

# Humana

## Commercial Preauthorization and Notification List

**Effective Date: July 20, 2017**

**Revision Date: Jan. 18, 2018**

We have updated our preauthorization and notification list for **all** commercial fully insured plans (including HumanaOne). 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.

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 so that members may be referred to appropriate case management and disease management programs. This process is distinguished from preauthorization. Humana does not issue an approval or denial related to a notification.

***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:

- **Humana Medicare Advantage (MA):** This list **does not** affect Humana MA plans. For a list of preauthorization and notification requirements please see our preauthorization page: <https://www.humana.com/provider/medical-providers/education/claims/pre-authorization>
- **Commercial Health Maintenance Organization (HMO) members:** The full list of preauthorization requirements applies to commercial HMO members. For HMO

Point of Service (HMO POS) plans, notification is requested, but not required for covered services from nonparticipating health care providers. 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 or guidance processing their requests. Exclusions may change; refer to **Humana.com/provider** for the most up-to-date information. Choose “Authorizations & Referrals” and then the appropriate topic.

- **Administrative-services-only (ASO) groups:** It is important to note that some employer groups for which Humana provides administrative services only (self-insured, employer-sponsored programs) may customize their plans with different requirements.

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 payment denials for the health care provider or reduced benefits for the member. Services or medications provided without preauthorization may be subject to retrospective medical necessity review. We recommend that a health care provider making a specific request for services or medications verify benefits and authorization requirements with Humana 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 <https://www.humana.com/provider/> (registration required), via Availity® at <http://www.availity.com> (registration required) or via the interactive voice response (IVR) line, available by calling the phone number on the member’s ID card. Online preauthorization requests are encouraged.

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

<b>Commercial Preauthorization and Notification List</b>		
<b>Category</b>	<b>Details</b>	<b>Comments</b>
<b>Inpatient Admissions</b>	<ul style="list-style-type: none"> <li>• Acute Hospital (Includes Inpatient Hospice)</li> <li>• Acute Rehab Facilities</li> <li>• Long-term Acute Care</li> <li>• Skilled Nursing Facilities</li> <li>• <a href="#">Mental Health, Substance Use and Partial Hospital/Residential Treatment</a></li> </ul>	
<b>Durable Medical Equipment (DME)</b>	<ul style="list-style-type: none"> <li>• Cochlear and Auditory Brainstem Implants</li> <li>• Electric Beds</li> <li>• Electric Wheelchairs/Scooters</li> <li>• High Frequency Chest Compression Vests</li> <li>• <a href="#">Pain Infusion Pump</a></li> <li>• Prosthetics</li> <li>• Stimulator Devices <ul style="list-style-type: none"> <li>○ Bone Growth</li> <li>○ Neuromuscular</li> <li>○ <a href="#">Spinal Cord</a></li> </ul> </li> <li>• Any other DME item greater than \$750</li> </ul>	
<b>Cosmetic/Plastic Surgery</b>	<ul style="list-style-type: none"> <li>• Abdominoplasty</li> <li>• Blepharoplasty</li> <li>• Breast Procedures</li> <li>• Otoplasty</li> <li>• Rhinoplasty</li> </ul>	
<b>Other Surgery</b>	<ul style="list-style-type: none"> <li>• Balloon Sinuplasty</li> <li>• Obesity Surgeries</li> <li>• Oral, Orthognathic, Temporomandibular Joint</li> <li>• Transplant Surgeries</li> <li>• Surgery for Obstructive Sleep Apnea</li> <li>• Varicose Vein: Surgical Treatment and Sclerotherapy</li> <li>• Penile Implant</li> <li>• <a href="#">Hammertoe Surgery</a></li> <li>• <a href="#">Bunionectomy</a></li> <li>• Orthopedic Surgeries <ul style="list-style-type: none"> <li>○ <a href="#">Hip, Knee and Shoulder Arthroscopy</a></li> </ul> </li> </ul>	

