



## Commercial Preauthorization and Notification List

**Effective Date: Jan. 22, 2018**

**Revision Date: Jan. 14, 2019**

We have updated our preauthorization and notification list for **all** commercial fully insured plans. The list represents services and medications that require preauthorization prior to being provided or administered. 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 requests notification so that Humana-covered patients 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 patient'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):** The full list of preauthorization requirements applies to patients with Humana commercial HMO coverage. 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 patient. 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.

#### **How to request preauthorization:**

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

- Online via the secure provider area of Humana’s website at **Humana.com/providers** (registration required)
- Online via 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, health care 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, it may be modified throughout the year for additions of new-to-market medications without notification via U.S. postal mail.

Commercial Preauthorization and Notification List		
Category	Details	Comments
<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>• <a href="#">Mental Health, Substance Use and Partial Hospital/Residential Treatment</a></li> <li>• Skilled Nursing Facilities</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>• 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>• Wheelchairs/Scooters</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>	"Breast Procedures" excludes breast reconstruction following medically necessary mastectomies for breast cancer.
<b>Other Surgery</b>	<ul style="list-style-type: none"> <li>• Balloon Sinuplasty</li> <li>• <a href="#">Bunionectomy</a></li> <li>• <a href="#">Hammertoe Surgery</a></li> <li>• Obesity Surgeries</li> <li>• Oral, Orthognathic, Temporomandibular Joint</li> <li>• Orthopedic Surgeries: <a href="#">Hip, Knee and Shoulder Arthroscopy</a></li> <li>• Penile Implant</li> <li>• Surgery for Obstructive Sleep Apnea</li> <li>• Transplant Surgeries</li> <li>• Varicose Vein: Surgical Treatment and Sclerotherapy</li> </ul>	

\*New preauthorization requirement

Commercial Preauthorization and Notification List		
Category	Details	Comments
<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>• 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> <li>• Outpatient Transthoracic Echocardiogram (TTE)</li> <li>• Transesophageal Echocardiogram (TEE)</li> </ul>	
<b>Cardiac Procedures/ Surgeries</b>	<ul style="list-style-type: none"> <li>• Cardiac Ablation</li> <li>• Cardiac Catheterizations</li> <li>• Outpatient Coronary Angioplasty/Stent</li> <li>• Transcatheter Valve Surgeries (TAVR, MitraClip)</li> </ul>	
<b>Cardiac Devices</b>	<ul style="list-style-type: none"> <li>• Cardiac Resynchronization Therapy</li> <li>• Defibrillators</li> <li>• Left Atrial Appendage Closure (LAAC) Device (e.g.; Watchman™)*</li> <li>• Loop Recorders</li> <li>• Pacemakers</li> <li>• Ventricular Assist Devices</li> <li>• Wearable Cardiac Devices (e.g., LifeVest®)</li> </ul>	
<b>Diagnostic Imaging</b>	<ul style="list-style-type: none"> <li>• Computed Tomography (CT) Scan</li> <li>• Magnetic Resonance Angiogram (MRA)</li> <li>• Magnetic Resonance Imaging (MRI)</li> <li>• Nuclear Stress Test</li> <li>• Position Emission Tomography (PET) Scan</li> <li>• Single Photon Emission Computerized Tomography (SPECT) Scan</li> </ul>	
<b>Outpatient Therapy Services</b>	<ul style="list-style-type: none"> <li>• Chiropractic Therapy ( Arizona, Georgia, Illinois, Kentucky, Ohio, South Florida only)</li> <li>• Hyperbaric Therapy</li> </ul>	

\*New preauthorization requirement

Commercial Preauthorization and Notification List		
Category	Details	Comments
<b>Oncology</b>	<ul style="list-style-type: none"> <li>Breast Cancer Biopsy (excisional)</li> <li>Breast Lumpectomy</li> <li>Chemotherapy Agents, Supportive Drugs and Symptom Management Drugs</li> <li>Lung Biopsy and Resection*</li> <li>Radiation Therapy</li> <li>Simple Mastectomy and Gynecomastia Surgery* (excludes radical and modified)</li> </ul>	<p><b>Please Note:</b></p> <p><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 to 1-866-421-5663</li> <li>Submit by email to <a href="mailto:transplant@humana.com">transplant@humana.com</a></li> </ul>
<b>Home Health Care</b>	<ul style="list-style-type: none"> <li>Home Health/Home Infusion</li> </ul>	
<b>Pain Management Procedures</b>	<ul style="list-style-type: none"> <li>Epidural Injections (outpatient only)</li> <li>Facet Injections</li> <li>Spinal Surgery <ul style="list-style-type: none"> <li>Spinal Fusion</li> <li>Other Decompression Surgeries</li> <li>Kyphoplasty</li> <li>Vertebroplasty</li> </ul> </li> </ul>	
<b>Behavioral Health Services</b>	<ul style="list-style-type: none"> <li>Electroconvulsive Therapy (ECT)</li> <li>Transcranial Magnetic Stimulation (TMS)</li> </ul>	
<b>Routine Maternity Care</b>		Notification requested

