

Medicaid Preauthorization and Notification List

Effective Date: Jan. 18, 2016

Revision Date: Oct. 18, 2016

We have a new preauthorization and notification list for Humana Medicaid plans. Please note that precertification, preadmission, preauthorization and notification all refer to the same process of preauthorization. The list represents services and medications that are commonly reviewed and may require additional clinical information. Medications include those that are delivered in the physician's office, clinic, outpatient or home setting.

We believe that guidance to our members can best be achieved when we are notified of specific services. This gives us the ability to provide information on benefits and an opportunity to refer members to appropriate clinical programs. To achieve this goal, we have several items for which we are requesting notification; please note these items on the following pages.

Investigational and experimental procedures usually are not covered benefits. Please consult the member's Certificate of Coverage or contact Humana for confirmation of coverage.

Important Notes:

- **Illinois Medicaid Members:** The full list of preauthorization requirements applies to Humana Integrated Care Program of Illinois members.
- **Florida Medicaid Members:**
 - For Medicaid plans in south Florida (regions 9, 10 and 11), specialists should direct all service and medication administration preauthorization requests to the member's primary care provider (PCP) for referral issuance.
 - For Medicaid plans in north and central Florida (regions 1 and 6) PCPs are responsible for member referral issuance. Once a referral has been obtained, a preauthorization must be submitted for services requiring preauthorization. A preauthorization request can be submitted by either PCPs or designated participating specialists.
 - In addition to the information noted above, certain services outlined in the Medicaid Preauthorization and Notification List may not be applicable for practitioners affiliated with an independent practice association (IPA) via a capitated or delegated arrangement. Please refer to your provider agreement for clarification.
 - Exclusions may change; refer to **Humana.com/providers** for the most up-to-date information. Choose "Authorizations/Referrals" and then the appropriate topic.
- **Kentucky Medicaid Members:** This list **does not** affect Medicaid plans in Kentucky. Visit [Humana – CareSource's provider website](#) for information.
- **Humana Medicare Advantage (MA) and dual Medicare-Medicaid plans:** This list **does not** affect Humana MA or dual Medicare-Medicaid plans. (See Medicare Advantage and Medicare-Medicaid Plans Preauthorization and Notification List.)
- **Humana Commercial Members:** This list **does not** affect Humana commercial plans. (See Humana's Commercial Preauthorization and Notification List.)

If a health care provider does not obtain preauthorization/notification for a service, it could result in financial penalties for the practice and reduced benefits for the member, based on the health care provider's contract and the member's Certificate of Coverage. Services or medications provided without preauthorization may be subject to retrospective medical necessity review.

There are exceptions to this list. Not all procedures are covered by all health plans. Since a single document cannot reflect all possible exceptions, we recommend that an individual practitioner making a specific request for services verify benefits and authorization requirements prior to providing services.

Reminder: Except where noted via the links on the following pages, health care providers and facilities may submit preauthorization requests via the secure provider area of Humana's website at **Humana.com/providers** (registration required), via Availity® at <http://www.availity.com> (select markets only, registration required) or via the interactive voice response (IVR) line, available by calling the phone number on the back of the member's ID card. Online preauthorization requests are encouraged.

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

The following list of services requiring preauthorization applies to participating as well as nonparticipating health care providers.

Medicaid Preauthorization and Notification List

Additional information for some states is available by clicking on the underlined state name.

CATEGORY	DETAILS	COMMENTS
Inpatient Admissions	Acute Hospital	Includes Inpatient Hospice
	Acute Rehab Facilities	
	Long-term Acute Care	
	Skilled Nursing Facilities	
	Mental Health, Substance Abuse and Partial Hospital/Residential Treatment	Illinois , North Florida (region 1) , Central and South Florida (regions 6, 9, 10, 11) Includes Pet and Art Therapy†
Durable Medical Equipment (DME)	Augmentative and Alternative Communicative Systems††	
	Cochlear and Auditory Brainstem Implants	
	Cranial Orthotics	
	Electric Beds	
	Electric Wheelchairs/Scooters	
	High Frequency Chest Compression Vests	
	Pain Infusion Pump	Illinois
	Prosthetics	
	Stimulator Devices	Illinois Includes Bone Growth, Neuromuscular and Spinal Cord
	Any other DME item greater than \$750	
Plastic Surgery/ Cosmetic	Abdominoplasty	
	Blepharoplasty	
	Breast Procedures	
	Otoplasty	
	Penile Implant	
	Rhinoplasty	
Other Surgery	Balloon Sinuplasty	
	Obesity Surgeries	
	Oral, Orthognathic, Temporomandibular Joint Surgeries	
	Transplant Surgeries	
	Surgeries for Obstructive Sleep Apnea	
	Varicose Vein: Surgical Treatment and Sclerotherapy	
Outpatient Diagnostic Imaging	Facility-based Sleep Studies (PSG)	Illinois , Florida
	Infertility Testing and Treatment	
	Molecular Diagnostic/Genetic Testing	
Cardiology	Cardiac Diagnostic Testing	Nuclear Stress Test (Illinois) and Outpatient Transthoracic Echocardiogram (TTE) (Illinois)
	Cardiac Procedures/Surgeries	Outpatient Coronary Angioplasty/Stent (Illinois)
	Cardiac Devices	Illinois Includes Pacemakers, Defibrillators, Cardiac Resynchronization Therapy and Wearable Cardiac Devices (e.g., LifeVest®)