\*New preauthorization requirement

<b>Commercial Preauthorization and Notification List</b>		
<b>Category</b>	<b>Details</b>	<b>Comments</b>
<b>Outpatient Diagnostic Testing</b>	<ul style="list-style-type: none"> <li>• Facility-based Sleep Studies (PSG)</li> <li>• Infertility Testing and Treatment</li> <li>• Molecular Diagnostic/Genetic Testing</li> </ul>	
<b>Cardiac Diagnostic Testing</b>	<ul style="list-style-type: none"> <li>• Outpatient Transthoracic Echocardiogram (TTE)</li> <li>• Transesophageal Echocardiogram (TEE)</li> <li>• Cardiac Computed Tomography Angiography (CCTA)</li> <li>• Electrophysiology Study (EPS)</li> <li>• Electrophysiology (EPS) with 3D Mapping</li> <li>• Myocardial Perfusion Imaging Single Photon Emission Computed Tomography (MPI SPECT)</li> </ul>	
<b>Cardiac Procedures/ Surgeries</b>	<ul style="list-style-type: none"> <li>• Outpatient Coronary Angioplasty/Stent</li> <li>• Cardiac Catheterizations</li> <li>• Cardiac Ablation</li> <li>• Transcatheter Valve Surgeries (TAVR, MitraClip)</li> </ul>	
<b>Cardiac Devices</b>	<ul style="list-style-type: none"> <li>• Pacemakers</li> <li>• Defibrillators</li> <li>• Cardiac Resynchronization Therapy</li> <li>• Wearable Cardiac Devices (e.g., LifeVest®)</li> <li>• Loop Recorders</li> <li>• Ventricular Assist Devices</li> </ul>	
<b>Screening/Diagnostic Imaging</b>	<ul style="list-style-type: none"> <li>• CT Scan</li> <li>• MRA</li> <li>• MRI</li> <li>• Nuclear Stress Test</li> <li>• PET Scan</li> <li>• SPECT Scan</li> <li>• Breast Cancer Biopsy (excisional)</li> </ul>	

\*New preauthorization requirement

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Category	Details	Comments
<b>Outpatient Therapy Services</b>	<ul style="list-style-type: none"> <li>• <a href="#">Physical Therapy</a></li> <li>• <a href="#">Occupational Therapy</a></li> <li>• <a href="#">Speech Therapy</a></li> <li>• Hyperbaric Therapy</li> <li>• Chiropractic Therapy (Precertification required for the following states only: Arizona, Georgia, Illinois, Kentucky, Ohio, South Florida)</li> </ul>	Please Note: For physical, occupational and speech therapies, the initial evaluation does not require preauthorization; however, all subsequent services require preauthorization.
<b>Oncology – Agents/Drugs</b>	<ul style="list-style-type: none"> <li>• Chemotherapy Agents</li> <li>• Supportive Drugs</li> <li>• Symptom Management Drugs</li> </ul> <p><b>New Century Health</b> will review for the following states: <a href="#">Alabama</a>, <a href="#">Arizona</a>, <a href="#">Arkansas</a>, <a href="#">California</a>, <a href="#">Colorado</a>, <a href="#">Idaho</a>, <a href="#">Illinois</a>, <a href="#">Indiana</a>, <a href="#">Iowa</a>, <a href="#">Kansas</a>, <a href="#">Kentucky</a>, <a href="#">Louisiana</a>, <a href="#">Michigan</a>, <a href="#">Minnesota</a>, <a href="#">Mississippi</a>, <a href="#">Missouri</a>, <a href="#">Montana</a>, <a href="#">Nebraska</a>, <a href="#">Nevada</a>, <a href="#">New Mexico</a>, <a href="#">North Carolina</a>, <a href="#">North Dakota</a>, <a href="#">Ohio</a>, <a href="#">Oklahoma</a>, <a href="#">Oregon</a>, <a href="#">South Carolina</a>, <a href="#">South Dakota</a>, <a href="#">Tennessee</a>, <a href="#">Utah</a>, <a href="#">Virginia</a>, <a href="#">Washington</a>, <a href="#">West Virginia</a>, <a href="#">Wisconsin</a>, <a href="#">Wyoming</a></p> <p><b>Oncology Analytics</b> will review for the following states: <a href="#">Connecticut</a>, <a href="#">Delaware</a>, <a href="#">Florida</a>, <a href="#">Georgia</a>, <a href="#">Maine</a>, <a href="#">Maryland</a>, <a href="#">Massachusetts</a>, <a href="#">New Hampshire</a>, <a href="#">New Jersey</a>, <a href="#">New York</a>, <a href="#">Pennsylvania</a>, <a href="#">Rhode Island</a>, <a href="#">Texas</a>, <a href="#">Vermont</a></p>	<p><b>Please note:</b>  <b>Chimeric antigen receptor-T cell therapy (CAR-T)</b> preauthorization requests will be reviewed by <b>Humana National Transplant Network</b></p> <ul style="list-style-type: none"> <li>• Submit by fax to 1-502-508-9300</li> <li>• Submit by telephone at 1-866-421-5663</li> <li>• Submit by email to <a href="mailto:transplant@humana.com">transplant@humana.com</a></li> </ul>
<b>Oncology – Other</b>	<ul style="list-style-type: none"> <li>• <a href="#">Radiation Therapy</a></li> <li>• <a href="#">Breast Lumpectomy</a></li> </ul>	
<b>Home Health Care/Home Infusion</b>	<ul style="list-style-type: none"> <li>• Home Health Care/Home Infusion</li> </ul>	