\*New preauthorization requirement

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. For further detail on preauthorization requests for chemotherapy agents, supportive drugs and symptom management drugs, click <a href="#">here</a> .	
Brand	Generic
Abraxane	paclitaxel-nab
Actemra IV <sup>2</sup>	tocilizumab <sup>2</sup>
Adcetris	brentuximab vedotin
Akynzeo IV <sup>▲,1</sup>	fosnetupitant and palonosetron <sup>▲,1</sup>
Aldurazyme <sup>2</sup>	laronidase <sup>2</sup>
Alimta	pemetrexed
Aliqopa <sup>▲,1</sup>	copanlisib <sup>▲,1</sup>
Aloxi	palonosetron
Aralast NP <sup>1,2</sup>	alpha 1-proteinase inhibitor <sup>1,2</sup>
Aranesp	darbepoetin alfa
Arcalyst	rilonacept
Arzerra	ofatumumab
Atgam	lymphocyte immune globulin
Avastin (oncology only)	bevacizumab (oncology only)
Aveed	testosterone undecanoate
Azedra <sup>▲,1</sup>	iobenguane I 131 <sup>▲,1</sup>
Bavencio <sup>1</sup>	avelumab <sup>1</sup>
Beleodaq	belinostat
Bendamustine <sup>▲,1</sup>	bendamustine hydrochloride <sup>▲,1</sup>
Bendeka	bendamustine hydrochloride
Benlysta <sup>1</sup>	belimumab <sup>1</sup>
Berinert	c1 esterase inhibitor
Besponsa <sup>1</sup>	inotuzumab ozogamicin <sup>1</sup>
Blinicyto	blinatumomab
Blood-clotting factors* (See list on pages 14 and 15.)	

\*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.

<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).

Commercial Medication Preauthorization List	
Bortezomib <sup>▲,1</sup>	bortezomib <sup>▲,1</sup>
Botox	onabotulinumtoxinA
Brineura <sup>1</sup>	cerliponase alfa <sup>1</sup>
Cerezyme <sup>2</sup>	imiglucerase <sup>2</sup>
<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>
Crysvita <sup>▲,1</sup>	burosumab-twza <sup>▲,1</sup>
Cyklokapron <sup>1</sup>	tranexamic acid <sup>1</sup>
Cyramza	ramucirumab
CytoGam	cytomegalovirus immune globulin
Dacogen	Decitabine
Darzalex	Daratumumab
Defitelio <sup>1</sup>	defibrotide sodium <sup>1</sup>
Doxil	doxorubicin
Duopa	carbidopa/levodopa
Dupixent <sup>1</sup>	dupilumab <sup>1</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
Eskata <sup>▲,1</sup>	hydrogen peroxide <sup>▲,1</sup>
Euflexxa*	hyaluronate sodium*

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Commercial Medication Preauthorization List	
Evomela <sup>1</sup>	melphalan <sup>1</sup>
Exondys 51 <sup>1,2</sup>	eteplirsen <sup>1,2</sup>
Eylea	aflibercept
Fabrazyme <sup>2</sup>	agalsidase beta <sup>2</sup>
Fasenra <sup>▲,1</sup>	benralizumab <sup>▲,1</sup>
Faslodex*	fulvestrant*
Firazyr	icatibant
Flolan <sup>1</sup>	epoprostenol (injection) <sup>1</sup>
Folotyn	pralatrexate
Fulphila <sup>▲,1</sup>	pegfilgrastim-jmdb <sup>▲,1</sup>
Fusilev <sup>1</sup>	levoleucovorin calcium <sup>1</sup>
Gattex <sup>1</sup>	teduglutide <sup>1</sup>
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
Growth hormones: Genotropin, Humatrope, Norditropin FlexPro, Nutropin AQ NuSpin, Omnitrope, Saizen, Serostim, Zomacton*, Zorbtive	somatropin
H.P. Acthar Gel	corticotropin
Herceptin	trastuzumab
Hyalgan <sup>1</sup>	sodium hyaluronate <sup>1</sup>
Hydroxyprogesterone <sup>1</sup>	hydroxyprogesterone caproate <sup>1</sup>
Hymovis	sodium hyaluronate
Ilaris	canakinumab
Ilumya <sup>▲,1</sup>	tildrakizumab-asnm <sup>▲,1</sup>
Iluvien	fluocinolone acetonide
Imfinzi <sup>1</sup>	durvalumab <sup>1</sup>

