



Medicare Advantage and Dual Medicare-Medicaid Plans

Preauthorization and Notification List

Effective Date: Jan. 23, 2017

Revision Date: Jan. 18, 2018

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 health care 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 health care provider notifying Humana of the intent to provide an item or service. Humana does not require notification, but requests it, as this helps coordinate care for our members. This process is distinguished from preauthorization. Humana does not issue an approval or denial related to a notification.

The list represents services and medications (i.e., medications that are delivered in the physician’s office, clinic, outpatient or home setting) that are commonly reviewed and may require additional clinical information. Services must be provided according to the Medicare coverage guidelines, established by the Centers for Medicare & Medicaid Services (CMS), and are subject to review. According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You may review the Medicare coverage guidelines online at <https://www.cms.gov/medicare-coverage-database/>.

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

Important Notes:

- **Humana MA Health Maintenance Organization (HMO) Members:** The full list of preauthorization requirements applies to Humana MA HMO and HMO Point of Service (HMO POS) members. Health care 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 any questions guidance on processing their request. Exclusions may change; refer to **Humana.com/provider** for the most up-to-date information. Choose “Authorizations & Referrals” and then the appropriate topic.
- **Florida MA HMO Plans:** The full list of preauthorization requirements applies to Florida MA HMO plans. Health care providers need to submit requests directly to Humana for medications listed on the Medicare and Dual Medicare-Medicaid Medication Preauthorization Drug List for all Humana MA HMO members in Florida. If Humana does not receive a preauthorization request, the claim may be reviewed retrospectively for medical necessity and the health care provider may be contacted for clinical information.

Preauthorization for medications on the Medicare and Dual Medicare-Medicaid Medication Preauthorization Drug list may 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
- **Humana Dual Medicare-Medicaid Plan (MMP) Members:** The full list of preauthorization requirements applies to Humana Gold Plus Integrated (Illinois) and Humana Gold Plus Integrated, a Commonwealth Coordinated Care Plan (Virginia).
- **Humana MA Preferred Provider Organization (PPO) Members:** The full list of preauthorization requirements applies to Humana MA PPO members. Preauthorization is not required for services provided by nonparticipating health care providers for MA PPO members; notification is requested, but not required, as this helps coordinate care for our members.
- **Humana MA Private Fee-for-Service (PFFS) Members:** Preauthorization is not required for MA PFFS plans; notification is requested for these plans, but not required, as this helps coordinate care for our members. Physicians and health care providers may request an Advanced Coverage Determination (ACD) on behalf of the

member for any service not on our preauthorization list for review and determination of coverage in advance of the services being provided.

ACDs for **medical services** may be initiated by submitting a written request, 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
- **All Humana MA Members:** 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 may request an Advanced Coverage Determination (ACD) on behalf of the member prior to providing the service. You may be contacted if additional information is needed.
 - ACDs for medical services may be initiated by submitting a written request, fax or telephone request:
 - Send written requests to the following: 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 may 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
- This list does not apply to policyholders of a Humana Medicare Supplement plan.
- **Humana Commercial Members:** This list **does not** affect Humana Commercial plans. (See Humana's Commercial Preauthorization and Notification List on our preauthorization page here: <https://www.humana.com/provider/medical-providers/education/claims/pre-authorization>)

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

If a health care provider does not obtain preauthorization 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. 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.

Reminder:

Except where noted via links on the following pages, health care providers and facilities may submit preauthorization requests via the secure provider area of Humana's website at <https://www.humana.com/provider/> (registration required), via Availity at <http://www.availity.com> (registration required) or via the interactive voice response (IVR) line at 1-800-523-0023. 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.

Medicare Advantage and Dual Medicare-Medicaid Plans Preauthorization and Notification List		
Category	Details	Comments
Inpatient Admissions	Acute Hospital (Includes Inpatient Hospice) Acute Rehab Facilities Long-term Acute Care Skilled Nursing Facilities Mental Health, Substance Use and Partial Hospital/Residential Treatment	For Humana Gold Plus Integrated (IL) and Humana Gold Plus Integrated, a Commonwealth Coordinated Care Plan (VA), contact Beacon. For MA PFFS members, notification is requested, but not required, as this helps coordinate care for our members.
Observation	Observation Stays	
Durable Medical Equipment (DME)	Cochlear and Auditory Brainstem Implants Electric Beds Electric Wheelchairs/Scooters High Frequency Chest Compression Vests Pain Infusion Pump Stimulator Devices <ul style="list-style-type: none"> ○ Bone Growth ○ Neuromuscular ○ Spinal Cord Prosthetics Any other DME item greater than \$750	
Cosmetic/Plastic Surgery	Abdominoplasty Blepharoplasty Breast Procedures Otoplasty Rhinoplasty	