\*New preauthorization requirement

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Category	Details	Comments
<b>Pain Management Procedures</b>	<ul style="list-style-type: none"> <li>• <a href="#">Facet Injections</a></li> <li>• <a href="#">Epidural Injections</a> (health care professional office and outpatient only)</li> <li>• Spinal Surgery               <ul style="list-style-type: none"> <li>○ <a href="#">Spinal Fusion</a></li> <li>○ <a href="#">Other Decompression Surgeries</a></li> <li>○ <a href="#">Kyphoplasty</a></li> <li>○ <a href="#">Vertebroplasty</a></li> </ul> </li> </ul>	
<b>Behavioral Health Services</b>	<ul style="list-style-type: none"> <li>• <a href="#">Electroconvulsive Therapy (ECT)</a></li> <li>• <a href="#">Transcranial Magnetic Stimulation (TMS)</a></li> <li>• <a href="#">Applied Behavior Analysis (ABA)</a></li> </ul>	
<b>Routine Maternity Care</b>		Notification requested

\*New preauthorization requirement

<b>Commercial Medication Preauthorization List</b>	
<b>Preauthorization is required for the following drugs when delivered in the physician's office, clinic, outpatient or home setting.</b>	
To request preauthorization or provide notification, please click <a href="#">here</a> to access the fax forms.	
<b>Brand</b>	<b>Generic</b>
<b>Abraxane</b>	paclitaxel-nab
<b>Actemra IV<sup>2</sup></b>	tocilizumab <sup>2</sup>
<b>Acthar Gel</b>	corticotropin
<b>Adcetris</b>	brentuximab vedotin
<b>Aldurazyme<sup>2</sup></b>	laronidase <sup>2</sup>
<b>Alimta</b>	pemetrexed
<b>Aliqopa<sup>▲,1</sup></b>	copanlisib <sup>▲,1</sup>
<b>Aloxi*</b>	palonosetron*
<b>Aralast NP<sup>1,2</sup></b>	alpha 1-proteinase inhibitor <sup>1,2</sup>
<b>Aranesp</b>	darbepoetin alfa
<b>Arcalyst</b>	rilonacept
<b>Arzerra</b>	ofatumumab
<b>Atgam</b>	lymphocyte immune globulin
<b>Avastin</b>	bevacizumab
<b>Aveed</b>	testosterone undecanoate
<b>Bavencio</b>	avelumab
<b>Beleodaq</b>	belinostat
<b>Bendeka</b>	bendamustine hydrochloride
<b>Benlysta</b>	belimumab
<b>Berinert</b>	c1 esterase inhibitor
<b>Besponsa<sup>▲,1</sup></b>	inotuzumab ozogamicin <sup>▲,1</sup>
<b>Blincyto</b>	blinatumomab
<b>Blood-clotting factors</b> (See list on pages 14 and 15.)	
<b>Boniva</b>	ibandronate sodium
<b>Bortezomib<sup>▲,1</sup></b>	bortezomib <sup>▲,1</sup>
<b>Botox</b>	onabotulinumtoxinA
<b>Brineura<sup>▲</sup></b>	cerliponase alfa <sup>▲</sup>
<b>Cerezyme<sup>2</sup></b>	imiglucerase <sup>2</sup>

\*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>2</sup>Site of Care Policy – These medications require additional information to allow Humana to consider approval for outpatient-hospital-based services with Centers for Medicare & Medicaid Services (CMS)/American Medical Association (AMA) place of service codes 19 and 22.