Additional information for some states is available by clicking on the underlined state name.

Screening/ Diagnostic Imaging	Cardiac Catheterizations	Illinois
	CT Scan	Illinois
	MRA	Illinois
	MRI	Illinois
	PET Scan	Illinois
	SPECT Scan	Illinois
Outpatient Therapy Services	Physical Therapy	Illinois
	Occupational Therapy	Illinois
	Speech Therapy	Illinois
	Chiropractic Therapy†	
	Hyperbaric Therapy	
Maternity	Routine Maternity Care	Notification Requested
Oncology	Chemotherapy Agents †	Illinois
	Supportive Drugs†	
	Symptom Management Drugs †	
	Radiation Therapy	Illinois
Other Services	Home Health Care/Home Infusion	
	Pain Management Procedures	Illinois Includes Spinal Fusion, Other Decompression Surgeries, Facet Injections, Epidural Injections (provider office and outpatient only), Kyphoplasty, Vertebroplasty, Pain Infusion Pump (back and neck pain only) and Spinal Cord Stimulator
	Ventricular Assist Devices	

† Not applicable to Florida

†† Not applicable to Illinois

Illinois Medicaid Preauthorization Drug List

Preauthorization is required for the following drugs when delivered in the physician's office, clinic, outpatient or home setting.

[To request authorization/notification, please click here to access the fax forms.](#)

Brand	Generic	Brand	Generic
Abraxane	paclitaxel-nab	Kalbitor	ecallantide
Actemra	tocilizumab	Keytruda	pembrolizumab
Acthar Gel	corticotropin	Kineret	anakinra
Adcetris	brentuximab vedotin	Krystexxa	pegloticase
Aldurazyme	laronidase	Kynamro	mipomersen sodium
Alimta	Pemetrexed	Kyprolis	carfilzomib
Aloxi	palonosetron HCl	Lemtrada	alemtuzumab
Aralast NP¹	alpha 1-proteinase inhibitor ¹	Levoleucovorin[▲]	levoleucovorin calcium [▲]
Aranesp	darbepoetin alfa	Lucentis	ranibizumab
Arcalyst	rilonacept	Lumizyme	alglucosidase alfa
Arzerra	ofatumumab	Macugen	pegaptanib sodium
Atgam	lymphocyte immune globulin	Makena	hydroxyprogesterone caproate
Avastin	bevacizumab	Marqibo	vincristine sulfate
Aveed*	testosterone undecanoate*	Mircera*	methoxy polyethylene glycol – epoetin beta
Beleodaq	belinostat	Monovisc*	sodium hyaluronate*
Benlysta	belimumab	Mozobil	plerixafor
Berinert	c1 esterase inhibitor	Myobloc	rimabotulinumtoxinB
Blinicyto	blinatumomab	Myozyme	alglucosidase alfa
Boniva	ibandronate sodium	Naglazyme	galsulfase
Botox	onabotulinumtoxinA	Neupogen*	filgrastim*
Brovana	arformoterol	Neulasta	pegfilgrastim
Cerezyme	imiglucerase	Nplate	romiplostim
Cimzia	certolizumab pegol	Nulojix	belatacept
Cinryze	c1 esterase inhibitor	Opdivo	nivolumab
Cinqair[▲]	reslizumab [▲]	Orencia	abatacept
Cuvitru[▲]	immune globulin [▲]	Orthovisc*	hyaluronan*
Cyklokapron	tranexamic acid		
Cyramza	ramucirumab	Ozurdex	dexamethasone intravitreal implant
CytoGam	cytomegalovirus immune globulin	Perjeta	pertuzumab
Dacogen	decitabine	Prialt	ziconotide
Darzalex*	daratumumab*	Probuphine[▲]	buprenorphine subdermal implant [▲]
Defitelio[▲]	defibrotide sodium [▲]		
Doxil*	doxorubicin*	Procrit¹	epoetin alfa ¹
		Prolastin-C¹	alpha 1-proteinase inhibitor ¹