*New preauthorization requirement

**Indicates procedures or services that may be investigational, experimental or have limited benefit coverage.

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

Medicare Advantage and Dual Medicare-Medicaid Plans Preauthorization and Notification List		
Category	Details	Comments
Oncology – Agents/Drugs	<p>Chemotherapy Agents Supportive Drugs Symptom Management Drugs</p> <p>New Century Health will review for the following states: Alabama, Arizona, Arkansas, California, Colorado, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming</p> <p>Oncology Analytics will review for the following states: Connecticut, Delaware, Florida, Georgia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Texas, Vermont</p>	<p>For MA PFFS members, notification is requested, but not required, as this helps coordinate care for our members.</p> <p>Please note: Chimeric antigen receptor-T cell therapy (CAR-T) preauthorization requests will be reviewed by Humana National Transplant Network</p> <ul style="list-style-type: none"> • Submit by fax to 1-502-508-9300 • Submit by telephone to 1-866-421-5663 • Submit by email to transplant@humana.com
Oncology – Other	<p>Radiation Therapy[†] Breast Lumpectomy^{*†}</p>	<p>For MA PFFS members, notification is requested, but not required, as this helps coordinate care for our members.</p>

*New preauthorization requirement

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Medicare Advantage and Dual Medicare-Medicaid Plans Preauthorization and Notification List		
Category	Details	Comments
Other Surgery	Balloon Sinuplasty Surgical Nasal/Sinus Endoscopic Procedures (excludes diagnostic nasal/sinus endoscopies)* Decompression of Peripheral Nerve (i.e., Carpal Tunnel Surgery)* Obesity Surgeries Oral, Orthognathic, Temporomandibular Joint Surgeries Penile Implant Transplant Surgeries Surgery for Obstructive Sleep Apnea Varicose Vein: Surgical Treatment and Sclerotherapy Hammertoe Surgery Bunionectomy Orthopedic Surgeries <ul style="list-style-type: none"> ○ Hip, Knee and Shoulder Arthroscopy 	For MA PFFS members, notification is requested, but not required, as this helps coordinate care for our members.
Outpatient Diagnostic Testing	Facility-based Sleep Studies (PSG)† Infertility Testing and Treatment Molecular Diagnostic/Genetic Testing	
Cardiac Diagnostic Testing	Outpatient Transthoracic Echocardiogram (TTE)† Transesophageal Echocardiogram (TEE)† Cardiac Computed Tomography Angiography (CCTA)† Electrophysiology Study (EPS)† Electrophysiology (EPS) with 3D Mapping† Myocardial Perfusion Imaging Single-Photon Emission Computed Tomography (MPI SPECT)†	For MA PFFS members, notification is requested, but not required, as this helps coordinate care for our members.

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Medicare Advantage and Dual Medicare-Medicaid Plans Preauthorization and Notification List		
Category	Details	Comments
Cardiac Procedures/Surgeries	Outpatient Coronary Angioplasty/Stent [†] Cardiac Catheterizations [†] Cardiac Ablation [†] Transcatheter Valve Surgeries (TAVR, MitraClip) [†]	For MA PFFS members, notification is requested, but not required, as this helps coordinate care for our members.
Cardiac Devices	Pacemakers [†] Defibrillators [†] Cardiac Resynchronization Therapy [†] Wearable Cardiac Devices (e.g., LifeVest®) [†] Loop recorders ^{†*} Ventricular Assist Devices	For MA PFFS members, notification is requested, but not required, as this helps coordinate care for our members.
Pain Management Procedures	Facet Injections Epidural Injections (Health Care Professional Office and Outpatient Only) Spinal Surgery <ul style="list-style-type: none"> ○ Spinal Fusion ○ Other Decompression Surgeries ○ Kyphoplasty ○ Vertebroplasty 	For MA PFFS members, notification is requested, but not required, as this helps coordinate care for our members.
Home Health Care/Home Infusion	Home Health Care/Home Infusion	
Screening/Diagnostic Imaging	CT Scan [†] MRA [†] MRI [†] Nuclear Stress Test [†] PET Scan/National Oncology PET Registry (NOPR) [†] SPECT Scan [†] Breast Cancer Biopsy ^{*†}	

