C1785, C1786, C1882, C1895, C1896, C1898, C1899, C1900, C2619, C2620, C2621
	Loop recorders†	33285, 33286
	Wearable cardiac devices (e.g., LifeVest®)†	93228, 93229, 93745, K0606, K0607, K0608, K0609
Cardiac procedures/surgeries†	Cardiac catheterizations†	93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93530, 93531, 93532, 93533, 93561, 93562
	Carotid Revascularization†*	35301, 37215, 37216, 37217, 37218
	Outpatient coronary angioplasty/stent†	92920, 92928, 92937, 92943, C9600, C9604, C9607
	Patent foramen ovale (PFO) and atrial septal defect (ASD) closure†*	93580
	Transcatheter valve surgeries (TMVR, TAVR/TAVI and MitraClip)†	33361, 33362, 33363, 33364, 33365, 33366, 33418, 0345T

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

Chemotherapy agents, supportive drugs and symptom management drugs category		This list is subject to change as new drugs are brought to market. Please follow link (left) for current codes.
Chimeric antigen receptor T-cell therapy (CAR-T)	Preauthorization requests will be reviewed by <b>Humana National Transplant Network</b> <ul style="list-style-type: none"> <li>• Submit by fax to 1-502-508-9300</li> <li>• Submit by telephone to 1-866-421-5663</li> <li>• Submit by email to <a href="mailto:transplant@humana.com">transplant@humana.com</a></li> </ul>	0537T, 0538T, 0539T, 0540T, Q2042, XW033C3, XW043C3
Cochlear and auditory brainstem implants		69930, L8614, L8615, L8616, L8617, L8618, L8619, L8625, L8627, L8628, S2235
<a href="#">Colonoscopy (repeat only)<sup>†*</sup></a>		45378, 45380
Cutaneous Vascular Lesion Removal*		17106, 17107, 17108
Decompression of peripheral nerve (e.g., carpal tunnel surgery)		29848, 64721
<a href="#">Diagnostic/cardiac imaging<sup>†</sup></a>	<a href="#">Computed tomography (CT) scan<sup>†</sup></a>	70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 75572, 75573, 75574, 75635, 76380
	<a href="#">Electrophysiology (EPS) or EPS with 3D mapping<sup>†</sup></a>	93600, 93602, 93603, 93610, 93612, 93618, 93619, 93620, 93624, 93631, 93640, 93641, 93642, 93644, 0577T

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

	Magnetic resonance angiogram (MRA)†	70544, 70545, 70546, 70547, 70548, 70549, 71555, 72159, 72198, 73225, 73725, 74185, C8900, C8901, C8902, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936
	Magnetic resonance imaging (MRI)†	70336, 70540, 70542, 70543, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 74712, 75557, 75559, 75561, 75563, 77046, 77047, 77048, 77049, 77084, C8903, C8905, C8906, C8908, C9762, C9763, S8037, S8042
	Myocardial perfusion imaging single photon emission computed tomography (MPI SPECT)†	78451, 78452
	Nuclear stress test†	78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 93350, 93351, C8928, C8930
	Outpatient transthoracic echocardiogram (TTE)†	93303, 93304, 93306, 93307, 93308, C8921, C8922, C8923, C8924, C8929
	Peripheral Angiography†*	36245, 36246, 36247

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

	Positron emission tomography (PET) scan/National Oncology PET Registry (NOPR)†	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252
	Single photon emission computerized tomography (SPECT) scan†	78494
	Transesophageal echocardiogram (TEE)†	93312, 93313, 93314, 93315, 93316, 93317, 93318, 93355, C8925, C8926, C8927
Electric beds		E0193, E0194, E0265, E0266, E0296, E0297, E0329
Emerging technology/new indications for existing technology		31647, 31648, 31649, 31651, 33289, 43284* 93264, C2624, 0446T, 0447T, 0448T
Epidural injections (outpatient only)	For the following states, Cohere will manage this service: AL, GA, IN, KY, MI, NC, OH, PA, SC, TN, VA, WV*  For all other states except HI and PR, OrthoNet will manage this is service	62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999
Esophagogastroduodenoscopy (EGD) †		43235, 43237, 43238, 43239, 43242, 43252, 43253, 43259
Facet injections	For the following states, Cohere will manage this service: AL, GA, IN, KY, MI, NC, OH, PA, SC, TN, VA, WV*  For all other states except HI and PR, OrthoNet will manage this is service	64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 64999, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T
Facility-based sleep studies (PSG)†		95807, 95808, 95810, 95811
Foot surgeries: bunionectomy and hammertoe	For the following states, Cohere will manage this service: AL, GA,	26535, 26536, 28110, 28240, 28285, 28289,

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

LC2318ALL0919-A GHHKNA9EN



	IN, KY , MI , NC, OH , PA, SC, TN , VA, WV*  For all other states except HI and PR, OrthoNet will manage this is service	28291, 28292, 28295, 28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, L8641
Gastric pacing		43647, 43648, 43881, 43882, 64590
High-frequency chest compression vests		E0483
Home health/home infusion	myNEXUS will review preauthorization requests and medical necessity for home health services for patients with Humana MA coverage residing in Oklahoma, Texas Georgia and South Carolina and effective January 1, 2021 Ohio and 5 counties in Northern Kentucky which include Boone, Campbell, Grant, Kenton and Pendleton  <b>Please note:</b> This requirement excludes patients with Humana MA PFFS coverage.	99512, 99600, G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169, S0270, S0271, S0272, S0273, S0274, S5108, S5109, S5110, S5111, S5115, S5116, S5180, S5181, S9001, S9097, S9098, S9122, S9123, S9124, S9125, S9127, S9128, S9129, S9131, S9208, S9209, S9211, S9212, S9213, S9214, T1000, T1004, T1005, T1021, T1022, T1028, T1030, T1031, T1502, T1503
Hyperbaric therapy		99183, G0277
Infertility testing and treatment		52402, 54800, 54840, 55400, 55550, 55870, 58321, 58322, 58323, 58340, 58345, 58350, 58555, 58559, 58560, 58660, 58662, 58672, 58673, 58740, 58750, 58752, 58760, 58770, 58900, 58970, 58974, 58976, 74740, 74742, 76831, 76856, 76857, 76948, 80414, 80415, 80426, 82757, 84830,