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Commercial Medication Preauthorization List	
Imlygic	talimogene laherparepvec
Immune Globulin <sup>1,2</sup> : Bivigam, Carimune NF, Cuvitru, Flebogamma DIF, Gamastan S/D, Gammagard S/D, Gammagard Liquid, Gammaked, Gammaplex, Gamunex-C, Hizentra, HyQvia, Octagam, Panzyga <sup>▲</sup> , Privigen	immune globulin <sup>1,2</sup>
Inflectra <sup>1,2</sup>	infliximab-dyyb <sup>1,2</sup>
Istodax <sup>1</sup>	romidespin <sup>1</sup>
Ixemptra	ixabepilone
Jevtana	ixabepilone
Kadcyla	ado-trastuzumab emtansine
Kalbitor	ecallantide
Kanuma	sebelipase alfa
Keytruda	pembrolizumab
Khazory <sup>▲,1</sup>	levoleucovorin <sup>▲,1</sup>
Krystexxa	pegloticase
Kymriah <sup>1, ++</sup>	tisagenlecleucel <sup>1, ++</sup>
Kynamro <sup>1</sup>	mipomersen sodium <sup>1</sup>
Kyprolis	carfilzomib
Lartruvo <sup>1</sup>	olaratumab <sup>1</sup>
Lemtrada <sup>1</sup>	alemtuzumab <sup>1</sup>
Levoleucovorin <sup>1</sup>	levoleucovorin calcium <sup>1</sup>
Libtayo <sup>▲,1</sup>	cemiplimab-rwlc <sup>▲,1</sup>
Lucentis	ranibizumab
Lumizyme <sup>2</sup>	alglucosidase alfa <sup>2</sup>
Lumoxiti <sup>▲,1</sup>	moxetumomab pasudotox-tdfk <sup>▲,1</sup>
Lutathera <sup>▲,1</sup>	lutetium Lu 177 dotatate <sup>▲,1</sup>
Luxturna <sup>▲,1</sup>	voretigene neparvovec-rzyl <sup>▲,1</sup>
Macrilen <sup>▲,1</sup>	macimorelin <sup>▲,1</sup>
Macugen	pegaptanib sodium
Makena	hydroxyprogesterone caproate

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▲ New-to-market drug addition

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<b>Marqibo</b>	vincristine sulfate
<b>Mepsevii</b> <sup>▲,1</sup>	vestronidase alfa-vjbk <sup>▲,1</sup>
<b>Mircera</b>	methoxy polyethylene glycol – epoetin beta
<b>Mozobil</b>	plerixafor
<b>Mylotarg</b> <sup>1</sup>	gemtuzumab ozogamicin <sup>1</sup>
<b>Myobloc</b>	rimabotulinumtoxinB
<b>Naglazyme</b>	galsulfase
<b>Neulasta</b> <sup>1</sup>	pegfilgrastim <sup>1</sup>
<b>Neulasta Onpro</b> <sup>1</sup>	pegfilgrastim <sup>1</sup>
<b>Neupogen</b> *	filgrastim*
<b>Nivestym</b> <sup>▲,1</sup>	filgrastim-aafi <sup>▲,1</sup>
<b>Nplate</b>	romiplostim
<b>Nucala</b>	mepolizumab
<b>Nulojix</b>	belatacept
<b>Ocrevus</b> <sup>1</sup>	ocrelizumab <sup>1</sup>
<b>Oncaspar</b> *	pegaspargase*
<b>Onivyde</b>	Irinotecan liposome injection
<b>Onpattro</b> <sup>1,▲</sup>	patisiran <sup>1,▲</sup>
<b>Opdivo</b>	nivolumab
<b>Orencia IV</b> <sup>2</sup>	abatacept <sup>2</sup>
<b>Ozurdex</b>	dexamethasone intravitreal implant
<b>Palynziq</b> <sup>▲,1</sup>	pegvaliase-pqpz <sup>▲,1</sup>
<b>Parsabiv</b> <sup>▲,1</sup>	etelcalcetide <sup>▲,1</sup>
<b>Perjeta</b>	pertuzumab
<b>Portrazza</b>	necitumumab
<b>Poteligeo</b> <sup>▲,1</sup>	mogamulizumab-kpkc <sup>▲,1</sup>
<b>Prevymis</b> <sup>▲,1</sup>	letermovir <sup>▲,1</sup>
<b>Prialt</b>	ziconotide
<b>Probuphine</b>	buprenorphine subdermal implant
<b>Procrit</b> <sup>1</sup>	epoetin alfa <sup>1</sup>
<b>Prolastin-C</b> <sup>1,2</sup>	alpha 1-proteinase inhibitor <sup>1,2</sup>