*New preauthorization requirement

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Medicare Advantage and Dual Medicare-Medicaid Plans Preauthorization and Notification List		
Category	Details	Comments
Outpatient Therapy Services	Physical Therapy Occupational Therapy Speech Therapy Hyperbaric Therapy	<i>Please note for physical, occupational and speech therapies that the initial evaluation does not require preauthorization; however, all subsequent services do require preauthorization.</i>
Behavioral Health Services	Electroconvulsive Therapy (ECT)* Transcranial Magnetic Stimulation (TMS)*	
Routine Maternity Care		Notification requested
Clinical Trials**		

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Medicare Advantage and Dual Medicare-Medicaid Plan Preauthorization Drug List	
Preauthorization is required for the following drugs when delivered in the physician's office, clinic, outpatient or home setting.	
To request preauthorization or provide notification, please click here to access the fax forms.	
Brand	Generic
Abraxane	paclitaxel-nab
Actemra IV	tocilizumab
Acthar Gel	corticotropin
Adcetris	brentuximab vedotin
Aldurazyme	laronidase
Alimta	pemetrexed
Aliqopa^{▲,1}	copanlisib ^{▲,1}
Aloxi	palonosetron HCL
Aralast NP¹	alpha 1-proteinase inhibitor ¹
Aranesp	darbepoetin alfa
Arcalyst	rilonacept
Arzerra	ofatumumab
Atgam	lymphocyte immune globulin
Avastin	bevacizumab
Aveed	testosterone undecanoate
Bavencio	avelumab
Beleodaq	belinostat
Bendeka	bendamustine hydrochloride
Benlysta	belimumab
Berinert	c1 esterase inhibitor
Besponsa^{▲,1}	inotuzumab ozogamicin ^{▲,1}
Blincyto	blinatumomab
Blood-clotting factors* (See list on pages 16 and 17.)	
Boniva	ibandronate sodium
Bortezomib^{▲,1}	bortezomib ^{▲,1}
Botox	onabotulinumtoxinA
Brineura[▲]	cerliponase alfa [▲]
Cerezyme	imiglucerase
Chemotherapy (e.g., chemotherapy agents, supportive drugs and symptom management drugs)	
Cimzia	certolizumab pegol
Cinqair	reslizumab

*New preauthorization requirement

▲ New-to-market drug addition

¹All 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.

⁺⁺ Preauthorization will be managed by **Humana National Transplant Network** and can be submitted by: fax 1-502-508-9300; telephone 1-866-421-5663; email transplant@humana.com

Medicare Advantage and Dual Medicare-Medicaid Plan Preauthorization Drug List	
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To request preauthorization or provide notification, please click here to access the fax forms.	
Brand	Generic
Cinryze	c1 esterase inhibitor
Cinvanti ^{▲,1}	aprepitant ^{▲,1}
Cyklokapron	tranexamic acid
Cyramza	ramucirumab
CytoGam	cytomegalovirus immune globulin
Dacogen	decitabine
Darzalex	daratumumab
Defitelio	defibrotide sodium
Doxil	doxorubicin
Duopa	carbidopa / levodopa
Durolane ^{▲,1}	hyaluronic acid, stabilized ^{▲,1}
Dysport	abobotulinumtoxin A
Elaprase	idursulfase
Elelyso	taliglucerase alfa
Elitek	rasburicase
Empliciti	elotuzumab
Entyvio	vedolizumab
Epogen ¹	epoetin alfa ¹
Erbitux	cetuximab
Erwinaze	asparaginase erwinia chrysanthemi
Evomela	melphalan
Exondys 51	eteplirsen
Eylea	aflibercept
Fabrazyme	agalsidase beta
Fasenra ^{▲,1}	benralizumab ^{▲,1}
Firazyr	icatibant
Flolan ¹	epoprostenol (injection) ¹
Folotyn	pralatrexate
Fusilev	levoleucovorin calcium
Gattex	teduglutide
Gazyva	obinutuzumab