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

		89250, 89251, 89253, 89254, 89255, 89257, 89258, 89259, 89260, 89261, 89264, 89268, 89272, 89280, 89290, 89291, 89300, 89310, 89320, 89321, 89322, 89325, 89329, 89330, 89331, 89342, 89343, 89344, 89346, 89398, G0027, Q0115, S3655, S4011, S4013, S4014, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4026, S4027, S4028, S4030, S4031, S4035, S4037, S4040, S4042
Inpatient admissions	Acute hospital (includes inpatient hospice)	All
	Acute rehab facilities	
	Long-term acute care	
	<a href="#">Mental health, substance use and residential treatment</a>	
	Skilled nursing facilities	
<a href="#">Lung biopsy and resection†</a>		32096, 32097, 32505, 32607, 32608, 32666
Micro Invasive Glaucoma Surgery (MIGs)*		0191T, 0253T, 0376T, 0449T, 0450T, 0474T
<a href="#">Molecular diagnostic/genetic testing</a>		81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81168, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81191, 81192, 81193, 81194, 81200, 81201, 81202, 81203, 81204, 81205,

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

		81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81265, 81266, 81269, 81271, 81272, 81273, 81274, 81275, 81276, 81277, 81278, 81279, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81338, 81339, 81343, 81344, 81345, 81346, 81347, 81348, 81350, 81351, 81352, 81353, 81355, 81357, 81360, 81361, 81362, 81363, 81364, 81374,
--	--	---

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

LC2318ALL0919-A GHKNA9EN

		81376, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81419, 81420, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81443, 81445, 81448, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81490, 81493, 81500, 81503, 81504, 81507, 81518, 81519, 81520, 81521, 81522, 81525, 81529, 81535, 81536, 81538, 81540, 81541, 81542, 81546, 81551, 81552, 81554, 81599, 83006, 83080, 83951, 86316, 88120, 88121, 88269, 88271, 88272, 88273, 88274, 88275, 88299, 88364, 88366, 88374, 88377, 0004M, 0007M, 0011M, 0012M, 0013M, 0016M, 0017M, 0005U, 0009U, 0012U, 0013U, 0014U, 0017U, 0018U, 0019U, 0021U, 0022U, 0023U, 0024U, 0025U, 0026U, 0029U, 0030U, 0031U, 0032U, 0033U, 0035U, 0036U, 0037U, 0038U, 0045U, 0047U, 0048U, 0049U, 0050U, 0051U, 0052U, 0053U, 0054U, 0055U, 0056U, 0058U, 0059U, 0060U, 0061U, 0062U, 0063U, 0067U,
--	--	--

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

LC2318ALL0919-A GHHKNA9EN

		0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0078U, 0079U, 0089U, 0090U, 0091U, 0092U, 0094U, 0101U, 0102U, 0103U, 0111U, 0114U, 0120U, 0129U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, 0153U, 0154U, 0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0168U, 0169U, 0170U, 0171U, 0172U, 0173U, 0175U, 0177U, 0179U, 0195U, 0203U, 0204U, 0205U, 0208U, 0209U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, S3800, S3840, S3841, S3842, S3844, S3845, S3846, S3849, S3850, S3852, S3853, S3854, S3861, S3865, S3866, S3870
Negative pressure wound therapy (NPWT)		97605, 97606, A6550, E2402, K0743
Neuromuscular stimulators	For the following states, Cohere will manage this service: AL, GA, IN, KY, MI, NC, OH, PA, SC, TN, VA, WV*  All other states please contact Humana	E0764, E0770
Neurostimulators	Process change; this was formerly reviewed by OrthoNet and will now be reviewed by Humana)	61860, 61863, 61867, 61885, 61886, 64553, 64561, 64566, 64568, 64581, 64590,

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

LC2318ALL0919-A GHKNA9EN

		E0787, 0588T, C1767, C1787, L8683
Noninvasive home ventilators		E0466
Obesity surgeries		43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 0312T, 0313T, 0314T, 0315T, 0316T, 0317T
Observation stays	Notification requested	All
Oral, orthognathic, temporomandibular joint (TMJ) surgeries		20910, 21010, 21050, 21060, 21070, 21085, 21100, 21110, 21116, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21210, 21215, 21240, 21242, 21243, 21244, 21247, 29800, 29804
Orthopedic Surgeries: Hip, Knee and Shoulder Arthroplasty*	For the following states, Cohere will manage this service: AL, GA, IN, KY , MI , NC, OH , PA, SC, TN , VA, WV  For all other states no preauth is required.	23472, 23473, 23474, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487
Orthopedic surgeries: hip, knee and shoulder arthroscopy	For the following states, Cohere will manage this service: AL, GA, IN, KY , MI , NC, OH , PA, SC, TN , VA, WV*  For all other states except HI and PR, OrthoNet will manage this is service	23929, 27299, 27412, 27599, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29850, 29851, 29860, 29861, 29862, 29863, 29866, 29867, 29868, 29870, 29871, 29873, 29874, 29875, 29876, 29877,

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

		29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29914, 29915, 29916, 29999, J7330, S2112, S2300
Other durable medical equipment (DME)		A9274, A9276, A9277, A9278, E0270, E0277, E0300, E0301, E0302, E0303, E0304, E0316, E0328, E0371, E0372, E0373, E0462, E0481, E0482*, E0486, E0637, E0638, E0641, E0642, E0650, E0651, E0652, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676, E0691, E0692, E0693, E0694*, E0762, E0766, E0784, E0787, E0791, E0912, E2402, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2599, K0553, K0554, K0743, K0900, K1007, K1009, L0452, L0456, L0457, L0458, L0460, L0462, L0464, L0480, L0482, L0484, L0486, L0488, L0624, L0629, L0631, L0632, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0700, L0710, L0810, L0820, L0830, L0859, L0999, L1000, L1200, L1300, L1310, L1499, L1680, L1685, L1686, L1690, L1700, L1710, L1720, L1730, L1755, L1834, L1840, L1843, L1844, L1845, L1846, L1848, L1851, L1852,

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

LC2318ALL0919-A GHHKNA9EN

		L1860, L1907, L1932, L1945, L1950, L1951, L1960, L1970, L2000, L2005, L2006, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2060, L2106, L2108, L2126, L2128, L2132, L2134, L2136, L2350, L2525, L2526, L2627, L2628, L2999, L3671, L3674, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3900, L3901, L3904, L3905, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3999, L4631, L8683, L8701, L8702, S1030, S1031, S1034, S1035, S1036, S1037, S8130, S8131, V5336
Otoplasty		69300, 69320
Pain infusion pump	For the following states, Cohere will manage this service: AL, GA, IN, KY, MI, NC, OH, PA, SC, TN, VA, WV*  For all other states except HI and PR, OrthoNet will manage this service	62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, E0782, E0783, E0785, E0786
Penile implant		54400, 54401, 54405, C1813, C2622
Peripheral revascularization (atherectomy, angioplasty)†		37220*, 37221*, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 0505T
Prostate surgeries (prostatectomy)†		55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, 55866, 55880
Prosthetics		21081, 21082, 21084, A9282, L3250, L5000, L5010, L5020, L5050,

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).