\*\* 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](mailto:transplant@humana.com)

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Brand	Generic
<b>Chemotherapy</b> (e.g., chemotherapy agents, supportive drugs and symptom management drugs)	
Cimzia	certolizumab pegol
Cinqair	reslizumab
Cinryze	c1 esterase inhibitor
Cinvanti <sup>▲,1</sup>	aprepitant <sup>▲,1</sup>
Cyklokapron	tranexamic acid
Cyramza	ramucirumab
CytoGam	cytomegalovirus immune globulin
Dacogen	decitabine
Darzalex	daratumumab
Defitelio	defibrotide sodium
Doxil	doxorubicin
Duopa	carbidopa/levodopa
Dupixent <sup>▲</sup>	dupilumab <sup>▲</sup>
Durolane <sup>▲,1</sup>	hyaluronic acid, stabilized <sup>▲,1</sup>
Dysport	abobotulinumtoxin A
Elaprase	idursulfase
Elelyso <sup>2</sup>	taliglucerase alfa <sup>2</sup>
Elitek	rasburicase
Empliciti	elotuzumab
Entyvio <sup>2</sup>	vedolizumab <sup>2</sup>
Epogen <sup>1</sup>	epoetin alfa <sup>1</sup>
Erbitux	cetuximab
Erwinaze	asparaginase erwinia chrysanthemi
Evomela	melphalan
Exondys 51 <sup>2</sup>	eteplirsen <sup>2</sup>
Eylea	aflibercept
Fabrazyme <sup>2</sup>	agalsidase beta <sup>2</sup>

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<b>Brand</b>	<b>Generic</b>
Fasenra <sup>▲,1</sup>	benralizumab <sup>▲,1</sup>
Firazyr	icatibant
Flolan <sup>1</sup>	epoprostenol (injection) <sup>1</sup>
Folotyng	pralatrexate
Fusilev	levoleucovorin calcium
Gattex	teduglutide
Gazyva	obinutuzumab
Gel-One	sodium hyaluronate
Gelsyn-3	sodium hyaluronate
Genvisc 850	sodium hyaluronate
Glassia <sup>2</sup>	alpha 1-proteinase inhibitor <sup>2</sup>
Granix*	tbo-filgrastim*
<b>Growth hormones: Genotropin, Humatrope, Norditropin, Nutropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbtive</b>	somatropin
Halaven	eribulin mesylate
Herceptin	trastuzumab
Hyalgan <sup>1</sup>	sodium hyaluronate <sup>1</sup>
Hymovis	sodium hyaluronate
Ilaris	canakinumab
Iluvien	fluocinolone acetonide
Imfinzi <sup>▲</sup>	durvalumab <sup>▲</sup>
Imlygic	talimogene laherparepvec
<b>Immune Globulin<sup>1,2</sup>: Bivigam, Carimune NF, Cuvitru, Flebogamma 5%, Gamastan, Gammagard S/D, Gammagard Liquid, Gammaked, Gammaplex, Gamunex, Hizentra, HyQvia, Octagam, Privigen, Vivaglobin</b>	immune globulin <sup>1,2</sup>

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Brand	Generic
Inflectra <sup>2</sup>	infliximab-dyyb <sup>2</sup>
Istodax <sup>1</sup>	romidespin <sup>1</sup>
Ixemptra	ixabepilone
Jetrea	ocriplasmin
Jevtana	ixabepilone
Kadcyla	ado-trastuzumab emtansine
Kalbitor	ecallantide
Kanuma*	sebelipase alfa*
Keytruda	pembrolizumab
Krystexxa	pegloticase
Kymriah <sup>▲,1,++</sup>	tisagenlecleucel <sup>▲,1,++</sup>
Kynamro	mipomersen sodium
Kyprolis	carfilzomib
Lartruvo	olaratumab
Lemtrada	alemtuzumab
Levoleucovorin	levoleucovorin calcium
Lucentis	ranibizumab
Lumizyme <sup>2</sup>	alglucosidase alfa <sup>2</sup>
Luxturna <sup>▲,1</sup>	voretigene neparvovec-rzyl <sup>▲,1</sup>
Macugen	pegaptanib sodium
Makena	hydroxyprogesterone caproate
Marqibo	vincristine sulfate
Mepsevii <sup>▲,1</sup>	vestronidase alfa-vjvk <sup>▲,1</sup>
Mircera	methoxy polyethylene glycol – epoetin beta
Mozobil*	plerixafor*
Mylotarg <sup>▲,1</sup>	gemtuzumab ozogamicin <sup>▲,1</sup>
Myobloc	rimabotulinumtoxinB
Myozyme <sup>2</sup>	alglucosidase alfa <sup>2</sup>