Duopa	carbidopa / levodopa		Prolia ¹	denosumab ¹
Dysport	abobotulinumtoxin A		Provenge	sipuleucel-T
Elaprase	idursulfase		Qutenza	capsaicin/skin cleanser
Elelyso	taliglucerase alfa		Reclast ¹	zoledronic acid ¹
Elitek	rasburicase		Remicade	infliximab
Emend IV	aprepitant		Remodulin	treprostiniil (injection)
Entyvio	vedolizumab		Revatio	sildenafil citrate (injection)
Epogen ¹	epoetin alfa ¹		Rituxan	rituximab
Erbix	cetuximab		Ruconest	c1 esterase inhibitor
Erwinaze	asparaginase Erwinia chrysanthemi		Sandostatin LAR	octreotide
Evomela [▲]	melphalan [▲]		Signifor LAR	pasireotide
Exondys 51 [▲]	eteplirsen [▲]		Simponi ARIA	golimumab
Eylea	aflibercept		Soliris	eculizumab
Fabrazyme	agalsidase beta		Somatuline Depot	lanreotide
Firazyr	icatibant		Stelara	ustekinumab
Flolan ¹	epoprostenol (injection) ¹		Supartz ^{1*}	sodium hyaluronate ^{1*}
Folotyn	pralatrexate		Supartz FX*	sodium hyaluronate*
Fusilev	levoleucovorin		Sustol	granisetron
Gattex	teduglutide		Sylatron	peginterferon alfa-2b
Gazyva	obinutuzumab		Sylvant*	siltuximab*
Gel-One*	sodium hyaluronate*		Synagis	palivizumab
Gelsyn-3 [▲]	sodium hyaluronate [▲]		Synribo	omacetaxine mepesuccinate
Genvisc 850*	sodium hyaluronate*		Synvisc*	hylan G-F 20*
Gilenya	fingolimod		Synvisc One*	hyaluronan*
Glassia	alpha 1-proteinase inhibitor		Tecentriq [▲]	atezolizumab [▲]
Growth Hormones: Genotropin, Humatrope, Norditropin, Nutropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbtive	somatropin		Temodar	temozolomide
Halaven	eribulin mesylate		Testopel	testosterone pellet
Herceptin	trastuzumab		Torisel	temsirolimus
Hyalgan ^{1*}	sodium hyaluronate ^{1*}		Treanda	bendamustine HCl
Hymovis [▲]	sodium hyaluronate [▲]		Tysabri	natalizumab
			Tyvaso	treprostiniil (inhaled)
			Unituxin*	dinutuximab*
			Valstar	valrubicin
			Varizig	varicella zoster immune globulin
			Vectibix	panitumumab
			Velcade	bortezomib
			Veletri ¹	epoprostenol ¹
			Ventavis	iloprost (inhaled)
			Vidaza	azacitidine

Ilaris	canakinumab		Vimizim	elosulfase alfa
Iluvien	fluocinolone acetonide		Visudyne	verteporfin
Immune Globulin ¹ : Bivigam, Carimune NF, Flebogamma 5%, Gamastan, Gammagard S/D, Gammagard Liquid, Gammaked, Gammaplex, Gamunex, Hizentra, Hyqvia, Octagam, Privigen, Vivaglobin	immune globulin ¹		Vpriv	velaglucerase alfa
			Xeomin	incobotulinumtoxin A
			Xgeva ¹	denosumab ¹
			Xofigo	radium Ra 223 dichloride
			Xolair	omalizumab
			Yervoy	ipilimumab
			Zaltrap	ziv-aflibercept
			Zemaira ¹	alpha 1-proteinase inhibitor ¹
			Zevalin	ibritumomab tiuxetan
			Zometa ¹	zoledronic acid ¹
Istodax	romidepsin		Zyprexa Relprevv	olanzapine
Ixempra	ixabepilone		Chemotherapy	Chemotherapy Agents Supportive Drugs Symptom Management Drugs
Jetrea	ocriplasmin			
Jevtana	cabazitaxel			
Kadcyla	ado-trastuzumab emtansine			

Florida Medicaid Preauthorization Drug List

Preauthorization is required for the following drugs when delivered in the physician's office, clinic, outpatient or home setting.	
To request authorization/notification, please click here to access the fax forms.	
Brand	Generic
Botox	onabotulinumtoxinA

*New preauthorization requirement

**New preauthorization process

▲ New-to-market drug addition

¹All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes will require a corresponding National Drug Code (NDC) to be billed on all claims.

Find precertification request forms for the medications listed above [here](#).

Find authorization requirements for medications dispensed at the pharmacy [here](#).