		L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5420, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5668, L5670, L5671, L5672, L5673, L5676, L5677, L5678, L5679, L5681, L5682, L5683, L5684, L5685, L5686, L5688, L5690, L5692, L5694, L5695, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848,
--	--	--

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

LC2318ALL0919-A GHHKNA9EN

		L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, L5930, L5940, L5950, L5960, L5961, L5962, L5964, L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5999, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6696, L6697, L6698, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6880, L6881, L6882,
--	--	--

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

LC2318ALL0919-A GHHKNA9EN

		L6883, L6884, L6885, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L7510, L7520, L7600, L8035, L8499
Radiation therapy†		32701, 61796, 61798, 63620, 77371, 77372, 77373, 77385, 77386, 77401, 77402, 77407, 77412, 77423, 77424, 77425, 77520, 77522, 77523, 77525, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, G0339, G0340, G0458, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016
Rhinoplasty		30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468
Routine maternity care	Notification requested	All
SI Joint Injections*	For the following states, Cohere will manage this service: AL, GA, IN, KY , MI , NC, OH , PA, SC, TN , VA, WV  For all other states no preauth is required.	27096
Skin and tissue substitutes		C1849, C9354, C9358, C9360, C9361, C9363, C9364, Q4100, Q4101,

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

		Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116**, Q4117, Q4118, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128**, Q4130, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4226, Q4227, Q4228, Q4229, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4236, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246,
--	--	--

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

LC2318ALL0919-A GHHKNA9EN

		<p>Q4247, Q4248, Q4249, Q4250, Q4254, Q4255</p> <p>**For codes Q4116 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.</p>
Spinal cord stimulators	<p>For the following states, Cohere will manage this service: AL, GA, IN, KY , MI , NC, OH , PA, SC, TN , VA, WV*</p> <p>For all other states except HI and PR, OrthoNet will manage this is service</p>	<p>63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8680, L8682, L8685, L8686, L8687, L8688</p>
Spinal fusion, decompression, kyphoplasty and vertebroplasty	<p>For the following states, Cohere will manage this service: AL, GA, IN, KY , MI , NC, OH , PA, SC, TN , VA, WV*</p> <p>For all other states except HI and PR, OrthoNet will manage this is service</p>	<p>20999, 22100*, 22101*, 22102*, 22103, 22116, 22206*, 22207*, 22208, 22210*, 22212*, 22214*, 22216, 22222, 22226, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 22861, 22862, 22867, 22868, 22869, 22870, 22899, 27279, 27280, 62287, 62380, 63001,</p>

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

LC2318ALL0919-A GHHKNA9EN

		63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 0095T, 0098T, 0163T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 0275T, C1821, C2614, C9757, S2348, S2350, S2351
Surgery for obstructive sleep apnea		21685, 41512, 41530, 41599, 42140, 42145, 42299, 42950, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0466T, 0467T, 0468T, C9727, S2080

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

LC2318ALL0919-A GHKNA9EN

Surgical nasal/sinus endoscopic procedures and balloon sinus ostial dilation	Excludes diagnostic nasal/sinus endoscopies	31237, 31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 69705, 69706,
Therapy (physical, speech and occupational)	<p>For the following states, Cohere will manage this service: GA, IN, KY, MI, NC, OH, PA, SC, TN, VA, WV (AL is excluded)*</p> <p>For all other states except HI and PR, OrthoNet will manage this service</p> <p>Therapy is managed by OrthoNet unless services are provided in the home, in which case home health requirements should be followed.</p>	420, 421, 422, 423, 424, 429, 430, 431, 432, 433, 434, 439, 440, 441, 442, 443, 444, 449, 92507, 92508, 92520, 92526, 92606, 92609, 92630, 92633, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97129, 97130, 97139, 97140, 97150, 97164, 97168, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97750, 97755, 97760, 97761, 97763, 97799, G0129, G0283, S9152, V5362, V5363, V5364
Thyroid surgeries (thyroidectomy and lobectomy)†		60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271
Transplant surgeries		32850, 32851, 32852, 32853, 32854, 33927, 33928, 33929, 33935, 33945, 38230, 38232, 38240, 38241, 38243, 47135, 48160, 48550, 48554, 48556, 50360, 50365, 50370, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81595, 0494T,

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

		0495T, 0496T, 0584T, 0585T, 0586T, L8698, S9975
Varicose vein: surgical treatment and sclerotherapy		36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T, S2202
Ventricular assist devices (VADs)	Percutaneous ventricular assist devices (VADs)†	33990, 33991, 33995
	Ventricular assist devices (VADs)	33975, 33976, 33979, 33981, 33982, 33983, 0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T, Q0477, Q0480, Q0481, Q0482, Q0483, Q0484, Q0485, Q0486, Q0487, Q0488, Q0489, Q0490, Q0491, Q0492, Q0493, Q0494, Q0495, Q0496, Q0497, Q0498, Q0499, Q0500, Q0501, Q0502, Q0503, Q0504, Q0506, Q0507, Q0508, Q0509
Viscosupplementation (musculoskeletal)*	<p>For the following states, Cohere will manage this service: AL, GA, IN, KY, MI, NC, OH, PA, SC, TN, VA, WV</p> <p>For all other states no preauth is required.</p>	Preauthorization required for 20610–20611 when used for viscosupplementation procedures regardless of viscosupplementation agent.
Wheelchairs/scooters		E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1161, E1220, E1229, E1231, E1234, E1235, E1239,

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).



		E2207, E2300, E2310, E2311, E2312, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2331, E2343, E2351, E2358, E2359, E2360, E2362, E2364, E2368, E2369, E2375, E2376, E2383, E2398, K0005, K0008, K0009, K0010, K0011, K0012, K0013, K0014, K0669, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899
--	--	---

\*New preauthorization requirement

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

LC2318ALL0919-A GHHKNA9EN

<b>Medicare Advantage and Dual Medicare-Medicaid Plan Medication Preauthorization List</b>		
Category	Details	Comments
Specialty drugs	<p><b>Preauthorization is required for the below list of specialty drugs when delivered in the physician’s office, clinic, outpatient or home setting.</b></p> <p>To request preauthorization or provide notification, please click <a href="#">here</a> to access the fax forms.</p>	<p>Physicians and other healthcare providers must contact Humana (not New Century Health or Oncology Analytics) if any chemotherapy agent, supportive drug, symptom management drug or any other drug listed on Humana’s medication preauthorization list is used for the treatment of:</p> <ul style="list-style-type: none"> <li>• Non-oncologic disorders</li> <li>• Oncologic disorders for Humana-covered patients younger than 18</li> <li>• Oncologic disorders for Humana-covered patients enrolled in a clinical trial</li> </ul> <p>For more details on preauthorization requests for chemotherapy agents, supportive drugs and symptom management drugs reviewed by New Century Health or Oncology Analytics, <a href="#">click here</a>.</p>

\*New preauthorization requirement

▲ New-to-market drug addition

<sup>1</sup>All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

#Step therapy required through a Humana preferred drug as part of preauthorization.