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Brand	Generic
Gel-One	sodium hyaluronate
Gelsyn-3*	sodium hyaluronate*
Genvisc 850	sodium hyaluronate
Glassia	alpha 1-proteinase inhibitor
Granix	tbo-filgrastim
Growth hormones: Genotropin, Humatrope, Norditropin, Nutropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbtive	somatropin
Halaven	eribulin mesylate
Herceptin	trastuzumab
Hyalgan¹	sodium hyaluronate ¹
Hymovis	sodium hyaluronate
Ilaris	canakinumab
Iluvien	fluocinolone acetonide
Imfinzi[▲]	durvalumab [▲]
Imlygic	talimogene laherparepvec
Immune Globulin¹: Bivigam, Carimune NF, Cuvitru, Flebogamma 5%, Gamastan, Gammagard S/D, Gammagard Liquid, Gammaked, Gammaplex, Gamunex, Hizentra, Hyqvia, Octagam, Privigen, Vivaglobin	immune globulin ¹
Inflectra[▲]	infliximab-dyyb [▲]
Istodax¹	romidespin ¹
Ixempra	ixabepilone
Jetrea	ocriplasmin
Jevtana	ixabepilone
Kadcyla	ado-trastuzumab emtansine
Kalbitor	ecallantide
Keytruda	pembrolizumab
Krystexxa	pegloticase
Kymriah^{▲, 1, ++}	tisagenlecleucel ^{▲, 1, ++}

*New preauthorization requirement

▲ New-to-market drug addition

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Medicare Advantage and Dual Medicare-Medicaid Plan Preauthorization Drug List	
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To request preauthorization or provide notification, please click here to access the fax forms.	
Brand	Generic
Kynamro	mipomersen sodium
Kyprolis	carfilzomib
Lartruvo	olaratumab
Lemtrada	alemtuzumab
Levoleucovorin	levoleucovorin calcium
Lucentis	ranibizumab
Lumizyme	alglucosidase alfa
Luxturna ^{▲,1}	voretigene neparvovec-rzyl ^{▲,1}
Macugen	pegaptanib sodium
Makena	hydroxyprogesterone caproate
Marqibo	vincristine sulfate
Mepsevii ^{▲,1}	vestronidase alfa-vjbk ^{▲,1}
Mircera	methoxy polyethylene glycol – epoetin beta
Mozobil	plerixafor
Mylotarg ^{▲,1}	gemtuzumab ozogamicin ^{▲,1}
Myobloc	rimabotulinumtoxinB
Myozyme	alglucosidase alfa
Naglazyme	galsulfase
Neulasta	pegfilgrastim
Neulasta Onpro	pegfilgrastim
Nplate	romiplostim
Nulojix	belatacept
Ocrevus [▲]	ocrelizumab [▲]
Onivyde	Irinotecan liposome injection
Opdivo	nivolumab
Orencia IV	abatacept
Ozurdex	dexamethasone intravitreal implant
Parsabiv ^{▲,1}	etelcalcetide ^{▲,1}
Perjeta	pertuzumab
Portrazza	necitumumab
Prevymis ^{▲,1}	letermovir ^{▲,1}

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▲ New-to-market drug addition

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⁺⁺ Preauthorization will be managed by **Humana National Transplant Network** and can be submitted by: fax 1-502-508-9300; telephone 1-866-421-5663; email transplant@humana.com

Medicare Advantage and Dual Medicare-Medicaid Plan Preauthorization Drug List	
Preauthorization is required for the following drugs when delivered in the physician's office, clinic, outpatient or home setting.	
To request preauthorization or provide notification, please click here to access the fax forms.	
Brand	Generic
Prialt	ziconotide
Probuphine	buprenorphine subdermal implant
Procrit ¹	epoetin alfa ¹
Prolastin-C ¹	alpha 1-proteinase inhibitor ¹
Prolia ¹	denosumab ¹
Provenge	sipuleucel-T
Qutenza	capsaicin/skin cleanser
Radicava	edaravone
Remicade	infliximab
Remodulin	treprostinil (injection)
Renflexis ^{▲,1}	infliximab-abda ^{▲,1}
Revatio	sildenafil citrate (injection)
Rituxan	rituximab
Rituxan Hycela [▲]	rituximab/hyaluronidase human [▲]
Ruconest	c1 esterase inhibitor
Sandostatin LAR	octreotide
Signifor LAR	pasireotide
Simponi ARIA	golimumab
Soliris	eculizumab
Somatuline Depot	lanreotide
Spinraza [▲]	nusinersen [▲]
Stelara	ustekinumab
Sublocade ^{▲,1}	buprenorphine extended-release ^{▲,1}
Supartz ¹	sodium hyaluronate ¹
Supartz FX	sodium hyaluronate
Sustol	granisetron
Sylatron	peginterferon alfa-2b
Sylvant	siltuximab
Synagis	palivizumab
Synribo	omacetaxine mepesuccinate
Synvisc	hylan G-F 20

*New preauthorization requirement

▲ New-to-market drug addition

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⁺⁺ Preauthorization will be managed by **Humana National Transplant Network** and can be submitted by: fax 1-502-508-9300; telephone 1-866-421-5663; email transplant@humana.com