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Commercial Medication Preauthorization List	
Prolia <sup>1,2</sup>	denosumab <sup>1,2</sup>
Provenge <sup>1</sup>	sipuleucel-T <sup>1</sup>
Qutenza	capsaicin/skin cleanser
Radicava <sup>1,2</sup>	edaravone <sup>1,2</sup>
Remicade <sup>2</sup>	infliximab <sup>2</sup>
Remodulin <sup>1</sup>	treprostinil (injection) <sup>1</sup>
Renflexis <sup>1,2</sup>	infliximab-abda <sup>1,2</sup>
Retacrit <sup>▲,1</sup>	epoetin alfa-epbx <sup>▲,1</sup>
Retisert*	fluocinolone acetonide*
Revatio <sup>1</sup>	sildenafil citrate (injection) <sup>1</sup>
Rituxan	rituximab
Rituxan Hycela <sup>1</sup>	rituximab/hyaluronidase human <sup>1</sup>
Ruconest	c1 esterase inhibitor
Sandostatin LAR	octreotide
Signifor LAR <sup>1</sup>	pasireotide <sup>1</sup>
Simponi ARIA <sup>1,2</sup>	golimumab <sup>1,2</sup>
Sinuva <sup>▲,1</sup>	mometasone furoate <sup>▲,1</sup>
Soliris <sup>2</sup>	eculizumab <sup>2</sup>
Somatuline Depot	lanreotide
Spinraza <sup>1</sup>	nusinersen <sup>1</sup>
Stelara (IV only) <sup>1</sup>	ustekinumab (IV only) <sup>1</sup>
Strensiq <sup>1</sup>	asfotase alfa <sup>1</sup>
Sublocade <sup>▲,1</sup>	buprenorphine extended-release <sup>▲,1</sup>
Supartz <sup>1</sup>	sodium hyaluronate <sup>1</sup>
Supartz FX <sup>1</sup>	sodium hyaluronate <sup>1</sup>
Sustol <sup>1</sup>	granisetron <sup>1</sup>
Sylatron <sup>1</sup>	peginterferon alfa-2b <sup>1</sup>
Sylvant	siltuximab
Synagis	palivizumab
Synribo	omacetaxine mepesuccinate
Synvisc <sup>1</sup>	hylan G-F 20 <sup>1</sup>

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Commercial Medication Preauthorization List	
Synvisc One <sup>1</sup>	hyaluronan <sup>1</sup>
Takhzyro <sup>▲,1</sup>	lanadelumab-flyo <sup>▲,1</sup>
Tecentriq <sup>1</sup>	atezolizumab <sup>1</sup>
Tegsedi <sup>▲,1</sup>	inotersen <sup>▲,1</sup>
Testopel <sup>1</sup>	testosterone pellet <sup>1</sup>
Thrombate III <sup>*,2</sup>	antithrombin III [human] <sup>*,2</sup>
Treanda	bendamustine hydrochloride
Triptodur <sup>1</sup>	triptorelin <sup>1</sup>
Trisenox <sup>*</sup>	arsenic trioxide <sup>*</sup>
TriVisc <sup>▲,1</sup>	sodium hyaluronate <sup>▲,1</sup>
Trogarzo <sup>▲,1,2</sup>	ibalizumab-uiyk <sup>▲,1,2</sup>
Tysabri	natalizumab
Tyvaso	treprostinil (inhaled)
Udenyca <sup>▲,1</sup>	pegfilgrastim-cbqv <sup>▲,1</sup>
Ultomiris <sup>▲,1</sup>	ravulizumab-cwvz <sup>▲,1</sup>
Unituxin <sup>1</sup>	bendamustine hydrochloride <sup>1</sup>
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>
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

\*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.

<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).