\*\*Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 1-502-508-9300, telephone at 1-866-421-5663 or email to [transplant@humana.com](mailto:transplant@humana.com).

**Medicare Advantage and Dual Medicare-Medicaid Plan  
Medication Preauthorization List**

To request preauthorization or provide notification, please click [here](#) to access the fax forms

Brand	Generic	Codes
<b>Abraxane<sup>#</sup></b>	paclitaxel-nab <sup>#</sup>	J9264
<b>Actemra IV<sup>#</sup></b>	tocilizumab <sup>#</sup>	J3262
<b>Adakveo<sup>▲,1</sup></b>	crizanlizumab-tmca <sup>▲,1</sup>	J0791
<b>Adcetris</b>	brentuximab vedotin	J9042
<b>Akynzeo IV</b>	fosnetupitant and palonosetron	J1454
<b>Aldurazyme</b>	laronidase	J1931
<b>Alimta</b>	pemetrexed	J9305
<b>Aliqopa</b>	copanlisib	J9057
<b>Aloxi</b>	palonosetron	J2469
<b>Aralast NP<sup>1,#</sup></b>	alpha 1-proteinase inhibitor <sup>1,#</sup>	J0256
<b>Aranesp<sup>#</sup></b>	darbeoetin alfa <sup>#</sup>	J0881, J0882
<b>Arcalyst</b>	rilonacept	J2793
<b>Arzerra</b>	ofatumumab	J9302
<b>Asparlas<sup>▲</sup></b>	calaspargase pegol-mknl <sup>▲</sup>	J9118
<b>Atgam</b>	lymphocyte immune globulin	J7504
<b>Avastin (oncology only)</b>	bevacizumab (oncology only)	C9257, J9035
<b>Aveed</b>	testosterone undecanoate	J3145
<b>Avsola<sup>▲,1,#</sup></b>	infliximab-axxq <sup>▲,1,#</sup>	Q5121
<b>Azedra</b>	iobenguane I 131	A9590, C9407, C9408
<b>Bavencio</b>	avelumab	J9023
<b>Beleodaq</b>	belinostat	J9032
<b>Belrapzo<sup>1</sup></b>	bendamustine hydrochloride <sup>1</sup>	J9036
<b>Bendamustine<sup>1</sup></b>	bendamustine hydrochloride <sup>1</sup>	, J9036
<b>Bendeka</b>	bendamustine hydrochloride	J9034
<b>Benlysta</b>	belimumab	C9399, J0490, J3590
<b>Beovu<sup>▲,#</sup></b>	brolocizumab-dbli <sup>▲,#</sup>	J0179
<b>Beriner<sup>#</sup></b>	c1 esterase inhibitor <sup>#</sup>	J0597
<b>Besponsa</b>	inotuzumab ozogamicin	J9229

\*New preauthorization requirement

▲ New-to-market drug addition

<sup>1</sup>All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

<sup>#</sup>Step therapy required through a Humana preferred drug as part of preauthorization.

<sup>\*\*</sup>Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 1-502-508-9300, telephone at 1-866-421-5663 or email to [transplant@humana.com](mailto:transplant@humana.com).

**Medicare Advantage and Dual Medicare-Medicaid Plan  
Medication Preauthorization List**

To request preauthorization or provide notification, please click [here](#) to access the fax forms

Brand	Generic	Codes
<b>Blenrep<sup>▲,1</sup></b>	belantamab mafodotin-blmf <sup>▲,1</sup>	C9069, C9399, J3490, J3590, J9999
<b>Blincyto</b>	blinatumomab	J9039
<b>Blood-clotting factors</b> (See list on Pages 37 to 39)		
<b>Bortezomib<sup>1</sup></b>	bortezomib <sup>1</sup>	J9044
<b>Botox</b>	onabotulinumtoxinA	J0585
<b>Brineura</b>	cerliponase alfa	J0567
<b>Breyanzi<sup>▲,1, ++</sup></b>	lisocabtagene maraleucel <sup>▲,1, ++</sup>	C9399, J3490, J9999
<b>Brovana<sup>*,#</sup></b>	arformoterol tartrate <sup>*,#</sup>	J7605
<b>Cerezyme</b>	imiglucerase	J1786
<b>Cimzia</b>	certolizumab pegol	J0717
<b>Cinqair</b>	reslizumab	J2786
<b>Cinryze<sup>#</sup></b>	c1 esterase inhibitor <sup>#</sup>	J0598
<b>Cinvanti</b>	aprepitant	J0185
<b>Crysvita</b>	burosumab-twza	J0584
<b>Cyklokapron<sup>1</sup></b>	tranexamic acid <sup>1</sup>	J3490
<b>Cyramza</b>	ramucirumab	J9308
<b>CytoGam</b>	cytomegalovirus immune globulin	90291, J0850
<b>Dacogen<sup>#</sup></b>	decitabine <sup>#</sup>	J0894
<b>Darzalex</b>	daratumumab	J9145
<b>Darzalex Faspro<sup>▲,1</sup></b>	daratumumab and hyaluronidase-fihj <sup>▲,1</sup>	J9144
<b>Danyelza<sup>*,▲,1</sup></b>	naxitamab-gqgk <sup>*,▲,1</sup>	C9399, J3490, J3590, J9999
<b>Defitelio<sup>1</sup></b>	defibrotide sodium <sup>1</sup>	C9399, J3490
<b>Doxil<sup>#</sup></b>	doxorubicin <sup>#</sup>	Q2050
<b>Duopa</b>	carbidopa / levodopa	J7340
<b>Dupixent<sup>1</sup></b>	dupilumab <sup>1</sup>	C9399, J3590,
<b>Durolane<sup>#</sup></b>	hyaluronic acid, stabilized <sup>#</sup>	J7318
<b>Durysta<sup>▲,1</sup></b>	bimatoprost implant <sup>▲,1</sup>	J7351

\*New preauthorization requirement

▲ New-to-market drug addition

<sup>1</sup>All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

<sup>#</sup>Step therapy required through a Humana preferred drug as part of preauthorization.

<sup>++</sup>Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 1-502-508-9300, telephone at 1-866-421-5663 or email to [transplant@humana.com](mailto:transplant@humana.com).