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Preauthorization is required for the following drugs when delivered in the physician's office, clinic, outpatient or home setting.	
To request preauthorization or provide notification, please click here to access the fax forms.	
Brand	Generic
Synvisc One	hyaluronan
Tecentriq	atezolizumab
Temodar	temozolomide
Testopel	testosterone pellet
Torisel	temsirolimus
Treanda	bendamustine hydrochloride
Triptodur ^{▲,1}	triptorelin ^{▲,1}
Tysabri	natalizumab
Tyvaso	treprostinil (inhaled)
Unituxin	bendamustine hydrochloride
Valstar	valrubicin
Varizig	varicella zoster immune globulin
Varubi IV ^{▲,1}	rolapitant ^{▲,1}
Vectibix	panitumumab
Velcade	bortezomib
Veletri ¹	epoprostenol ¹
Ventavis	iloprost (inhaled)
Vidaza	azacitidine
Vimizim	elosulfase alfa
Visco-3 ^{▲,1}	sodium hyaluronate ^{▲,1}
Visudyne	verteporfin
Vpriv	velaglucerase alfa
Vyxeos ^{▲,1}	daunorubicin/cytarabine ^{▲,1}
Xeomin	incobotulinumtoxin A
Xgeva ¹	denosumab ¹
Xofigo	radium RA 223 dichloride
Xolair	omalizumab
Yervoy	ipilimumab
Yescarta ^{▲,1, ++}	axicabtagene ciloleucel ^{▲,1, ++}
Yondelis	trabectedin
Zaltrap	ziv-aflibercept

*New preauthorization requirement

▲ New-to-market drug addition

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Medicare Advantage and Dual Medicare-Medicaid Plan Preauthorization Drug List	
Preauthorization is required for the following drugs when delivered in the physician's office, clinic, outpatient or home setting.	
To request preauthorization or provide notification, please click here to access the fax forms.	
Brand	Generic
Zemaira¹	alpha 1-proteinase inhibitor ¹
Zevalin	Ibritumomab tiuxetan
Zilretta^{▲,1}	triamcinolone acetate ^{▲,1}
Zinplava[▲]	bezlotoxumab [▲]
Blood-clotting Factors	
Advate*	antihemophilic factor, human recombinant*
Adynovate*	antihemophilic factor [recombinant], PEGylated*
Afstyla*	antihemophilic factor (recombinant) single chain*
Alphanate*	antihemophilic factor/von Willebrand factor complex [human]*
AlphaNine SD*	coagulation factor IX [human]*
Alprolix*	coagulation factor IX [recombinant]*
Bebulin*	factor IX complex*
Bebulin VH*	factor IX complex*
BeneFix*	coagulation factor IX [recombinant]*
Coagadex*	coagulation factor X [human]*
Corifact*	factor XIII concentrate [human]*
Eloctate*	antihemophilic factor [recombinant], Fc fusion protein*
Helixate*	antihemophilic factor [recombinant]*
Hemlibra^{▲,1}	emicizumab-kxwh ^{▲,1}
Hemofil M*	antihemophilic factor [human]*
Humate-P*	antihemophilic factor/von Willebrand factor complex [human]*
Idelvion*	antihemophilic factor [recombinant]*
Ixinity*	coagulation factor IX [recombinant]*
Koate-DVI*	antihemophilic factor [human]*
Kogenate FS*	antihemophilic factor [recombinant]*
Kovaltry*	antihemophilic factor [recombinant]*
Monoclote-P*	antihemophilic factor [human]*
Mononine*	coagulation factor IX [human]*

*New preauthorization requirement

▲ New-to-market drug addition

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Preauthorization is required for the following drugs when delivered in the physician's office, clinic, outpatient or home setting.	
To request preauthorization or provide notification, please click here to access the fax forms.	
Brand	Generic
NovoSeven RT*	coagulation factor VIIa [recombinant]*
Obizur*	antihemophilic factor [recombinant], porcine sequence*
Profilnine*	factor IX complex*
Rebinyn^{▲,1}	coagulation factor IX [recombinant], GlycoPEGylated ^{▲,1}
Recombinate*	antihemophilic factor [recombinant]*
Rixubis*	coagulation factor IX [recombinant]*
Vonvendi*	von Willebrand factor [recombinant]*
Wilate*	von Willebrand factor / coagulation factor VIII complex [human]*
Xyntha*	antihemophilic factor [recombinant]*

Find precertification request forms for the medications listed above [here](#). Find Medicare Part D prescription drug prior authorization requirements [here](#).

*New preauthorization requirement

▲ New-to-market drug addition

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