Commercial Medication Preauthorization List	
Xolair	omalizumab
Yervoy	ipilimumab
Yescarta <sup>▲,1, ++</sup>	axicabtagene ciloleucel <sup>▲,1, ++</sup>
Yondelis	trabectedin
Yupelri <sup>▲,1</sup>	revefenacin <sup>▲,1</sup>
Yutiq <sup>▲,1</sup>	fluocinolone acetonide intravitreal implant <sup>▲,1</sup>
Zaltrap	ziv-aflibercept
Zarxio <sup>*,1</sup>	filgrastim-sndz <sup>*,1</sup>
Zemaira <sup>1,2</sup>	alpha 1-proteinase inhibitor <sup>1,2</sup>
Zevalin	Ibritumomab tiuxetan
Zilretta <sup>▲,1</sup>	triamcinolone acetonide <sup>▲,1</sup>
Zinplava <sup>1</sup>	bezlotoxumab <sup>1</sup>
Zoladex <sup>*</sup>	gosreltin acetate <sup>*</sup>
Blood-clotting Factors	
Advate <sup>1,2</sup>	antihemophilic factor [recombinant] <sup>1,2</sup>
Adynovate <sup>1,2</sup>	antihemophilic factor [recombinant], PEGylated <sup>1,2</sup>
Afstyla <sup>1,2</sup>	antihemophilic factor (recombinant) single chain <sup>1,2</sup>
Alphanate <sup>2</sup>	antihemophilic factor/von Willebrand factor complex [human] <sup>2</sup>
AlphaNine SD <sup>1,2</sup>	coagulation factor IX [human] <sup>1,2</sup>
Alprolix <sup>2</sup>	coagulation factor IX [recombinant] <sup>2</sup>
Bebulin <sup>1,2</sup>	factor IX complex <sup>1,2</sup>
BeneFix <sup>1,2</sup>	coagulation factor IX [recombinant] <sup>1,2</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>1,2</sup>	anti-inhibitor coagulant complex <sup>1,2</sup>
Helixate FS <sup>1,2</sup>	antihemophilic factor [recombinant] <sup>1,2</sup>
Hemlibra <sup>▲,1, 2</sup>	emicizumab-kxwh <sup>▲,1,2</sup>
Hemofil M <sup>1,2</sup>	antihemophilic factor [human] <sup>1,2</sup>

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Commercial Medication Preauthorization List	
<b>Humate-P<sup>2</sup></b>	antihemophilic factor/von Willebrand factor complex [human] <sup>2</sup>
<b>Idelvion<sup>2</sup></b>	antihemophilic factor [recombinant] <sup>2</sup>
<b>Ixinity<sup>1,2</sup></b>	coagulation factor IX [recombinant] <sup>1,2</sup>
<b>Jivi<sup>▲,1</sup></b>	antihemophilic factor (recombinant), PEGylated-aucl <sup>▲,1</sup>
<b>Koate-DVI<sup>1,2</sup></b>	antihemophilic factor [human] <sup>1,2</sup>
<b>Kogenate FS<sup>1,2</sup></b>	antihemophilic factor [recombinant] <sup>1,2</sup>
<b>Kovaltry<sup>1,2</sup></b>	antihemophilic factor [recombinant] <sup>1,2</sup>
<b>Monoclalte-P<sup>1,2</sup></b>	antihemophilic factor [human] <sup>1,2</sup>
<b>Mononine<sup>1,2</sup></b>	coagulation factor IX [human] <sup>1,2</sup>
<b>NovoEight<sup>2</sup></b>	turoctocog alfa <sup>2</sup>
<b>NovoSeven RT<sup>2</sup></b>	coagulation factor VIIa [recombinant] <sup>2</sup>
<b>Nuwiq<sup>2</sup></b>	simoctocog alfa <sup>2</sup>
<b>Obizur<sup>2</sup></b>	antihemophilic factor [recombinant], porcine sequence <sup>2</sup>
<b>Profilnine<sup>1,2</sup></b>	factor IX complex <sup>1,2</sup>
<b>Rebinyn<sup>▲,1, 2</sup></b>	coagulation factor IX [recombinant], GlycoPEGylated <sup>▲,1,2</sup>
<b>Recombinate<sup>1,2</sup></b>	antihemophilic factor [recombinant] <sup>1,2</sup>
<b>Rixubis<sup>2</sup></b>	coagulation factor IX [recombinant] <sup>2</sup>
<b>Tretten<sup>2</sup></b>	coagulation factor XIII A-subunit [recombinant] <sup>2</sup>
<b>Vonvendi<sup>2</sup></b>	von Willebrand factor [recombinant] <sup>2</sup>
<b>Wilate<sup>2</sup></b>	von Willebrand factor / coagulation factor VIII complex [human] <sup>2</sup>
<b>Xyntha<sup>2</sup></b>	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](#).

\*New preauthorization requirement

▲ New-to-market drug addition

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