Medicare Advantage and Dual Medicare-Medicaid Plan Medication Preauthorization List		
To request preauthorization or provide notification, please click <a href="#">here</a> to access the fax forms		
Brand	Generic	Codes
Dysport	abobotulinumtoxin A	J0586
Elaprase	idursulfase	J1743
Elleyso	taliglucerase alfa	J3060
Elitek	rasburicase	J2783
Elzonris	tagraxofusp-erzs	J9269
Empliciti	elotuzumab	J9176
Enhertu <sup>▲,1</sup>	fam-trastuzumab deruxtecan-nxki <sup>▲,1</sup>	J9358
Enspryng <sup>▲,1</sup>	satralizumab-mwge <sup>▲,1</sup>	C9399, J3490, J3590
Entyvio <sup>#</sup>	vedolizumab <sup>#</sup>	J3380
Epogen <sup>1,#</sup>	epoetin alfa <sup>1,#</sup>	J0885, Q4081
Erbitux	cetuximab	J9055
Erwinaze	asparaginase erwinia chrysanthemi	J9019
Eskata <sup>1</sup>	hydrogen peroxide <sup>1</sup>	C9399, J3490
Euflexxa <sup>#</sup>	hyaluronate sodium <sup>#</sup>	J7323
Evenity	romosozumab-aqqg	J3111
Evomela <sup>1</sup>	melphalan <sup>1</sup>	J9246
Exondys 51	eteplirsen	J1428
Eylea <sup>#</sup>	aflibercept <sup>#</sup>	J0178
Fabrazyme	agalsidase beta	J0180
Fasenra	benralizumab	J0517
Faslodex	fulvestrant	J9395
Fensolvi <sup>1</sup>	leuprolide acetate <sup>1</sup>	J1950
Firazyr <sup>1,#</sup>	icatibant <sup>1,#</sup>	J1744
Flolan <sup>1</sup>	epoprostenol (injection) <sup>1</sup>	J1325, J3490, S0155
Folotyng	pralatrexate	J9307
Fulphila	pegfilgrastim-jmdb	Q5108
Fusilev <sup>1</sup>	levoleucovorin calcium <sup>1</sup>	J0641

\*New preauthorization requirement

▲ New-to-market drug addition

<sup>1</sup>All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

<sup>#</sup>Step therapy required through a Humana preferred drug as part of preauthorization.

<sup>\*\*</sup>Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 1-502-508-9300, telephone at 1-866-421-5663 or email to [transplant@humana.com](mailto:transplant@humana.com).

<b>Medicare Advantage and Dual Medicare-Medicaid Plan</b> <b>Medication Preauthorization List</b> To request preauthorization or provide notification, please click <a href="#">here</a> to access the fax forms		
Brand	Generic	Codes
Gamifant	emapalumab-lzsg	J9210
Gattex <sup>1</sup>	teduglutide <sup>1</sup>	C9399, J3490
Gazyva	obinutuzumab	J9301
Gel-One <sup>#</sup>	sodium hyaluronate <sup>#</sup>	J7326
Gelsyn-3 <sup>#</sup>	sodium hyaluronate <sup>#</sup>	J7328
Genvisc 850 <sup>#</sup>	sodium hyaluronate <sup>#</sup>	J7320
Givlaari <sup>▲,1</sup>	givosiran <sup>▲,1</sup>	J0223
Glassia <sup>#</sup>	alpha 1-proteinase inhibitor <sup>#</sup>	J0257
Granix <sup>#</sup>	tbo-filgrastim <sup>#</sup>	J1447
Growth hormones: Genotropin, Humatrope, Norditropin FlexPro, Nutropin AQ NuSpin, Omnitrope, Saizen, Serostim, Zomacton, Zorbtive	somatropin	J2941
Haegarda	c1 esterase inhibitor subcutaneous	J0599
H.P. Acthar Gel	corticotropin	J0800
Herceptin	trastuzumab	J9355
Herceptin Hylecta <sup>1,#</sup>	trastuzumab and hyaluronidase-oysk <sup>1,#</sup>	J9356
Herzuma <sup>▲,#</sup>	trastuzumab-pkrb <sup>▲,#</sup>	Q5113
Hyalgan <sup>1,#</sup>	sodium hyaluronate <sup>1,#</sup>	J7321
Hydroxyprogesterone <sup>1</sup>	hydroxyprogesterone caproate <sup>1</sup>	C9399, J3490, J1729
Hymovis <sup>#</sup>	sodium hyaluronate <sup>#</sup>	J7322
Ilaris	canakinumab	J0638
Ilumya <sup>#</sup>	tildrakizumab-asmn <sup>#</sup>	J3245
Iluvien	fluocinolone acetonide	J7313
Imfinzi	durvalumab	J9173
Imlygic	talimogene laherparepvec	J9325

\*New preauthorization requirement

▲ New-to-market drug addition

<sup>1</sup>All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

<sup>#</sup>Step therapy required through a Humana preferred drug as part of preauthorization.

<sup>\*\*</sup>Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 1-502-508-9300, telephone at 1-866-421-5663 or email to [transplant@humana.com](mailto:transplant@humana.com).

**Medicare Advantage and Dual Medicare-Medicaid Plan  
Medication Preauthorization List**

To request preauthorization or provide notification, please click [here](#) to access the fax forms

Brand	Generic	Codes
<b>Immune Globulin<sup>1</sup>: Asceniv<sup>▲</sup>, Bivigam, Carimune NF, Cutaquig<sup>▲</sup>, Cuvitru, Flebogamma DIF, Gamastan S/D, Gammagard S/D, Gammagard Liquid, Gammaked, Gammaplex, Gamunex-C, Hizentra, HyQvia, Octagam, Panzyga<sup>▲</sup>, Privigen</b>	immune globulin <sup>1</sup>	90283, 90284, C9072, C9399 J1575, J1459, J1460, J1555, J1556, J1557, J1559, J1560, J1561, J1562, J1566, J1568, J1569, J1572, J1599, J3590
<b>Inflectra</b>	infliximab-dyyb	Q5103
<b>Infugem</b>	gemcitabine	J9198
<b>Istodax<sup>1</sup></b>	romidespin <sup>1</sup>	J9315
<b>Ixempra</b>	ixabepilone	J9207
<b>Jelmyto<sup>▲,1</sup></b>	mitomycin <sup>▲,1</sup>	J9281
<b>Jevtana</b>	ixabepilone	J9043
<b>Kadcyla</b>	ado-trastuzumab emtansine	J9354
<b>Kalbitor<sup>#</sup></b>	ecallantide <sup>#</sup>	J1290
<b>Kanjinti<sup>▲</sup></b>	trastuzumab-anns <sup>▲</sup>	Q5117
<b>Kanuma</b>	sebelipase alfa	J2840
<b>Keytruda</b>	pembrolizumab	J9271
<b>Khapzory</b>	levoleucovorin	J0642
<b>Krystexxa</b>	pegloticase	J2507
<b>Kymriah<sup>++</sup></b>	tisagenlecleucel <sup>++</sup>	Q2042
<b>Kyprolis</b>	carfilzomib	J9047
<b>Lartruvo</b>	olaratumab	J9285
<b>Lemtrada</b>	alemtuzumab	J0202
<b>Leukine</b>	sargramostim	J2820
<b>Levoleucovorin<sup>1</sup></b>	levoleucovorin calcium <sup>1</sup>	J0641
<b>Libtayo</b>	cemiplimab-rwlc	J9119

\*New preauthorization requirement

<sup>▲</sup> New-to-market drug addition

<sup>1</sup>All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

<sup>#</sup>Step therapy required through a Humana preferred drug as part of preauthorization.