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Brand	Generic
Naglazyme	galsulfase
Neulasta	pegfilgrastim
Neulasta Onpro	pegfilgrastim
Nplate	romiplostim
Nucala*	mepolizumab*
Nulojix	belatacept
Ocrevus <sup>▲</sup>	ocrelizumab <sup>▲</sup>
Onivyde	Irinotecan liposome injection
Opdivo	nivolumab
Orencia IV <sup>2</sup>	abatacept <sup>2</sup>
Ozurdex	dexamethasone intravitreal implant
Parsabiv <sup>▲,1</sup>	etelcalcetide <sup>▲,1</sup>
Perjeta	pertuzumab
Portrazza	necitumumab
Prevymis <sup>▲,1</sup>	leteirmovir <sup>▲,1</sup>
Prialt	ziconotide
Probuphine	buprenorphine subdermal implant
Procrit <sup>1</sup>	epoetin alfa <sup>1</sup>
Prolastin-C <sup>1,2</sup>	alpha 1-proteinase inhibitor <sup>1,2</sup>
Prolia <sup>1,2</sup>	denosumab <sup>1,2</sup>
Provenge	sipuleucel-T
Qutenza	capsaicin/skin cleanser
Radicava	edaravone
Remicade <sup>2</sup>	infliximab <sup>2</sup>
Remodulin	treprostinil (injection)
Renflexis <sup>▲,1,2</sup>	infliximab-abda <sup>▲,1,2</sup>
Revatio	sildenafil citrate (injection)
Rituxan	rituximab

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Brand	Generic
Rituxan Hycela <sup>▲</sup>	rituximab/hyaluronidase human <sup>▲</sup>
Ruconest	c1 esterase inhibitor
Sandostatin LAR	octreotide
Signifor LAR	pasireotide
Simponi ARIA <sup>2</sup>	golimumab <sup>2</sup>
Soliris <sup>2</sup>	eculizumab <sup>2</sup>
Somatuline Depot	lanreotide
Spinraza	nusinersen
Stelara	ustekinumab
Strensiq*	asfotase alfa*
Sublocade <sup>▲,1</sup>	buprenorphine extended-release <sup>▲,1</sup>
Supartz <sup>1</sup>	sodium hyaluronate <sup>1</sup>
Supartz FX	sodium hyaluronate
Sustol	granisetron
Sylatron	peginterferon alfa-2b
Sylvant	siltuximab
Synagis	palivizumab
Synribo	omacetaxine mepesuccinate
Synvisc	hylan G-F 20
Synvisc One	hyaluronan
Tecentriq	atezolizumab
Temodar	temozolomide
Testopel	testosterone pellet
Torisel	temsirolimus
Treanda	bendamustine hydrochloride
Tretten* <sup>2</sup>	coagulation factor XIII A-subunit [recombinant]* <sup>2</sup>
Triptodur <sup>▲,1</sup>	triptorelin <sup>▲,1</sup>
Tysabri	natalizumab

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Brand	Generic
Tyvaso	treprostinil (inhaled)
Unituxin	bendamustine hydrochloride
Valstar	valrubicin
Varizig	varicella zoster immune globulin
Varubi IV <sup>▲,1</sup>	rolapitant <sup>▲,1</sup>
Vectibix	panitumumab
Velcade	bortezomib
Veletri <sup>1</sup>	epoprostenol <sup>1</sup>
Ventavis	iloprost (inhaled)
Vidaza*	azacitidine*
Vimizim <sup>2</sup>	elosulfase alfa <sup>2</sup>
Visco-3 <sup>▲,1</sup>	sodium hyaluronate <sup>▲,1</sup>
Visudyne	verteporfin
Vpriv <sup>2</sup>	velaglucerase alfa <sup>2</sup>
Vyxeos <sup>▲,1</sup>	daunorubicin/cytarabine <sup>▲,1</sup>
Xeomin	incobotulinumtoxin A
Xgeva <sup>1</sup>	denosumab <sup>1</sup>
Xofigo	radium RA 223 dichloride
Xolair	omalizumab
Yervoy	ipilimumab
Yescarta <sup>▲,1, ++</sup>	axicabtagene ciloleuce <sup>▲,1, ++</sup>
Yondelis	trabectedin
Zaltrap	ziv-aflibercept
Zemaira <sup>1,2</sup>	alpha 1-proteinase inhibitor <sup>1,2</sup>
Zevalin	Ibritumomab tiuxetan
Zilretta <sup>▲,1</sup>	triamcinolone acetone <sup>▲,1</sup>
Zinplava	bezlotoxumab

\*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>2</sup>Site of Care Policy – These medications require additional information to allow Humana to consider approval for outpatient-hospital-based services with Centers for Medicare & Medicaid Services (CMS)/American Medical Association (AMA) place of service codes 19 and 22.