<sup>++</sup>Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 1-502-508-9300, telephone at 1-866-421-5663 or email to [transplant@humana.com](mailto:transplant@humana.com).

<b>Medicare Advantage and Dual Medicare-Medicaid Plan</b> <b>Medication Preauthorization List</b> To request preauthorization or provide notification, please click <a href="#">here</a> to access the fax forms		
Brand	Generic	Codes
Lucentis <sup>#</sup>	ranibizumab <sup>#</sup>	J2778
Lumizyme	alglucosidase alfa	J0221
Lumoxiti	moxetumomab pasudotox-tdfk	J9313
Lutathera <sup>#</sup>	lutetium Lu 177 dotatate <sup>#</sup>	A9513
Luxturna	voretigene neparvovec-rzyl	J3398
Macrilen <sup>1</sup>	macimorelin <sup>1</sup>	C9399, J8499
Macugen <sup>#</sup>	pegaptanib sodium <sup>#</sup>	J2503
Makena <sup>1</sup>	hydroxyprogesterone caproate <sup>1</sup>	J1726
Marqibo <sup>#</sup>	vincristine sulfate <sup>#</sup>	J9371
Mepsevii	vestronidase alfa-vj bk	J3397
Mircera	methoxy polyethylene glycol – epoetin beta	J0887, J0888
Monjuvi <sup>▲,1</sup>	tafasitamab-cxix <sup>▲,1</sup>	C9070, C9399, J3400, J3590, J9999
Mozobil	plerixafor	J2562
Mvasi <sup>▲ (oncology only)</sup>	Bevacizumab-awwb <sup>▲ (oncology only)</sup>	Q5107
Mylotarg	gemtuzumab ozogamicin	J9203
Myobloc	rimabotulinumtoxinB	J0587
Naglazyme	galsulfase	J1458
Neulasta <sup>1</sup>	pegfilgrastim <sup>1</sup>	J2505
Neulasta Onpro <sup>1</sup>	pegfilgrastim <sup>1</sup>	J2505
Neupogen	filgrastim	J1442
Nivestym	filgrastim-aafi	Q5110
Nplate	romiplostim	J2796
Nucala	mepolizumab	J2182
Nulojix	belatacept	J0485
Nyvepria <sup>*,▲,1,#</sup>	pegfilgrastim-apfg <sup>*,▲,1,#</sup>	Q5122
Ocrevus	ocrelizumab	J2350
Ogivri <sup>▲,#</sup>	trastuzumab-dkst <sup>▲,#</sup>	Q5114

\*New preauthorization requirement

▲ New-to-market drug addition

<sup>1</sup>All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

<sup>#</sup>Step therapy required through a Humana preferred drug as part of preauthorization.

<sup>\*\*</sup>Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 1-502-508-9300, telephone at 1-866-421-5663 or email to [transplant@humana.com](mailto:transplant@humana.com).



**Medicare Advantage and Dual Medicare-Medicaid Plan  
Medication Preauthorization List**

To request preauthorization or provide notification, please click [here](#) to access the fax forms

Brand	Generic	Codes
Oncaspar	pegaspargase	J9266
Onivyde	irinotecan liposome injection	J9205
Onpattro	patisiran	J0222
Ontruzant <sup>▲,#</sup>	trastuzumab-dttb <sup>▲,#</sup>	Q5112
Opdivo	nivolumab	J9299
Orencia IV <sup>#</sup>	abatacept <sup>#</sup>	J0129
Oxlumo <sup>*,▲,1</sup>	lumasiran <sup>*,▲,1</sup>	C9399, J3490
Ozurdex	dexamethasone intravitreal implant	J7312
Padcev <sup>▲,1</sup>	enfortumab vedotin-ejfv <sup>▲,1</sup>	J9177
Palynziq <sup>1</sup>	pegvaliase-pqpz <sup>1</sup>	C9399, J3490, J3590
Parsabiv	etelcalcetide	J0606
Perjeta	pertuzumab	J9306
Phesgo <sup>▲,1</sup>	pertuzumab, trastuzumab, and hyaluronidase-zzxf <sup>▲,1</sup>	J9316
Polivy	polatuzumab vedotin-piiq	J9309
Portrazza	necitumumab	J9295
Poteligeo	mogamulizumab-kpkc	J9204
Prevymis <sup>1</sup>	letermovir <sup>1</sup>	C9399, J3490, J8499
Prialt	ziconotide	J2278
Probuphine	buprenorphine subdermal implant	J0570
Procrit <sup>1,#</sup>	epoetin alfa <sup>1,#</sup>	J0885, J0886, Q4081
Prolastin-C <sup>1,#</sup>	alpha 1-proteinase inhibitor <sup>1,#</sup>	J0256
Prolia <sup>*,#</sup>	denosumab <sup>*,#</sup>	J0897
Provenge	sipuleucel-T	Q2043
Qutenza	capsaicin/skin cleanser	J7336
Radicava	edaravone	J1301
Reblozyl <sup>▲,1</sup>	luspatercept-aamt <sup>▲,1</sup>	J0896
Remicade	infliximab	J1745

\*New preauthorization requirement

▲ New-to-market drug addition

<sup>1</sup>All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

<sup>#</sup>Step therapy required through a Humana preferred drug as part of preauthorization.

<sup>\*\*</sup>Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 1-502-508-9300, telephone at 1-866-421-5663 or email to [transplant@humana.com](mailto:transplant@humana.com).

**Medicare Advantage and Dual Medicare-Medicaid Plan  
Medication Preauthorization List**

To request preauthorization or provide notification, please click [here](#) to access the fax forms

Brand	Generic	Codes
Remodulin <sup>1</sup>	treprostinil (injection) <sup>1</sup>	J3285, J3490
Renflexis <sup>#</sup>	infliximab-abda <sup>#</sup>	Q5104
Retacrit	epoetin alfa-epbx	Q5105, Q5106
Retisert	fluocinolone acetonide	J7311
Revatio <sup>1</sup>	sildenafil citrate (injection) <sup>1</sup>	J3490, J8499
Riabni <sup>▲,1,#</sup>	rituximab-arrx <sup>▲,1,#</sup>	C9399, J3490, J3590, J9999
Rituxan <sup>#</sup>	rituximab <sup>#</sup>	J9312
Rituxan Hycela <sup>#</sup>	rituximab/hyaluronidase human <sup>#</sup>	J9311
Romidespin <sup>1</sup>	romidespin <sup>1</sup>	C9065
Ruconest	c1 esterase inhibitor	J0596
Ruxience <sup>▲,1</sup>	rituximab-pvvr <sup>▲,1</sup>	Q5119
Sandostatin LAR	octreotide	J2353
Sarclisa <sup>▲,1</sup>	isatuximab-irfc <sup>▲,1</sup>	J9227
Scenesse <sup>▲,1</sup>	afamelanotide <sup>▲,1</sup>	J7352
Signifor LAR <sup>#</sup>	pasireotide <sup>#</sup>	J2502
Simponi ARIA	golimumab	J1602
Sinuva	mometasone furoate	C9122, J3490, J7401
Sodium Hyaluronate <sup>▲,1,#</sup>	hyaluronate sodium <sup>▲,1,#</sup>	C9399, J3490
Soliris	eculizumab	J1300
Somatuline Depot	lanreotide	J1930
Spinraza	nusinersen	J2326
Spravato <sup>1</sup>	esketamine <sup>1</sup>	C9399, S0013, J3490
Stelara (IV only)	ustekinumab (IV only)	J3358
Strensiq <sup>1</sup>	asfotase alfa <sup>1</sup>	C9399, J3590
Sublocade	buprenorphine extended-release	Q9991, Q9992
Supartz FX <sup>1,#</sup>	sodium hyaluronate <sup>1,#</sup>	J7321
Sustol	granisetron	J1627
Sylatron <sup>1</sup>	peginterferon alfa-2b <sup>1</sup>	C9399, J9999
Sylvant	siltuximab	J2860

\*New preauthorization requirement

▲ New-to-market drug addition

<sup>1</sup>All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

<sup>#</sup>Step therapy required through a Humana preferred drug as part of preauthorization.

<sup>\*\*</sup>Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 1-502-508-9300, telephone at 1-866-421-5663 or email to [transplant@humana.com](mailto:transplant@humana.com).

<b>Medicare Advantage and Dual Medicare-Medicaid Plan</b> <b>Medication Preauthorization List</b> To request preauthorization or provide notification, please click <a href="#">here</a> to access the fax forms		
Brand	Generic	Codes
Synagis	palivizumab	90378
Synribo	omacetaxine mepesuccinate	J9262
Synvisc <sup>1,#</sup>	hylan G-F 20 <sup>1,#</sup>	J7325
Synvisc-One <sup>1,#</sup>	hyaluronan <sup>1,#</sup>	J7325
Takhzyro <sup>#</sup>	lanadelumab-flyo <sup>#</sup>	J0593
Tecartus <sup>▲,++</sup>	brexucabtagene autovecel <sup>▲,++</sup>	C9073, C9399, J3930, J9999
Tecentriq	atezolizumab	J9022
Tegsedi <sup>1</sup>	inotersen <sup>1</sup>	C9399, J3940
Tepezza <sup>▲,1</sup>	teprotumumab-trbw <sup>▲,1</sup>	J3241
Testopel <sup>1</sup>	testosterone pellet <sup>1</sup>	J3490, S0189
Thrombate III	antithrombin III [human]	J7197
Trazimera <sup>▲</sup>	trastuzumab-qyyp <sup>▲</sup>	Q5116
Treanda	bendamustine hydrochloride	J9033
Triptodur	triptorelin	J3316
Trisenox	arsenic trioxide	J9017
Triluron <sup>▲,#</sup>	hyaluronate sodium <sup>▲,#</sup>	J7332
TriVisc <sup>#</sup>	sodium hyaluronate <sup>#</sup>	J7329
Trodelyv <sup>▲,1</sup>	sacituzumab govitecan-hziy <sup>▲,1</sup>	J9317
Truxima <sup>▲,#</sup>	rituximab-abbs <sup>▲,#</sup>	Q5115
Tysabri <sup>#</sup>	natalizumab <sup>#</sup>	J2323
Tyvaso	treprostinil (inhaled)	J7686
Udenyca	pegfilgrastim-cbqv	Q5111
Ultomiris	ravulizumab-cwvz	J1303
Unituxin <sup>1</sup>	bendamustine hydrochloride <sup>1</sup>	C9399, J9999
Uplizna <sup>▲,1</sup>	inebilizumab-cdon <sup>▲,1</sup>	J1823
Valstar	valrubicin	J9357
VariZIG	varicella zoster immune globulin	90396
Varubi IV	rolapitant	J2797

\*New preauthorization requirement

▲ New-to-market drug addition

<sup>1</sup>All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

<sup>#</sup>Step therapy required through a Humana preferred drug as part of preauthorization.

<sup>++</sup>Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 1-502-508-9300, telephone at 1-866-421-5663 or email to [transplant@humana.com](mailto:transplant@humana.com).

<b>Medicare Advantage and Dual Medicare-Medicaid Plan</b> <b>Medication Preauthorization List</b> To request preauthorization or provide notification, please click <a href="#">here</a> to access the fax forms		
Brand	Generic	Codes
Vectibix	panitumumab	J9303
Veklury IV	remdesivir	C9399, J3490
Velcade	bortezomib	J9041
Veletri <sup>1</sup>	epoprostenol <sup>1</sup>	J1325
Ventavis	iloprost (inhaled)	Q4074
Vidaza	azacitidine	J9025
Viltepso <sup>▲,1</sup>	viltolarsen <sup>▲,1</sup>	C9071, C9399, J3490
Vimizim	elosulfase alfa	J1322
Visco-3 <sup>1,#</sup>	sodium hyaluronate <sup>1,#</sup>	J7333
Visudyne <sup>#</sup>	verteporfin <sup>#</sup>	J3396
Vpriv <sup>#</sup>	velaglycerase alfa <sup>#</sup>	J3385
Vyepti <sup>▲,1</sup>	eptinezumab-jjmr <sup>▲,1</sup>	J3032
Vyondys 53 <sup>▲,1</sup>	golodirsen <sup>▲,1</sup>	J1429
Vyxeos	daunorubicin/cytarabine	J9153
Xeomin	incobotulinumtoxin A	J0588
Xgeva <sup>1,#</sup>	denosumab <sup>1,#</sup>	J0897
Xofigo	radium RA 223 dichloride	A9606,
Xolair	omalizumab	J2357
Yervoy	ipilimumab	J9228
Yescarta <sup>++</sup>	axicabtagene ciloleuce <sup>++</sup>	Q2041
Yondelis	trabectedin	J9352
Yutiq	fluocinolone acetonide intravitreal implant	J7314
Zaltrap	ziv-aflibercept	J9400
Zarxio	filgrastim-sndz	Q5101
Zavesca <sup>1,#</sup>	miglustat <sup>1,#</sup>	J8499
Zemaira <sup>1,#</sup>	alpha 1-proteinase inhibitor <sup>1,#</sup>	J0256
Zepzelca <sup>▲,1</sup>	lurbinectedin <sup>▲,1</sup>	J9223
Zevalin	lbritumomab tiuxetan	A9543

\*New preauthorization requirement

▲ New-to-market drug addition

<sup>1</sup>All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

<sup>#</sup>Step therapy required through a Humana preferred drug as part of preauthorization.