++ 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](mailto:transplant@humana.com)

Commercial Medication Preauthorization 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 <a href="#">here</a> to access the fax forms.	
Brand	Generic
Blood-clotting Factors	
Advate <sup>2</sup>	antihemophilic factor [recombinant] <sup>2</sup>
Adynovate <sup>2</sup>	antihemophilic factor [recombinant], PEGylated <sup>2</sup>
Afstyla <sup>2</sup>	antihemophilic factor (recombinant) single chain <sup>2</sup>
Alphanate <sup>2</sup>	antihemophilic factor/von Willebrand factor complex [human] <sup>2</sup>
AlphaNine SD <sup>2</sup>	coagulation factor IX [human] <sup>2</sup>
Alprolix <sup>2</sup>	coagulation factor IX [recombinant] <sup>2</sup>
Bebulin <sup>2</sup>	factor IX complex <sup>2</sup>
Bebulin VH <sup>2</sup>	factor IX complex <sup>2</sup>
BeneFix <sup>2</sup>	coagulation factor IX [recombinant] <sup>2</sup>
Coagadex <sup>2</sup>	coagulation factor X [human] <sup>2</sup>
Corifact <sup>2</sup>	factor XIII concentrate [human] <sup>2</sup>
Eloctate <sup>2</sup>	antihemophilic factor [recombinant], Fc fusion protein <sup>2</sup>
Feiba NF* <sup>2</sup>	anti-inhibitor coagulant complex* <sup>2</sup>
Helixate <sup>2</sup>	antihemophilic factor [recombinant] <sup>2</sup>
Hemlibra <sup>▲,1</sup>	emicizumab-kxwh <sup>▲,1</sup>
Hemofil M <sup>2</sup>	antihemophilic factor [human] <sup>2</sup>
Humate-P <sup>2</sup>	antihemophilic factor/von Willebrand factor complex [human] <sup>2</sup>
Idelvion <sup>2</sup>	antihemophilic factor [recombinant] <sup>2</sup>
Ixinity <sup>2</sup>	coagulation factor IX [recombinant] <sup>2</sup>
Koate-DVI <sup>2</sup>	antihemophilic factor [human] <sup>2</sup>
Kogenate FS <sup>2</sup>	antihemophilic factor [recombinant] <sup>2</sup>
Kovaltry <sup>2</sup>	antihemophilic factor [recombinant] <sup>2</sup>
Monoclata-P <sup>2</sup>	antihemophilic factor [human] <sup>2</sup>
Mononine <sup>2</sup>	coagulation factor IX [human] <sup>2</sup>

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Brand	Generic
<b>NovoSeven RT</b> <sup>2</sup>	coagulation factor VIIa [recombinant] <sup>2</sup>
<b>NovoEight</b> <sup>*2</sup>	turoctocog alfa <sup>*2</sup>
<b>Nuwiq</b> <sup>*2</sup>	simoctocog alfa <sup>*2</sup>
<b>Obizur</b> <sup>2</sup>	antihemophilic factor [recombinant], porcine sequence <sup>2</sup>
<b>Profilnine</b> <sup>2</sup>	factor IX complex <sup>2</sup>
<b>Rebinyn</b> <sup>▲,1</sup>	coagulation factor IX [recombinant], GlycoPEGylated <sup>▲,1</sup>
<b>Recombinate</b> <sup>2</sup>	antihemophilic factor [recombinant] <sup>2</sup>
<b>Rixubis</b> <sup>2</sup>	coagulation factor IX [recombinant] <sup>2</sup>
<b>Vonvendi</b> <sup>2</sup>	von Willebrand factor [recombinant] <sup>2</sup>
<b>Wilate</b> <sup>2</sup>	von Willebrand factor / coagulation factor VIII complex [human] <sup>2</sup>
<b>Xyntha</b> <sup>2</sup>	antihemophilic factor [recombinant] <sup>2</sup>

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

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

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