<sup>++</sup>Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 1-502-508-9300, telephone at 1-866-421-5663 or email to [transplant@humana.com](mailto:transplant@humana.com).

<b>Medicare Advantage and Dual Medicare-Medicaid Plan</b> <b>Medication Preauthorization List</b> To request preauthorization or provide notification, please click <a href="#">here</a> to access the fax forms		
Brand	Generic	Codes
Ziextenzo <sup>▲,1</sup>	pegfilgrastim-bmez <sup>▲,1</sup>	Q5120
Zilretta	triamcinolone acetonide	J3304
Zinplava	bezlotoxumab	J0565
Zirabev <sup>▲,1</sup>	bevacizumab-bvzr <sup>▲,1</sup>	Q5118
Zoladex	gosrelin acetate	J9202
Zolgensma <sup>1</sup>	onasemnogene abeparvovec-xioi <sup>1</sup>	J3399
Zulresso <sup>1</sup>	brexanolone <sup>1</sup>	J1632
Blood-clotting Factors		
Advate <sup>1</sup>	antihemophilic factor [recombinant] <sup>1</sup>	J7192
Adynovate	antihemophilic factor [recombinant], PEGylated	J7207
Afstyla	antihemophilic factor (recombinant) single chain	J7210
Alphanate	antihemophilic factor/von Willebrand factor complex [human]	J7186
AlphaNine SD <sup>1</sup>	coagulation factor IX [human] <sup>1</sup>	J7193
Alprolix	coagulation factor IX [recombinant]	J7201
Bebulin <sup>1</sup>	factor IX complex <sup>1</sup>	J7194
BeneFix <sup>1</sup>	coagulation factor IX [recombinant] <sup>1</sup>	J7195
Coagadex	coagulation factor X [human]	J7175
Corifact	factor XIII concentrate [human]	J7180
Eloctate	antihemophilic factor [recombinant], Fc fusion protein	J7205
Esperoct <sup>▲,1</sup>	antihemophilic factor (recombinant), glycopegylated-exei <sup>▲,1</sup>	J7204
Feiba NF	anti-inhibitor coagulant complex	J7198
Helixate FS <sup>1</sup>	antihemophilic factor [recombinant] <sup>1</sup>	J7192

\*New preauthorization requirement

▲ New-to-market drug addition

<sup>1</sup>All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

#Step therapy required through a Humana preferred drug as part of preauthorization.

\*\*Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 1-502-508-9300, telephone at 1-866-421-5663 or email to [transplant@humana.com](mailto:transplant@humana.com).

<b>Medicare Advantage and Dual Medicare-Medicaid Plan</b> <b>Medication Preauthorization List</b> To request preauthorization or provide notification, please click <a href="#">here</a> to access the fax forms		
Brand	Generic	Codes
<b>Hemlibra<sup>#</sup></b>	emicizumab-kxwh <sup>#</sup>	J7170
<b>Hemofil M<sup>1</sup></b>	antihemophilic factor [human] <sup>1</sup>	J7190
<b>Humate-P</b>	antihemophilic factor/von Willebrand factor complex [human]	J7187
<b>Idelvion</b>	antihemophilic factor [recombinant]	J7202
<b>Ixinity<sup>1</sup></b>	coagulation factor IX [recombinant] <sup>1</sup>	J7195
<b>Jivi<sup>1</sup></b>	antihemophilic factor (recombinant), PEGylated-aucl <sup>1</sup>	J7208
<b>Koate-DVI<sup>1</sup></b>	antihemophilic factor [human] <sup>1</sup>	J7190
<b>Kogenate FS<sup>1</sup></b>	antihemophilic factor [recombinant] <sup>1</sup>	J7192
<b>Kovaltry</b>	antihemophilic factor [recombinant]	J7211
<b>Monoclote-P<sup>1</sup></b>	antihemophilic factor [human] <sup>1</sup>	J7190
<b>Mononine<sup>1</sup></b>	coagulation factor IX [human] <sup>1</sup>	J7193
<b>NovoEight</b>	turoctocog alfa	J7182
<b>NovoSeven RT</b>	coagulation factor VIIa [recombinant]	J7189
<b>Nuwiq</b>	simoctocog alfa	J7209
<b>Obizur</b>	antihemophilic factor [recombinant], porcine sequence	J7188
<b>Profilnine<sup>1</sup></b>	factor IX complex <sup>1</sup>	J7194
<b>Rebinyon</b>	coagulation factor IX [recombinant], GlycoPEGylated	J7203
<b>Recombinate<sup>1</sup></b>	antihemophilic factor [recombinant] <sup>1</sup>	J7192
<b>Rixubis</b>	coagulation factor IX [recombinant]	J7200
<b>SevenFact intravenous solution<sup>▲,1</sup></b>	coagulation factor VII (recombinant)-jncw <sup>▲,1</sup>	J7212

\*New preauthorization requirement

▲ New-to-market drug addition

<sup>1</sup>All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

<sup>#</sup>Step therapy required through a Humana preferred drug as part of preauthorization.

<sup>\*\*</sup>Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 1-502-508-9300, telephone at 1-866-421-5663 or email to [transplant@humana.com](mailto:transplant@humana.com).

<b>Medicare Advantage and Dual Medicare-Medicaid Plan</b> <b>Medication Preauthorization List</b> To request preauthorization or provide notification, please click <a href="#">here</a> to access the fax forms		
Brand	Generic	Codes
<b>Tretten</b>	coagulation factor XIII A-subunit [recombinant]	J7181
<b>Vonvendi</b>	von Willebrand factor [recombinant]	J7179
<b>Wilate</b>	von Willebrand factor / coagulation factor VIII complex [human]	J7183
<b>Xyntha</b>	antihemophilic factor [recombinant]	J7185
Xyntha Solofuse	antihemophilic factor [recombinant]	J7185

\*New preauthorization requirement

▲ New-to-market drug addition

<sup>1</sup>All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

#Step therapy required through a Humana preferred drug as part of preauthorization.

\*\*Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 1-502-508-9300, telephone at 1-866-421-5663 or email to [transplant@humana.com](mailto:transplant@humana.com).